

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report April 17, 2020

Auditor Information

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City, State, Zip: Cypress, TX 77429

Telephone: 713-818-9098

Date of Facility Visit: January 17-19, 2020

Agency Information

Name of Agency:

Alabama Department of Corrections

Governing Authority or Parent Agency (If Applicable):

State of Alabama

Physical Address: 301 S. Ripley Street

City, State, Zip: Montgomery, AL 36130

Mailing Address: PO Box 301501

City, State, Zip: Montgomery, AL 36130

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: <http://www.doc.state.al.us/PREA>

Agency Chief Executive Officer

Name: Jeffery Dunn

Email: Jeffery.Dunn@doc.alabama.gov

Telephone: 334-353-3879

Agency-Wide PREA Coordinator

Name: Christy Vincent

Email: Christy.Vincent@doc.alabama.gov

Telephone: 334-353-2501

PREA Coordinator Reports to:

Inspector General Mark Fassl

Number of Compliance Managers who report to the
PREA Coordinator

26

Facility Information

Name of Facility: Kilby Correctional Facility			
Physical Address: 12201 Wares Ferry Rd		City, State, Zip: Montgomery, AL 36109	
Mailing Address (if different from above):		City, State, Zip:	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Facility Website with PREA Information:			
Has the facility been accredited within the past 3 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input type="checkbox"/> ACA			
<input type="checkbox"/> NCCHC			
<input type="checkbox"/> CALEA			
<input type="checkbox"/> Other (please name or describe):			
<input checked="" type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:			
Warden/Jail Administrator/Sheriff/Director			
Name: Camelia Cargle			
Email: Camelia.Cargle@doc.alabama.gov		Telephone: 334-215-6600 Ext 101	
Facility PREA Compliance Manager			
Name: Veronica Grooms			
Email: Veronica.Grooms@doc.alabama.gov		Telephone: 334-215-6600 Ext 630	
Facility Health Service Administrator			
Name: Kimberley Griffin			
Email: Kimberley.Griffin@doc.alabama.gov		Telephone: 334-215-6600 Ext 400	

Facility Characteristics	
Designated Facility Capacity:	1,448
Current Population of Facility:	1,354
Average daily population for the past 12 months:	1,342

Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19-74	
Average length of stay or time under supervision:	15-30 days	
Facility security levels/inmate custody levels:	Level 5 (Close)	
Number of inmates admitted to facility during the past 12 months:	12,687	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	10,934	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	6,443	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	247	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	33	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	157	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	126	

Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	22
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	14
Number of single cell housing units:	2
Number of multiple occupancy cell housing units:	2
Number of open bay/dorm housing units:	10
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	108
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input checked="" type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	37
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe): <input checked="" type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	37
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe): <input checked="" type="checkbox"/> N/A
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Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) re-certification audit for Kilby Correctional Facility, Alabama Department of Corrections (ADOC) in Montgomery, Alabama was conducted on January 17-19, 2020 to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

The auditor conducted the audit through a third-party entity as a contractor and is personally accountable for complying with the DOJ certification requirements and audit findings. The agency contract was secured through a third-party entity, PREA Auditors of America, LLC. and not directly by the auditor herself. The contract described the specific work required according to the DOJ standards and PREA audit handbook to include the pre-audit, onsite audit and post-audit.

The previous PREA audit was conducted by PREA auditor William Boehnemann on June 1-3 2017. The previous auditor conducted the audit with four exceed standards and 39 met standards.

Prior to the on-site audit the auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation. The facility was very responsive related to any questions the auditor had during this review. The facility Compliance Manager, or the Institutional PREA Compliance Manager (IPCM), as the agency refers to them, ensured the audit posting was placed throughout the facility prior to the audit. The auditor received five emailed photos on January 10, 2020 confirming that the PREA audit announcement was posted throughout the facility. The five photos evidenced the notice posted in bright neon colors in the lobby area of the IPCM's office, the employee break room, the inmate intake area, G, dorm, H dorm, J dorm and K dorm. The auditor did not receive any correspondence from inmates or staff prior to the on-site portion of the audit.

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site audit. Based on the population on the day of the audit (1,379) the PREA auditor handbook indicated that at least 40 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random inmate interviews were chosen at random and varied across; gender, race, ethnicity, housing assignments and time in custody. Inmates selected for the targeted interviews were selected at random across varying factors, when possible. Interviews were conducted using the *Inmate Interview Questionnaire* supplemented by the *Targeted Inmate Questionnaires*. The table following the inmate listings depicts the breakdown of inmate interviews.

1. Complete inmate roster (provided based on actual population on the first day of the on-site portion of the audit)
2. Youthful inmates (if any)
3. Inmates with disabilities (i.e. physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Inmates who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) inmates
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening

Category of Inmates	Number of Interviews
Random Inmates	20
Targeted Inmates	20
Total Inmates Interviewed	40
Targeted Inmate Interview:	
• Youthful Inmates	0
• Inmates with a Disability	11
• Inmates who are LEP	1
• Inmates with a Cognitive Disability	1
• Inmates who Identify as Lesbian, Gay or Bisexual	2
• Inmates who Identify as Transgender or Intersex	2
• Inmates in Segregated Housing for High Risk of Victimization	0
• Inmates who Reported Sexual Abuse	0
• Inmates who Reported Sexual Victimization During Screening	3

The auditor requested the below listing of staff to be available for interview selection on the first day of the on-site audit. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across; gender, race, ethnicity and post assignments. Staff selected for the specialized interviews were selected at random across varying factors, when possible. Staff from all three shifts were interviewed. Interviews were conducted using the *Interview Guide for a Random Sample of Staff* supplemented by the *Interview Guide for Specialized Staff*. The table following the staff listings depicts the breakdown of staff interviews.

1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
 - Agency contract administrator
 - Intermediate-level or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
 - Line staff who supervise youthful inmates, if any
 - Education staff who work with youthful inmates, if any
 - Program staff who work with youthful inmates, if any
 - Medical staff
 - Mental health staff
 - Non-medical staff involved in cross-gender strip or visual searches
 - Administrative (Human Resources) staff
 - SAFE and/or SANE staff

- Volunteers who have contact with inmates
- Contractors who have contact with inmates
- Criminal investigative staff
- Administrative investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, security staff (individuals who have responded to an incident of sexual abuse) and non-security staff
- Intake staff

Category of Staff	Number of Interviews
Random Staff	14
Specialized Staff	31
Total Staff Interviews	45
Specialized Staff Interviews	
• Agency Contract Administrator	1
• Intermediate or Higher Level Facility Staff	3
• Line Staff who Supervise Youthful Inmates	0
• Education and Program Staff who Work with Youthful Inmates	0
• Medical and Mental Health Staff	6
• Human Resources Staff	1
• Volunteers and Contractors	5
• Investigative Staff	2
• Staff who Perform Screening for Risk of Victimization	3
• Staff who Supervise Inmates in Segregated Housing	1
• Incident Review Team	2
• Designated Staff Member Charged with Monitoring Retaliation	1
• Security and Non-Security who Acted as First Responders	5
• Intake Staff	1

The auditor also conducted interviews with the below leadership staff (not counted in table above):

- Ms. Cheryl Price (Agency Head Designee)
- Ms. Camelia Cargle (Warden)
- Mrs. Christy Vincent (PREA Coordinator/Director "PC")
- Ms. Veronica Grooms (PREA Compliance Manager "CM" or IPCM)

The on-site portion of the audit was conducted from January 17, 2020 through January 19, 2010. The auditor had an initial briefing with facility leadership and answered any questions. After the initial briefing, the auditor began staff interviews and documentation review. A tour of the facility was conducted on January 17, 2020 and began at 1:30pm. The tour including all areas associated with Kilby Correctional Facility, to include, all housing units (A-P), receiving, medical and mental health, work and program areas (chapel, the cafeteria, the kitchen, laundry, GED, life stages) and common areas (outdoor recreation areas and offices/support staff areas). Additionally, the auditor visited those areas outside of the secure perimeter where inmates have access: the maintenance building, storage areas, visitation and the print shop. During the tour the auditor was cognizant of staffing levels, monitoring device placement (mirrors), blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the below standard findings. During the tour the auditor spoke to seven staff and 20 inmates informally about PREA and the facility in general. The tour was completed at 4:00pm.

Interviews were conducted on January 17, 2020 as well as on January 18, 2020. During the audit the auditor requested personnel and training documents of staff and inmates, as well as medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The facility has 247 staff assigned. The auditor reviewed a random sample of 23 personnel and training records that included eight individuals hired within the past twelve months. The sample included a variety of job functions and post assignments, including both supervisory and line staff. Additionally, personnel and training files for six contractors, as well as training files for ten volunteers who have contact with inmates were reviewed. Personnel and training files were selected for those staff and contractors that the auditor conducted random interviews with and as such the files selected were an unbiased random sample.

Inmate Files. On the first day of the onsite phase of the audit, the inmate population was 1,379. A total of 40 inmate records were reviewed. The records reviewed were of those inmates selected to be interviewed via the targeted and random inmate selection.

Medical and Mental Health Records. During the past year, there were five inmates that reported sexual abuse at the facility. The auditor reviewed available medical and mental health files related to those five allegations. Additionally, three mental health files were reviewed for inmates who reported prior victimization during the risk screening that were still at the facility.

Grievances. The facility does not have a grievance procedure and as such inmates do not have a grievance process. Grievances do not exist to be reviewed.

Hotline Calls. The facility received 197 hotline calls from January 2019 through June 2019. The hotline was restructured in July 2019 and thus a report was not able to be provided on the number of facility specific calls from July 2019 until December 2019. It was however confirmed that calls were received from July to December 2019. Of the calls from January to June 2019, they were broken into three categories, PREA checks, non-PREA related calls and potential PREA calls. The PREA checks are those calls where security staff ensure the line is working properly. Non-PREA calls were those that are not related to sexual abuse and sexual harassment and PREA calls were those that may be sexual abuse or sexual harassment and are forwarded to I&I and/or the facility to handle.

Incident Reports. The auditor reviewed the six incident reports from the sexual abuse and sexual harassment allegations reported in the previous twelve months. Additionally, the auditor reviewed another

ten random incident reports, one from each of the previous twelve months, as a spot check to confirm no other allegations of sexual abuse or sexual harassment were reported.

Investigation Files. The Internal Investigations Unit (I&I) are responsible for the majority of agency investigations. During the previous twelve months, there were six¹ allegations reported at the facility. Of the six, all were criminally investigated. All six of the investigations were closed and the chart below outlines the investigative findings. The auditor reviewed all six investigations to determine compliance with standards.

	Sexual Abuse		Sexual Harassment	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Substantiated	0	0	0	0
Unsubstantiated	2	1	0	1
Unfounded	1	1	0	0
Total Allegations	3	2	0	1

Facility Characteristics

Kilby Correctional Facility is a state prison under the authority of the Alabama Department of Corrections, located at 12201 Wares Ferry Road, in Montgomery, Alabama. Kilby Correctional Facility opened in December 1969 and is located on 154 acres East of Montgomery, Alabama. Kilby is responsible for receiving all inmates, except death row and youth offenders, into the state prison system. All state county jails deliver inmates to Kilby to serve their time in the ADOC. Kilby processes the inmates and transfers them to their permanent facility within fifteen to 30 days. The facility also serves as a temporary housing facility for inmates transferring to and from different facilities within the ADOC. The facility comprises numerous building both inside and outside the secure perimeter. There are nine buildings, three trailers and two storage sheds within the secure perimeter. There are seven building and one storage shed outside the secure perimeter.

Within the secure perimeter are all housing units, a cafeteria, a kitchen, a staff break room, a chapel, a law library, two educational program areas, receiving, laundry and numerous medical, mental health, dental, social services and security offices. The main building of the facility is located to the West. It is a large rectangular shape with two wings that have dorms located off the hallway. The North hallway comprises four separate housing areas (A-F dorms), with two of the four consisting of an upstairs and a downstairs that are labeled as four separate dorms (C-F). To the South of these dorms is a law library, a staff breakroom and numerous security staff offices. Directly East of the law library is an exit hallway that is parallel to the cafeteria and kitchen. The hallway leads to an exit out the Northeast section of the building where a canteen window is located. East of this exit is a large area where the Chapel and five dorms are located (G-K). All of the buildings are separated by cross fencing with a fenced in walkway leading to each building. G, H and I dorms are located the furthest East, with J dorm just West and K dorm being the closest to the main building. G and H are a shared building, but are separated by a door and as such are two separate housing areas. I dorm is located to the South of G and H. Outside of I dorm to the East is a small trailer and two storage sheds. The trailer is utilized for the hobby craft area for the

¹ The IPCM included a report that was closed in 2019 but reported in 2015. This case was not included in the audit as it was outside the audit period. The investigator did indicate the delay in the closure of the case was due to an oversight error.

Faith and Character dorm inmates. The two storage sheds hold recreation equipment and other materials for the dorm and hobby craft. East of I dorm, walking back toward the main building is J dorm. Directly East of J dorm is K dorm. Upon exit of the cross fencing in front of K dorm is a small road that separates the main building. This is a limited access road that leads South to the back gate where inmates are received. To the East of K dorm across the service road are two trailers utilized for programming. One trailer is used for GED classes, while the other is utilized for the Life Stages class. East of these trailers you will find the back gate. The back gate is manned by a tower. Additionally, it has a small building where inmates are strip searched prior to entering the facility. East of the back gate is the receiving and laundry building. These areas share a building but are separated by a door. The receiving area is where all inmates entering Kilby CF pass through. The area has three large holding spaces. These holding areas are equipped with toilets and benches. The toilets are enclosed by barriers to provide privacy for the inmates. The receiving area is also equipped with a barbershop and an office. This is also the area where inmates receive the PREA education via video, forms and pamphlets. A hallway to the East of the receiving area leads to a door that separates the laundry area. The laundry consists of an open space with industrial washers and dryers. The bathroom in the laundry room is equipped with swinging saloon style doors. Both receiving and laundry had PREA posters displayed for the inmate population. East of laundry and receiving is an entrance door to the main building. This door leads into the South hallway, which contains five dorms (L-P), medical, mental health, dental, social services and a holding area. At the end of the hallway (South) is N dorm. Continuing North through the hallway you will find O dorm and P dorm on the East side of the hallway and M dorm and L dorm on the West side of the hallway. P dorm serves as the hospital/infirmarium area, and as such includes numerous medical offices. Additionally, there are medical and administrative offices prior to the entrance of M dorm as well. The hallway comprises all the offices and exam rooms for medical, mental health and dental. Additionally, social services staff offices are off the hallway. At the North end of the hallway you return back to the control station. Directly East of the control station is the cafeteria and kitchen. The cafeteria is a large open area with tables. A serving line separates the cafeteria from the kitchen. The kitchen is equipped with all materials to provide three meals a day to over 1,000 inmates. This includes, walk in coolers, freezers, food storage areas, ovens, etc. The inmate bathroom in the kitchen has a door with a large square window. The window has been covered with privacy film to restrict viewing. All dorms have an outdoor recreation area that is either completely separate or shared among two dorms.

Outside of the secure perimeter the facility has building to the North and to the South. The South side of the facility comprises five buildings and a storage shed. The five buildings house maintenance, the K9 unit, the staff training center, special teams (CERT) equipment, and storage. To the North is a large building where visitation is conducted on the weekends. The building has a strip search area as well as visitor and inmate bathrooms. All three areas are enclosed and allow for privacy. PREA information is posted in the visitation area. East of the visitation area is the print shop. This is an industry plant for printing and graphic arts.

The total capacity for the facility is 1,448. On the first day of the audit the population at the facility was 1,379. The facility houses adult male inmates. The age range of the facility's population is 19-74 years of age. The facility houses all community to close custody inmates. The average length of stay for inmates at the facility is approximately fifteen to 30 days.

The facility comprises fourteen housing areas, which are referred to as dorms. The dorms are labeled A through P. Dorms comprise general population inmates, restrictive housing inmates and stabilization (mental health) inmates. Inmates range from community to close custody depending on their classification and their housing. A breakdown of the dorms and the inmate population that make up each dorm is found below. Of the fourteen dorms, two are single cell occupancy with a total bed capacity of 100, two are multiple occupancy with capacities of eleven and 29 and ten are open bay style dorms with capacities ranging from 44 to 234.

A and B dorms are on the North end of the building along with the restrictive housing. A and B are new intakes that have been released from quarantine. A and B is also where most Level 5 inmates (close custody) and inmates with medical issues are housed. The dorms are set up the same with a bedding area, bathroom area and dayroom area. The bedding area consists of a large open space with rows of

beds (bunk bed style). The bathroom area is located at the front entrance to both dorms. The bathroom consists of showers, toilets, urinals and sinks in a locker room style set up. Privacy is provided in the shower area via half wall barriers that block from the knees to the mid torso area. Privacy is provided at the toilets via swinging saloon style doors. The dayroom area is located at the far end of each of the dorms. The space is open and is surrounded by the bedding area. Inmates are able to watch television in this area as well as participate in other activities such as games or cards. There is also an area located at the front entrance of each of the dorms that is equipped with the inmate telephones. This area allows for the inmates to contact loved ones.

C through F dorms, or restrictive housing, are also located on the North end of the building. C and D are located on the same wing, while E and F are located on the same wing. The wings are two tiered with an upstairs and a downstairs. The facility dorm lettering separates the upstairs from the downstairs; however, they are one housing unit each. The dorms are set up the same with single man cells down a row. The cells are open bar stock and consist of a bed, a toilet and a space for writing and storage. While the cells are open bar stock, this is a gender specific area and as such inmates have the opportunity to cover up prior to females entering the housing areas. Additionally, staff allow the inmate to place a sheet on the open bar stock to provide privacy when utilizing the restroom. The shower area is located at the entrance of each dorm. Each dorm has a shower on the top floor as well as the bottom floor. The showers can accommodate two inmates at a time. Privacy is provided in the shower area via metal that has been added to the open bar stock. The metal covers from the feet to above the hip of an inmate.

G through K dorms are on the East side of the facility compound and house open population inmates. While all dorms have a variation in their set up, all share a similar style. The bedding area consists of a large open space with rows of beds (bunk bed style). Each dorm is equipped with a bathroom area and a dayroom area. The bathroom area is located at the front entrance to I dorm, in an enclave on the inner part of the dorm in both G and H, on the far East end of the dorm in J and at the entrance of K dorm. The bathroom areas all consist of showers, toilets, urinals and sinks in a locker room style set up. Privacy is provided in bathroom areas via barrier walls and swinging saloon style doors. The dayroom area is located at the front of I and K dorm, in an enclave in G and H dorm and on the East side of J dorm prior to the bathroom area. These spaces are open and are equipped with benches and a television. Inmates are able to watch television in this area as well as participate in other activities such as games or cards. Inmate telephones are also located near the entrance to G, H, I and K dorms and in the dayroom area of J dorm to allow inmates to contact their loved ones.

M, N and P dorms are on the South end of the building. M and N house inmates who have just arrived into ADOC custody from the county jail. This is referred to at the facility as quarantine. Both these dorms are set up similar to A and B as they are an open bay style housing unit. The dorms are set up with a bedding area, bathroom area and dayroom area. The bedding area consists of a large open space with rows of beds (bunk bed style). The bathroom area is located at the back of both dorms. The bathroom consists of showers, toilets, urinals and sinks in a locker room style set up. Privacy is provided in the shower area via half wall barriers that block from the knees to the mid torso area. Privacy is provided at the toilets via swinging saloon style doors or an extended barrier partition. The dayroom area is located at the far end of each of the dorms. The space is open and is surrounded by the bedding area. Inmates are able to watch television in this area as well as participate in other activities such as games or cards. There is also an area located at the front entrance of each of the dorms that is equipped with the inmate telephones. This area allows for the inmates to contact loved ones.

The multiple occupancy dorms (L and O) contain two-man cells. Inmates are housed in O due to mental health issues and L due to security management issues. Each cell is equipped with its own toilet and sink. A shared shower is located at the front of the dorms. O dorm shower is completely enclosed by walls to provide privacy while L dorm provides privacy similar to restrictive housing from the hip area and below. O dorm cell doors are solid and have a window to allow for safety and security. L dorm cells have two doors. The first is an outer door that is solid with a small rectangular cut out that opens to view inside the cell. The second door is an open bar stock type door. Based on the two-door design it is difficult to see an inmate using the restroom and as such privacy is provided. L dorm does not contain a dayroom as

the inmates are on restriction, whereas O dorm does have an open area for inmates to participate in activities and groups.

In addition to the dorms, P dorm and M dorm have an area outside of the bedding area that consists of medical observation cells. P dorm is equipped with six of these cells while M dorm consists of two of these cells.

All dorms have PREA reporting information posted in English and Spanish. PREA boxes are found in numerous locations around the facility for inmates to drop information. The IPCM receives all PREA box information and handles accordingly. The auditor tested the phones in four housing units and reached the hotline each time. Kilby CF does not have video monitoring technology and as such cameras/monitoring technology was not found in any housing units.

POD	Capacity	Style	Inmate Population
A	138	Open Bay	General Population (New Intakes, Level 5 & Medical)
B	94	Open Bay	General Population (New Intakes, Level 5 & Medical)
C	25	Single Cell	Restrictive Housing - Downstairs
D	25	Single Cell	Restrictive Housing - Upstairs
E	25	Single Cell	Restrictive Housing - Upstairs
F	25	Single Cell	Restrictive Housing - Downstairs
G	199	Open Bay	General Population (Permanent Party)
H	199	Open Bay	General Population (Permanent Party)
I	128	Open Bay	General Population (Faith and Character)
J	234	Open Bay	General Population (New Intakes)
K	122	Open Bay	General Population (New Intakes)
L	11	Two Man Cell	Restrictive Housing
M	104	Open Bay	Intake – Quarantine
N	59	Open Bay	Intake – Quarantine
O	29	Two Man Cell	Stabilization Unit
P	44	Open Bay	Infirmery & Medical Observation

The facility employs 247 correctional staff. Staff make up three shifts; first shift works from 6:00am-2:00pm, second shift works from 2:00pm-10:00pm, and third shift works from 10:00pm-6:00am. Each shift has a shift commander (Lieutenant or Sergeant) that serve as the shift supervisor. Each dorm is assigned at least one officer and two roving officers. Roving officers are responsible for continually conducting walk throughs and security checks (required by policy every 30 minutes) of dorms and other buildings. Additional officers are assigned to other areas to include; shakedown, kitchen, intake, transport, visitation, etc. The facility employs 157 contractors, all medical and mental health staff. The facility also has numerous volunteers that have contact with inmates. Currently the facility has 126 volunteers that provide services to the inmates.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 2
List of Standards Exceeded: 115.67, 115.86

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: NA

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation (AR) 454 – Inmate Sexual Abuse and Harassment
3. Organizational Charts

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): The agency has a comprehensive PREA Policy: AR 454 and numerous other policies and procedures that supplement. The agency mandates a zero-tolerance policy towards all forms of sexual abuse and sexual harassment and outlines the strategies on preventing, detecting and responding to such conduct. Agency policies address "Preventing" sexual abuse and sexual harassment through the designation of a PC, a CM at each facility, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "Detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address "Responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates, incident reviews and data collection. The policy is consistent with the PREA standards and outlines the agency's approach to sexual safety.

115.11 (b): The agency's organizational chart reflects that the PC position is an upper-level position and is agency-wide. The organizational chart reflects the CM is a shift supervisor level position (Lieutenant). The PC was interviewed and she reported that her sole responsibility is PREA compliance and she has adequate time to coordinate these efforts. She stated that she has access to Executive Leadership and can submit information to them on modifications of policies and practices as necessary. During the site review, the PC demonstrated knowledge of the agency's policies and practices designed to promote sexual safety in the facility.

115.11 (c): The facility has a staff member responsible for ensuring PREA compliance (Institutional PREA Compliance Manager - IPCM). The facilities organizational chart confirms that this staff member is a Lieutenant position. The interview with the Compliance Manager indicated she did not feel she has sufficient time to coordinate the facility's PREA compliance. However, during the audit the IPCM was knowledgeable about PREA and indicated how she educates staff and continually work to ensure inmates are safe from sexual abuse and sexual harassment at the facility.

The evidence shows that the agency has a PREA policy, has designated an upper-level, agency-wide PC as verified through the organizational chart and has a PREA Compliance Manager as verified through the organizational chart. Based on the review of the PAQ and related documents, PREA implementation appears to comply with the standard under the PC and Compliance Manager. The preparedness for the audit, the absence of any additional job duties for the PC and overall incorporation of institutionalized sexual safety practices demonstrates that the PC has sufficient time and authority to accomplish PREA responsibilities for the agency.

Recommendation: Kilby serves as the only intake center in the State of Alabama for male inmates. As such, every inmate entering the Alabama Department of Corrections comes through Kilby initially. Additionally, Kilby also serves as a temporary facility for numerous ADOC inmates who are transferring to and from other permanent facilities. As an intake center, this is the first location that inmates are received after the county jail. As such, it is imperative that inmates receive appropriate PREA information. The first 72 hours in a prison is statistically when an inmate is most vulnerable. It is recommended that Kilby Correctional Facility implement a second IPCM to assist the current IPCM with PREA compliance. The current IPCM indicated that she did not feel she had enough time to coordinate all of her duties, she additionally indicated she was tasked with other non-PREA related duties frequently. The importance of PREA education, the initial risk screening, the re-assessment of the risk screening and the overall management of the PREA program at Kilby is imperative for sexual safety within the institution. A second IPCM would allow both to have ample time to coordinate the facilities efforts to prevent, detect and respond to sexual abuse and sexual harassment.

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA
- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire

Interviews:

1. Interview with the Agency's Contract Administrator

Findings (By Provision):

115.12 (a): The agency does not contract with any private entities for the confinement of inmates. The interview with the PC who serves as the Contract Administrator, confirmed that the ADOC does not contract with any entities for the confinement of its' inmates. This provision is not applicable.

115.12 (b): The agency does not contract with any private entities for the confinement of inmates. The interview with the PC who serves as the Contract Administrator, confirmed that the ADOC does not contract with any entities for the confinement of its' inmates. This provision is not applicable.

Based on the review of the PAQ and the interview with the PC, this standard appears to be not applicable and as such, compliant.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No

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

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Standard Operation Procedure (SOP) V-25 – Staffing Plan
3. Deviations from Staffing Plan Form
4. ADOC Form 454-J: PREA Annual Staffing Review Checklist
5. Log of Unannounced Rounds

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Adequate Staffing Levels Throughout the Facility
2. Log of Unannounced Rounds
3. Mirrors Utilized for Monitoring and Blind Spot Coverage

Findings (By Provision):

115.13 (a): SOP V-25 indicates that the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with the staffing plan. The staffing plan takes into consideration; generally accepted detention practices, any judicial findings of inadequacy, any finding of

inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incident of abuse and any other relevant factors. The current staffing plan was reviewed and indicated that staffing was based off the facility's maximum capacity. Each shift has a shift supervisor responsible for the shift. Each dorm has a critical component of at least one officer assigned to the dorm and two officers assigned as rovers. Specialized population dorms, such as restricted housing and the stabilization unit, had an increased number of staff assigned due to the population type. Additional officers are assigned to other areas to include; towers, control room, shakedown, kitchen, visitation, chapel, intake, etc. The interview with the Warden confirmed that the staffing plan is a SOP and that they determine at the facility level the number and type of staff to place in each area. The Warden indicated they look at the required factors and that they really take into consideration the population of the inmate in each dorm, the layout of the facility, the size of the dorms and the vulnerability of the placement of the staff and inmates. The IPCM confirmed that the facility has a staffing plan that provides adequate staffing levels and that they take into consideration the required factors. The IPCM indicated that the larger dorms have more staff assigned, as well as the specialized inmate population dorms. She also indicated that first shift is equipped with more staff due to the number of inmates they receive daily from the counties as well as the other programming and activities occurring during the day.

115.13 (b): The facility indicated on the PAQ that deviations from the staffing plan had occurred and indicated these occurrences were due to staff shortages, military, call ins and unexpected emergencies. SOP V-25 indicated that all deviations from the staffing plan are required to be documented on the shift log and also on the deviations from staffing plan form. A review of a sample of the daily deviations log indicated that deviations are documented and that most occur due to staff shortages. The interview with the Warden indicated that all deviations are documented on the daily deviations log which is emailed by the shift supervisor daily to the Captains and the Warden.

115.13 (c): The staffing plan was reviewed on May 6, 2019. Attached to the plan was a memo that indicated any deficiencies or recommendations for the facility as it related to PREA compliance and sexual safety. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan and if any additional resources were needed and available to commit to ensuring adherence to the staffing plan. SOP V-25, describe the required annual review. The PC confirmed in the interview that the review is completed annually and that she reviews and signs the staffing plan review checklist. She also indicated that if during the year the Warden or anyone else sees a need to review the plan to make adjustments that they will meet at that point and go over it. She indicated they do not have to wait until the upcoming annual review.

115.13 (d): SOP V-25, page 3, section C, indicates that security supervisors are required to conduct and document unannounced rounds on all shifts to identify and deter sexual abuse and sexual harassment. Unannounced rounds are conducted by the shift commander at least once per shift with a minimum of three times per week. Interviews conducted with intermediate/higher level staff indicated that supervisors are required to make unannounced rounds daily and they document it on the required form (log of unannounced rounds) A review of the PAQ supplemental documentation as well as a review of nine unannounced forms while on-site indicated that supervisory rounds were made seven out of the nine times. Of those two times they were not documented, it was documented they were completed on subsequent days to meet the minimum of three times per week. Additionally, SOP V-25 prohibits staff from alerting other staff members about the rounds unless the announcement is related to legitimate operational functions of the unit. During the interviews, supervisory staff indicated that they do not tell the staff when they are coming, that they deviate their times and that they would listen to the radio and determine the radio ID of any staff attempting to alert other and provide corrective action to that owner of that radio ID.

Based on a review of the PAQ, SOP V-25, deviations on the shift log, ADOC Form 454-J, log of unannounced rounds form, observations made during the tour and interviews with supervisory staff, this standard appears to be compliant.

Recommendation:

The auditor highly recommends that video monitoring technology be installed within Kilby Correctional Facility. The facility layout is very unique, the inmate population is diverse and staffing levels are not always met, and as such video monitoring would assist the facility in preventing, detecting and responding to sexual abuse. With Kilby CF being an intake facility, sexual abuse is statistically more likely to occur and any deterrent to assist prevention would be beneficial. Video monitoring has been a proven deterrent for illegal and illicit activities.

Standard 115.14: Youthful inmates

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

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

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. Memorandum
3. Daily Population Reports

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations in Housing Units Related to Age of Inmates

Findings (By Provision):

115.14 (a): The PAQ indicated that Kilby CF does not house inmates under the age of 18. While the agency does house youthful inmates, Kilby CF does not. A review of the daily population report indicated that no inmates under the age of 18 were housed at the unit within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. Interviews with the Warden and IPCM confirmed that no inmates under the age of 18 are housed or have been housed at the facility during the audit period.

115.14 (b): The PAQ indicated that Kilby CF does not house inmates under the age of 18. While the agency does house youthful inmates, Kilby CF does not. A review of the daily population report indicated that no inmates under the age of 18 were housed at the unit within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. Interviews with the Warden and IPCM confirmed that no inmates under the age of 18 are housed or have been housed at the facility during the audit period.

115.14 (c): The PAQ indicated that Kilby CF does not house inmates under the age of 18. While the agency does house youthful inmates, Kilby CF does not. A review of the daily population report indicated that no inmates under the age of 18 were housed at the unit within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. Interviews with the Warden and IPCM confirmed that no inmates under the age of 18 are housed or have been housed at the facility during the audit period.

Based on a review of the PAQ, daily population reports, observations made during the tour and information from interviews with the Warden and CM, this standard appears to be non-applicable and as such, compliant.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 336 – Searches
3. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
4. PREA Resource Center (PRC) Guidance in Cross Gender and Transgender Pat Searches Video
5. Staff Training Records

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with Transgender/Intersex Inmates

Site Review Observations:

1. Observations of Privacy Barriers and Shower Curtain in Bathroom Areas
2. Observation of Absence of Female Inmates
3. Observation of Cross Gender Announcement Posters

Findings (By Provision):

115.15 (a): AR 336, page 4, section F, prohibit staff from conducting cross gender strip searches and cross gender body cavity searches except in exigent circumstances. The PAQ indicated that no searches of this kind were conducted at the facility over the past twelve months. Interviews with staff indicated that inmates are strip searched by male staff only. Interviews with inmates indicated that none had been naked in front of female staff.

115.15 (b): The PAQ indicated that no female inmates are housed at the facility and therefore this section of the standard would not apply. A review of the daily population report for the previous twelve months as well as observations made during the tour indicated that no female inmates are or were housed at the facility in the previous twelve months.

115.15 (c): AR 336, page 4, section F, requires staff to document all cross-gender strip searches, cross gender visual body cavity searches and cross gender pat searches of female inmates. The PAQ indicated that no cross-gender searches have been conducted in the previous twelve months and that female inmates are not housed at the facility.

115.15 (d): AR 454, pages 14-15, section E, indicates that the facility enables inmates to shower, perform bodily functions and change clothes without staff of the opposite gender viewing their breasts, buttocks or genitalia. Additionally, policy requires staff of the opposite gender to announce their presence prior to entering a housing unit. Interviews with random inmates and interviews with random staff indicated that inmates have privacy when showering, using the restroom and changing clothes via privacy barriers. 31 inmate interviews also confirmed that staff of the opposite gender announce their presence when entering a housing unit. During the tour, the auditor observed staff announced “female” when the audit team entered the housing units. The auditor observed that all open bay dorm bathrooms had swinging saloon doors or wall barriers for privacy. The single cell dorms had toilets within the cell, however the inmates were authorized to utilize their sheet when using the restroom. The shower areas in these dorms had metal added half way up the open bar to provide privacy.

115.15 (e): AR 454, page 15, section E, prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The PAQ indicated that there had been no searches of this nature within the past twelve months. The interviews with transgender inmates indicated that they had never been searched for the sole purpose of determining their genital status.

115.15 (f): AR 454, page 15, section E, indicates that security staff are trained on conducting cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. The PRC's search video demonstrates how to conduct professional and respectful search of transgender and intersex inmates. The PAQ indicated that 100% of security staff had received this training. A review of a random sample of ten training records indicated that all ten staff had received the PREA updates training, which included a video on searches. Interviews with fourteen random staff indicated that all fourteen received this training within the previous year.

Based on a review of the PAQ, AR 336, AR 454, the PRC's training video, a random sample of staff training records, observations made during the tour to include; saloon doors, privacy barriers, and the opposite gender announcement as well as information from interviews related to inmate privacy in the bathroom as well as staff's training on professional and respectful searches indicate this standard appears to be compliant.

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment

3. Alabama Institute for the Deaf and Blind Information
4. PREA Posters
5. General Information Form

Interviews:

1. Interview with the Agency Head
2. Interview with Inmates with Disabilities
3. Interview with LEP Inmates
4. Interview with Random Staff

Site Review Observations:

1. Observations of PREA Posters in English and Spanish

Findings (By Provision):

115.16 (a): AR 454, page 13, section B, establishes the procedure to provide disabled inmates an equal opportunity to benefit from all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Inmates who are deaf or hard of hearing as well as inmate who are blind may be provided information via the Alabama Institute for the Deaf and Blind. Additionally, inmates may be read PREA information or provided it in appropriate formats. Interviews with the Agency Head and with twelve inmates who had a disability indicated that inmates receive PREA information in a format that they can understand. The Agency Head indicated that the agency has a MOU with the Alabama Institute for the Deaf and Blind which provides required assistance to facilities with regard to disabled inmates. The auditor viewed the intake area, the television that the video is played on is approximately 46 inches. The audio is loud and the picture is clear. The television had closed captioning capabilities as well. A review of the twelve disabled inmate files indicated that they received PREA information and they signed that they understood the information. During the tour, the PREA signage was observed to be in large text, bright colors and in some areas, encased in an aesthetically pleasing seasonal board.

115.16 (b): AR 454, page 13, section B, establishes the procedure to ensure meaningful access to all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are Limited English Proficient (LEP). The agency utilizes Google Translate to assist with interpretation and translation for LEP inmates. The facility utilizes a microphone that inmates and staff can speak into which then translates to the appropriate language and reads it back in that language. They can also utilize staff members if available. The PREA posters as well as the General Information Form is in both English and Spanish. During the tour the auditor observed the PREA posters and PREA information posted in both English and Spanish. Interviews with the Agency Head and the one LEP inmate indicated that inmates receive PREA information in a format that they can understand. The Agency Head indicated that facilities utilize Google Translate for inmates who are LEP. The auditor was provided an overview of how Google translate is used as well as tested the program herself. A review of the LEP inmate's file indicated that he received PREA information in Spanish (the form is both English and Spanish) and that he signed he understood the information.

115.16 (c): AR 454, page 13, section B, prohibits the use of inmate interpreters, readers or any other type of inmate assistants for allegations of sexual abuse and sexual harassment. The PAQ indicated that there were no instances where an inmate was utilized. Interviews with a random sample of staff indicated that nine knew that inmates are not utilized to interpret, translate or assist for PREA purposes. Of those that were not sure if inmates could be utilized, all confirmed that they were not aware of any instance where an inmate had been utilized. Interviews with disabled and LEP inmates all confirmed that no other inmates were utilized to provide them assistance with PREA related information.

Based on a review of the PAQ, AR 454, the General Information Form, information on the Alabama Institute for the Deaf and the Blind, observations made during the tour to include the PREA signage and the use of Google Translate, as well as interviews with the Agency Head, disabled inmates and an LEP inmate indicates that this standard appears to be compliant.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? Yes No

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. Personnel Files of Staff
4. Contractor Background Files

5. Volunteer Background Files

Interviews:

1. Interview with Human Resource Staff

Site Review Observations:

1. Review of Employee Personnel Files
2. Review of Contractor Personnel Files

Findings (By Provision):

115.17 (a): AR 454, page 12, section 4, indicates that the agency will not hire or promote anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. The PAQ indicated that the agency prohibits hiring anyone who has engaged in the activities under this provision. A review of eight personnel files of staff hired in the previous twelve months indicated that all eight staff were asked about the above incidents in their application. Additionally, all 22 staff and six contractors reviewed had a criminal background completed prior to being authorized to work at the facility.

115.17 (b): AR 454, page 13, section 4c, indicates that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an inmate. The PAQ as well as the interview with the Human Resource staff indicated that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.17 (c): AR 454, page 12, section 4b, indicates that the agency is required to perform criminal background checks and make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of sexual abuse for new employees that may have contact with inmates. The PAQ indicated that 100% of those hired in the past twelve months that may have contact with inmates had received a criminal background check and prior institutional employers were contacted. A review of eight personnel files of those hired in the previous twelve months indicated 100% of those reviewed had a criminal background completed. Of the eight files reviewed, none indicated they had worked at a previous institutional employer and as such the required check under this provision was not necessary. Human Resource staff indicated that all staff are required to have a criminal background check before they are hired and that all institutional agencies are contacted related to information on any prior substantiated allegations of sexual abuse or resignations while under investigation.

115.17 (d): AR 454, page 12, section 4b, indicates that the agency performs criminal background checks before enlisting the services of any contractor who may have contact with inmates. The PAQ indicated that there has been one contract at the facility within the past twelve months, this contract is for medical and mental health care staff via Wexford. Of the 157 medical and mental health contracted staff, 100% have had a criminal background check prior to enlisting services. A review of a random sample of five contractor personnel files indicated that criminal background checks had been completed. Human Resource staff indicated that all contractors have a criminal background check completed prior to working at the facility.

115.17 (e): AR 454, page 13, section 4f, outlines the system that is in place to capture criminal background information. The agency conducts criminal background checks on all employees every five years via Alacop (the Alabama criminal history database) and NCIC (National Crime Information Center). These checks are completed by I&I staff. The interview with Human Resource staff confirmed that all staff and contractors have a background check completed every five years via Alacop and NCIC.

115.17 (f): AR 454, pages 12-13, section 4b, indicates that the agency will ask all applicants and employees who have contact with inmates directly about whether they have: engaged in sexual abuse in prison, jail, lockup or any other institution been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion through a written application, during any interviews or through any written self-evaluations as part of a review of current employees. A review of eight personnel files of staff hired in the previous twelve months indicated that all eight were asked about the above incidents in their application process, via a personnel form. Additionally, the interview with Human Resource staff confirmed that these questions are contained on the ADOC 216B form, which all potential new hires as well as all potential promotional staff are require to complete.

115.17 (g): AR 454, page 13, section b4, indicates that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. Human resource staff confirm that any false information or omissions would result in an employee or contractor being terminated.

115.17 (h): Human Resource staff indicated that the agency will provide information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee to institutional employers for whom the employee has applied to work.

Based on a review of the PAQ, AR 454, ADOC 216B, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire

Interviews:

1. Interview with the Agency Head
2. Interview with the Warden

Site Review Observations:

1. Observations of Modification to the Physical Plant
2. Observations of Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit. The interviews with Warden confirmed there have not been any modifications to the facility since August 20, 2012. The interviews with the Warden and Agency Head did confirm however that if there were modification that they would consider the sexual safety of inmates as much as possible. During the tour, the auditor did not observe any renovations, modifications or expansions.

115.18 (b): The facility is not equipped with video monitoring technology or electronic surveillance systems. The facility is equipped with reflective mirrors. The PAQ as well as the interviews with the Warden confirmed there have not been any upgrades or installation of video monitoring technology. The interview with the Agency Head indicated that while Kilby does not have video monitoring technology, the agency as a whole uses video monitoring technology as a deterrent and to detect sexual abuse and sexual harassment. She indicated that staff and inmate's safety is a large factor in adding and modifying video monitoring technology, to include sexual safety. During the tour, the auditor observed reflective mirrors in the hallways and blind spot areas.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is

not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. National Protocol for Sexual Assault Medical Forensic Exams (April 2013)
4. Agreement with Lighthouse Counseling Centerⁱⁱ
5. Memorandum of Understanding (MOU) with the Alabama Coalition Against Rape

Interviews:

1. Interview with Random Staff
2. Interview with the PREA Compliance Manager
3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.21 (a): The agency utilizes the National Protocol for Sexual Assault Medical Forensic Exams for uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. All agency investigators follow the evidence protocol. The PAQ indicated that the agency is responsible for conducting administrative and criminal investigations. Typically, criminal investigations are conducted by I&I, while administrative investigations are conducted by facility staff (Compliance Manager). Interviews with random staff indicated they are aware of evidence protocol, and that they would preserve evidence through securing the crime scene and not allowing the victim and alleged perpetrator to destroy any physical evidence.

115.21 (b): The agency utilizes the National Protocol for Sexual Assault Medical Forensic Exams for uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. This is the Department of Justice publication that was developed appropriate for youth. This is the same publication as the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents".

115.21 (c): AR 454, pages 18-19, section G, indicates that all inmate victims of sexual abuse shall be offered access to forensic medical examinations at no cost. The facility does not offer forensic medical examinations on-site. Rather the inmate is transported to a local rape crisis center where the forensic examination is performed by a nurse with specialized training. The PAQ indicated that during the previous twelve months, there have been three forensic exams conducted. The PAQ indicate they were all performed by a SANE/SAFE. During the audit period, there were three instances where an inmate was provided a forensic medical examination. A review of documentation indicated that the inmate was

transported to “STAR” for all three exams. It should be noted STAR is the name of the program under Lighthouse Counseling Center. The auditor interviewed Ms. Jamison of Lighthouse Counseling Center Ms. Jamison indicated that the organization has an MOU with the agency to provide forensic medical examinations. Ms. Jamison indicated their organization is the sole provider of forensic examinations for the facility and that all staff are SANE/SAFE certified.

115.21 (d): The PAQ indicated that the agency attempts to make available to the victim a victim advocate from a rape crisis center. The facility has an agreement with the Lighthouse Counseling Center that indicates they will provide forensic examinations to inmate victims of sexual assault. The organization will also provide an advocate during the forensic examination. Additionally, the agency has an MOU with the Alabama Coalition Against Rape to provide advocacy and emotional support services, via mail and phone. Interviews with staff from Lighthouse Counseling Center and the Alabama Coalition Against Rape indicated that Lighthouse provides advocacy during the forensic examination while the Coalition provides services during investigatory interviews, if needed, and through mail and the hotline.

115.21 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany the victim during the forensic medical examination and investigatory interviews. The facility has an agreement with the Lighthouse Counseling Center that indicates they will provide forensic examinations to inmate victims of sexual assault. Additionally, the agency has an MOU with the Alabama Coalition Against Rape to provide advocacy and emotional support services, via mail and phone. Interviews with staff from Lighthouse Counseling Center and the Alabama Coalition Against Rape indicated that Lighthouse provides advocacy during the forensic examination while the Coalition provides services during investigatory interviews, if needed, and through mail and the hotline.

115.21 (f): The agency is responsible for conducting both criminal and administrative investigations and as such this provision does not apply.

115.21 (g): The agency is responsible for conducting both criminal and administrative investigations and as such this provision does not apply.

115.21 (h): The staff employed at the Lighthouse Counseling Center as well as at the Alabama Coalition Against Rape are considered qualified victim advocates.

Based on a review of the PAQ, AR 454, the Agreement with the Lighthouse Counseling Center, the MOU with the Alabama Coalition Against Rape and information from interviews with the PREA Compliance Manager, staff from the Alabama Coalition Against Rape and staff from Lighthouse Counseling Center, this standard appears to be compliant.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to

conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. Incident Reports
4. Investigative Reports

Interviews:

1. Interview with the Agency Head
2. Interview with Investigative Staff

Findings (By Provision):

115.22 (a): AR 454, page 22, section I, outlines the administrative and criminal investigative process. Policies require that all allegations be reported to a staff member which will then be forwarded to a supervisor. The supervisor will report the information to the Warden, IPCM and I&I. Either the IPCM or I&I, depending on the allegation type, will then initiate an investigation. The PAQ indicated that there were six allegations reported within the previous twelve months. A review of documentation confirmed there were zero administrative and six criminal investigations within the previous twelve months. The interview with the Agency Head indicated that all allegations are reported and documented on an incident

report. The report as well as all other information and evidence are then turned over to I&I for investigation.

115.22 (b): AR 454, page 22, section d, indicates that I&I is the primary investigative and law enforcement entity for the agency. The agency website indicates that I&I is the investigating authority and provides their contact information. The website address is: <http://www.doc.state.al.us/Investigations>.

115.22 (c): The agency is responsible for conducting both criminal and administrative investigations and as such this provision does not apply.

115.22 (d): The agency is responsible for conducting both criminal and administrative investigations and as such this provision does not apply.

115.22 (e): This provision does not apply as no Department of Justice entity is responsible for conducting investigations.

Based on a review of the PAQ, AR 454, a review of sexual abuse and sexual harassment investigations, the agency's website and information obtained via interviews with the Agency Head and Investigators, this standard appears to be compliant.

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. Administrative Regulation 318 – Employee Inmate Relationships
4. PREA Training Curriculum
5. Sample of Staff Training Records

Interviews:

1. Interview with Random Staff

Findings (By Provision):

115.31 (a): AR 454, page 11, section A, indicates that all staff are required to receive PREA training at least every two years. The PREA training curriculum is paired with AR 454 as well as AR 318 to fully educate staff on PREA requirements. A review of the PREA training curriculum as well as AR 454 and AR 318, confirm that the agency trains all employees who may have contact with inmates on the following matters: its zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. A review of a sample of seventeen staff training records indicated that sixteen of those reviewed received PREA training. The one staff member who did not receive the training was out on extended medical leave. Additionally, records indicated that staff received training on an as needed basis through the IPCM. The IPCM also has a PREA board outside of her office that she places all relevant new PREA information on for staff to review. Interviews with random staff confirmed that all fourteen had received PREA training within the previous two years and that they continuously receive PREA information via the IPCM and the PC.

115.31 (b): AR 454, page 11, section A, states that the training shall be tailored to the gender of the inmate at the unit of assignment and that the employee shall receive additional training when transferring to a unit with inmates of a different gender. The facility houses only male inmates and as such the staff receive training tailored to male inmates. The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. A review of a sample of seventeen staff training records indicated that sixteen of those reviewed received PREA training. The one staff member who did not receive the training was out on extended medical leave.

115.31 (c): The PAQ indicated that 404 staff have been trained in PREA requirements and that they receive PREA training once every two years. The PAQ also indicated that in between trainings staff are provided PREA information by the Compliance Manager. The facility currently employs 247 staff, however due to the high turnover rate there have been 404 who received training on PREA in the previous twelve months. A review of documentation confirmed that all current staff received PREA training in 2018, while all newly hired staff received it in 2019. Staff receive PREA training every two years during their annual training. A review of a sample of seventeen staff training records indicated that sixteen of those reviewed received PREA training. The one staff member who did not receive the training was out on extended medical leave. Interviews with random staff confirm that they all had received training.

115.31 (d): The PAQ indicated that all staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. All staff are required to sign the training form which has language on the top that indicates that by signing they are indicating that they received PREA training and that they read and understood the information. A review of the training records indicate that all staff sign a sign in sheet that includes language at the top indicating that their signature confirms that they received PREA training and that they understood the information.

Based on a review of the PAQ, AR 454, AR 318, the PREA Training Curriculum, a review of a sample of staff training records as well as interviews with random staff indicate that the facility meets this standard.

Standard 115.32: Volunteer and contractor training

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PREA for Approved Contract Personnel Training Curriculum
3. Sample of Contractor Training Records
4. Sample of Volunteer Training Records

Interviews:

1. Interview with Volunteers or Contractors who have Contact with Inmates

Findings (By Provision):

115.32 (a): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors are required to receive the PREA for Approved Contract Personnel Training. The PAQ indicated that 283 volunteers and contractors had received PREA training, which is equivalent to 100%. A review of a sample training documents for five contractors and ten volunteers indicated that 100% of those reviewed received PREA training. Additionally, the interviews conducted with the five contracted staff confirmed that they had received PREA training, were aware of the zero-tolerance policy and knew to immediately report to security if they were informed of an allegation.

115.32 (b): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. It also indicated that the level and type of training is based on the services they provide and the contact they may have with inmates. All volunteers and contractors are required to receive the PREA for Approved Contract Personnel Training. A review of the training curriculum indicated that it contains

information on the agency's zero tolerance policy and how to report incidents of sexual abuse and sexual harassment. Interviews with the five contractors indicated that they had received PREA training, were aware of the zero-tolerance policy and knew to immediately report to security if they were informed of an allegation.

115.32 (c): The PAQ and a review of sample training documents for contractors and volunteers indicated that 100% of those reviewed had signed the training form that indicated that they received PREA training and that they read and understood the information.

Based on a review of the PAQ, the PREA for Approved Contract Personnel Training, a review of a sample of contractor and volunteer training records as well as and interviews with contractors and a volunteer indicate that this standard appears to be compliant.

Standard 115.33: Inmate education

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

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

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. Male Inmate Handbook
4. Alabama Department of Corrections (ADOC) Form 454-A: Inmate Awareness Acknowledgment
5. Alabama Institute for the Deaf and Blind Information
6. PREA Brochure
7. Inmate PREA Education Video
8. Inmate Training Records

Interviews:

1. Interview with Intake Staff
2. Interview with Random Inmates

Site Review Observations:

1. Observations of Intake Area
2. Observation of Daily Viewing of the PREA Video
3. Observations of PREA Signs in English and Spanish

Findings (By Provision):

115.33 (a): AR 454, pages 13-14, section B, outline the requirement for inmates to receive PREA education, specifically information on the agency's zero tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment. Inmates receive information on the zero-tolerance policy and how to report allegations via ADOC Form 454-A as well as the PREA brochure that is provided. Inmates are required to sign ADOC 454-A indicating that they received the information. The PAQ indicated that 9,720 inmates received information on the zero-tolerance policy and how to report at intake. The facility indicated in the PAQ that they had received 12,687 inmates in the previous twelve months. After a review of documentation and interviews with the Warden and IPCM it was clarified that 12,687 inmates were received at the facility within the previous twelve months, but that 2,967 of those inmates were institutional transfers. The facility houses institutional transfers for short periods of time while they are in transit to other facilities across the state. They additionally house inmates for other facilities in their restricted housing unit and their stabilization unit. Therefore, those inmates who are institutional transfers are not required to receive the information as they have previously received it at Kilby during their initial intake, as well as at their permanent facility once transferred from Kilby. All ADOC policies related to PREA are the same. A review of documentation indicated the male inmate orientation handbook, pages 21-23, ADOC 454-A and the PREA brochure have information on PREA to include information on the zero-tolerance policy and the reporting methods. A review of a sample of 33 inmate files that were received within the previous twelve months indicated that 32 of those reviewed were documented with receiving PREA information at intake. The one inmate reviewed that did not receive the information was determined to be an institutional transfer and had received the information previously. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates were provided ADOC 454-A, the PREA brochure and were shown the PREA video. The interview with intake staff indicated that the facility provides inmates information related to the zero-tolerance policy and reporting mechanism via the PREA video and the paperwork (454-A and PREA brochure). Of the 40 random inmates that were interviewed, 39 indicated that they received PREA information at the time of intake.

115.33 (b): AR 454, pages 13-14, section B, outlines the requirement for inmates to receive PREA education, specifically the comprehensive education that is provided to the inmates. The policy indicates that inmates will receive comprehensive PREA education within 30 days of arrival into the facility. The ADOC created a PREA video for inmate education. The video educates inmates on their rights to be free from sexual abuse and sexual harassment and their right to be free from retaliation. The video also goes over the agency's policies and procedures related to prevention, detection and response. The PAQ indicated that 9,720 inmates received comprehensive PREA education within 30 days of intake. The facility indicated in the PAQ that they had received 12,687 inmates in the previous twelve months. After a review of documentation and interviews with the Warden and IPCM it was clarified that 12,687 inmates were received at the facility within the previous twelve months, but that 2,967 of those inmates were institutional transfers. The facility houses institutional transfers for short periods of time while they are in transit to other facilities across the state. They additionally house inmates for other facilities in their restricted housing unit and their stabilization unit. Therefore, those inmates who are institutional transfers are not required to receive the information as they have previously received it at Kilby during their initial intake, as well as at their permanent facility once transferred from Kilby. All ADOC policies related to PREA are the same. The comprehensive education is completed by the video and then follow up by the IPCM. The comprehensive education is typically completed within the first week of intake. A review of 33 inmate files of those inmates received in the previous twelve months indicated that 30 of those reviewed had been documented that they received comprehensive PREA education. The three that were

documented as not receiving the comprehensive education were institutional transfers and as such were not required to go back through the comprehensive education. During the tour, the auditor observed that the PREA educational video was shown numerous times each day (Monday-Friday) when inmates were received from the counties. Interviews with the intake staff indicated that they show the video the first day to the inmates received back in the intake area. The IPCM indicated she follows up and goes back over the comprehensive education information as well. Interviews with 40 random inmates confirmed that 39 inmates remember receiving comprehensive PREA education via a video.

115.33 (c): A review of a sample of four inmate records of those that have been housed at Kilby prior to 2013 indicated that 100% of those sampled had received comprehensive PREA education by 2014. Inmates receive PREA information at Kilby related to the agency's PREA policies and procedures. Interviews with intake staff indicate all inmates receive PREA education.

115.33 (d): AR 454, page 13, section B establishes the procedure to provide disabled inmates an equal opportunity to benefit from all the aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Inmates who are deaf or hard of hearing as well as inmate who are blind may be provided information via the Alabama Institute for the Deaf and Blind. Additionally, inmates may be read PREA information or provided it in appropriate formats. The agency utilizes Google Translate to assist with interpretation and translation for LEP inmates. The facility utilizes a microphone that inmates and staff can speak into which then translates to the appropriate language and reads it back in that language. They can also utilize staff members if available. The PREA posters as well as the General Information Form is in both English and Spanish. Interviews with the Agency Head and the one LEP inmate indicated that inmates received PREA information in a format that they can understand. The Agency Head indicated that facilities utilize Google Translate for inmates who are LEP. The auditor was provided an overview of how Google translate is used as well as tested the program herself. A review of a sample the LEP inmate's file indicated that he received PREA information in Spanish (the form is both English and Spanish) and that he understood the information. The Agency Head indicated that the agency has a MOU with the Alabama Institute for the Deaf and Blind which provides required assistance to facilities with regard to disabled inmates. The auditor viewed the intake area, the television that the video is played on is approximately 46 inches. The audio is loud and the picture is clear. The television had closed captioning capabilities as well. A review of the twelve disabled inmate files indicated that they received PREA information and signed that they understood the information. During the tour, the PREA signage was observed to be in large text, bright colors and in some areas, encased in a aesthetically pleasing seasonal board.

115.33 (e): Initial intake is completed when the inmate signs the Inmate Awareness Acknowledgement (ADOC Form 454-A). Comprehensive PREA education is documented via the inmate sexual abuse awareness education sign-in roster. This information is maintained in the inmates file. A review 33 inmate files of those inmates received in the previous twelve months indicated that 30 of those reviewed had been documented that they received comprehensive PREA education. The three that were documented as not receiving the comprehensive education were institutional transfers and as such did not require to go back through the comprehensive education as they had previously received it.

115.33 (f): The PAQ indicated that information is continuously available through posters, inmate handbooks or other written forms for the inmate population. A review of documentation indicated that the facility had PREA information via the male inmate orientation handbook, the PREA brochure, ADOC 454-A form and via PREA posters. During the tour, the auditor observed the PREA signage in each housing unit and in common areas.

Based on a review of the PAQ, AR 454, the male inmate handbook, ADOC Form 454-A, the Alabama Institute for the Deaf and Blind information, Google Translate, the PREA brochure, the PREA video, a sample of inmate records, observations made during the tour to include the availability of PREA information via signage and documents as well information obtained during interviews with intake staff and random inmates indicate that this standard appears to be compliant.

Standard 115.34: Specialized training: Investigations

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. Moss Group Specialized Investigator Training Curriculum
4. National Institute of Corrections (NIC) PREA – Investigating Sexual Abuse in a Confinement Setting Curriculum
5. Investigator Training Records

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.34 (a): AR 454, page 11, section A1, requires that all investigators receive training on conducting sexual abuse investigations in a confinement setting. This training is completed through one of two curriculums; the Moss Group’s Specialized Investigator Training or NIC’s Specialized Investigator Training. The I&I investigator indicated he received specialized training via a computer class (NIC training) as well as a three days class that was put on by instructors (Moss Group Curriculum).

115.34 (b): AR 454, page 11, section A1, requires that all investigators receive training on conducting sexual abuse investigations in a confinement setting. This training is completed through one of two curriculums; the Moss Group’s Specialized Investigator Training or NIC’s Specialized Investigator Training. A review of the training curriculums confirmed that they included the following; 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 action or criminal prosecution. A review of investigator training records indicated that 31 of 37 investigators have completed the required training. The investigator that completed the six investigation at the facility, was documented to have completed the Moss Group specialized training in July 2016. The I&I investigator indicated he received specialized training via a computer class (NIC training) as well as a three days class that was put on by instructors (Moss Group Curriculum). The investigator confirmed that all the aforementioned topics were included in his training.

115.34 (c): The PAQ indicated that currently there are 37 investigators who complete sexual abuse. Of the 37, the PAQ indicated that all have received specialized training. A review of the training documents indicated that 31 of the 37 investigators have received specialized training through one of the two curriculums. The auditor reviewed the investigator training record for Agent Caulfield, the primary investigator at Kilby CF, and records indicated he received the specialized training. The interviews with Agent Caulfield indicated that he received specialized training and it was documented.

115.34 (d): This provision does not apply. All investigations are conducted by the Alabama Department of Corrections. No State entity or Department of Justice component is responsible for conducting investigations.

Based on a review of the PAQ, AR 454, the Moss Group Specialized Investigator Training Curriculum, NIC’s Investigations Sexual Abuse in a Confinement Setting curriculum, a review of investigator training records as well as the interview with the I&I investigator, indicate that this standard appears to be compliant.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual

abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. NIC Medical Health Care for Sexual Assault Victims in a Confinement Setting
4. Wexford PREA Training Curriculum
5. Medical and Mental Health Staff Training Records

Interviews:

1. Interview with Medical and Mental Health Staff

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.35 (a): AR 454, page 12, section 3, requires that all medical and mental health care staff complete specialized training. The NIC training as well as the Wexford PREA training is required to be completed when staff are hired and includes the following topics: 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 whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 157 medical and mental health staff and that 100% of these staff received the specialized training. A review of six medical and mental health training records indicated that all those reviewed received the specialized training. Interviews with medical and mental health staff confirmed that five of the six remembered receiving the PREA specialized training.

115.35 (b): This provision does not apply. Forensic exams are not conducted on-site by any of the facility's medical staff. Inmates are transported to a local rape crisis center where nurses with specialized training complete the forensic medical examination. Interviews with medical and mental health care staff confirm that they do not perform forensic medical examinations.

115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. A review of sample training documents for medical and mental health care staff confirm that staff who complete the specialized training receive a certificate to confirm their participating and completion. This certificate is maintained in their file.

115.35 (d): All medical and mental health care staff completed the PREA training every two years similar to security staff. A review of sample training documents for medical and mental health care staff indicated that 100% of those reviewed completed and signed the training. Additionally, the interview conducted with medical and mental health staff confirmed that they had received PREA training.

Based on a review of the PAQ, AR 454, the Wexford PREA training curriculum the NIC training curriculum, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears to be compliant.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the

inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. ADOC Form 454-C: PREA Risk Factor Checklist
4. Inmate Assessment and Re-Assessment Records

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located

Findings (By Provision):

115.41 (a): AR 454, pages 15, section F, indicates that all inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates. During the tour, the auditor observed the intake area, however this area is not where the risk screening occurs. The risk screening is conducted in a private office setting. Interviews with 40 random inmates confirmed that 27 remember being asked questions either the same day or within the first few days. Of the 40 interviews, six of the inmates were received well before the previous twelve months and as such may not have been asked due to the timeline of the implementation of the screening process. The interview with the staff responsible for the risk screening indicated that inmates are screened at intake and they utilize the PREA Risk Factor Checklist as well as information obtained from the inmates file.

115.41 (b): AR 454, pages 15, section F, indicates that all inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates within 72 hours. The PAQ indicated that inmates are screened within this timeframe and that 10,934 inmates were received at the facility whose length of stay was for 72 hours or more. The PAQ indicated that 10,934 of those whose length of stay was for 72 hours or more received the risk screening within 72 hours. A review of a sample of 40 inmate files confirmed that of the 34 inmate files of those who entered the facility within the previous twelve months, 33 were screened for their risk within 72 hours.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of ADOC 454-C: PREA Risk Factor Checklist, indicated that inmates answer yes or

no questions. The screening staff then verify their answers and complete a file review for topics such as violent criminal history, any previous sexual convictions, etc.

115.41 (d): A review of ADOC 454-C: PREA Risk Factor Checklist indicates that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate was previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the inmate has previously experienced sexual victimization and the inmate's own perception of vulnerability. Inmates at the facility are not held solely for civil immigration purposes and as such this portion of the screening is not included.

115.41 (e): A review of ADOC 454-C: PREA Risk Factor Checklist confirms that the intake screening considers the following; prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the facility. Interviews with intake staff confirm that these criteria are considered and utilized to determine if the inmate is a potential predator and how to house accordingly.

115.41 (f): AR 454, pages 15, section F, indicates that inmates would be reassessed for their risk of victimization or abusiveness within 30 days from their arrival at the facility. The PAQ indicated that the facility requires inmates to be reassessed and that 6,443 inmates were reassessed within 30 days. The PAQ indicated that 6,443 inmates' length of stay was for 30 days or more. The numbers indicate that 100% of those inmates whose length of stay was for 30 days or more received a reassessment. An interview with staff responsible for the risk screening indicated that inmates are reassessed within 30 days. Interview with 40 random inmates indicated that 28 did not remember being asked the risk screening questions a second time. A review of the documents indicated that eleven inmates were received within the previous 30 days and as such their 30-day re-assessments were not yet completed. Additionally, six of those inmates interviewed were received well prior to the previous twelve months and as such the risk screening process may not have been fully developed at the time of their arrival. Of the remaining 23 files reviewed, 21 had been re-assessed within the 30-day timeframe.

115.41 (g): AR 454, pages 16, section 5, indicates that inmates would be reassessed for their risk of victimization or abusiveness when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on their risk of sexual victimization or abusiveness. The PAQ indicated that this practice is occurring. An interview with the staff responsible for risk screening indicated inmates who report allegations are reassessed and any others would be reassessed on a case by case basis as needed. Interview with 40 random inmates indicated that 28 did not remember being asked the risk screening questions after the first time. A review of a five inmate files of those who reported sexual abuse indicated that four of those were reassessed after reporting their allegation. The one that was not reassessed was released from custody three days after the reported allegation.

115.41 (h): AR 454, pages 16, section 6, indicates that inmates would not be disciplined for refusing to answer the following questions during the risk screening: whether or not the inmate has a mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether or not the inmate previously experienced sexual victimization and the inmate's own perception of vulnerability. The PAQ indicated that inmates are not disciplined for refusing to answer. The interview with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening. Interviews with random inmates confirmed that they have never been disciplined for not answering any screening questions.

115.41 (i): AR 454, pages 16, section 5, indicates that the agency has implemented appropriate controls on the dissemination of the screening information to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. Interviews with the PREA Coordinator, PREA Compliance Manager and staff responsible for the risk screening indicate that the information obtained

during the risk screening is only assessable to the IPCM, classification and Psychological services. This information is electronic and only the head of classification can access these records once completed.

Based on a review of the PAQ, AR 454, ADOC 454-C, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard appears to be compliant.

Standard 115.42: Use of screening information

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
 Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. Standard Operation Procedure (SOP) V-26 – Designated Housing
4. ADOC Form 454-C: PREA Risk Factor Checklist
5. Memorandum Related to Transgender Housing
6. Transgender Housing Determination Document/Memo
7. Sample of Risk Based Housing Documents
8. Sample of Transgender/Intersex Reassessments
9. Inmate Housing Assignments/Logs

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Transgender/Intersex Inmates
5. Interview with Gay, Lesbian and Bisexual Inmates

Site Review Observations:

1. Location of Inmate Records

2. Housing Assignments of LGBTI Inmates
3. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): AR 454, page 16, section 9 and SOP V-26, describe how the agency uses the information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate inmates at high risk of being sexual abused from those at high risk of being sexually abusive. The PAQ as well as interviews with the Compliance Manager and staff responsible for the risk screening indicated that inmates who are determined to be at high risk of being sexual victimized are typically housed in A, B, G, H or J dorm. Based on the size of the facility as well as the layout, inmates may be placed in housing areas with limited to no contact with others in different dorms. Additionally, interviews indicated that inmates at high risk of victimization would be housed in the front few bunks and in areas that are most visible to staff. A review of inmate files and of inmate housing and work assignments for the two inmates who reported prior victimization during the screening, as well as for the four inmates who identified as LGBTI, confirmed that inmates at high risk of victimization were not placed in a housing unit with inmates at high risk of being sexually abusive and did not work or attend programs together.

115.42 (b): The PAQ indicated that the agency makes individualized determinations about how to ensure the safety of each inmate. The interview with the staff responsible for the risk screening indicates that inmates who are determined to be at high risk of being sexually victimized or being sexual abusive are referred to a Psychological associate for review and a re-assessment. After that, those individuals are reviewed by the IPCM. The IPCM will then ensure the appropriate housing, work and program assignments.

115.42 (c): The Memo from the Classification Director indicates that inmates are formally committed to custody of the ADOC through a conviction transcript certified by the clerk of the circuit court. The transcript includes demographic information including the inmate's sex. If the sex is listed as male, they are processed through Kilby CF for an ultimate male facility. If the transcript reflects the sex as female, the inmate will be processed and assigned to Tutwiler Prison for women. Once at the male or female intake facility, the inmate will then be reviewed on an individual basis to determine his/her final housing assignment (male or female). AR 454, page 17, section g, does indicate that housing and program assignments for transgender and intersex inmates are considered on a case by case basis to ensure the inmate's health and safety, and whether the placement would present management or security problems. The PAQ indicated that this practice is taking place. At the time of the audit, the facility was housing two transgender females. A review of documentation indicated that the one transgender female was reviewed and based on the safety and security of the inmate and other inmates, she was determined to be better housed at a male facility. The second transgender female had just arrived at the facility and was currently being reviewed. A copy of the review will be forwarded to the auditor once complete. While the inmates were placed at a male facility initially based on the conviction transcript, the inmates' housing within Kilby were also individually reviewed. The inmates were housed in the Faith and Character dorm and the quarantine dorm. The interview with the CM indicated that she reviews all housing for LGBTI inmates and that housing determination are made on a case by case basis to ensure the inmates' safety. The interviews with the transgender inmates indicated that they were all asked about their safety by staff. The one inmate indicated that the IPCM checks in on her frequently. She also indicated that she did not believe she or any other LGBTI inmates were placed in a housing unit strictly because of their gender identity or sexual preference.

115.42 (d): AR 454, page 17, section d, indicates that housing and program assignments for transgender and intersex inmates are reassessed at least twice each year to review any threats to the inmate's safety. The PAQ indicated that this practice is taking place. A review of risk assessments for the two identified transgender inmates indicated that the one inmate was deemed transgender by mental health in 2017. The inmate did not report she was transgender to classification until 2018 and security was not notified of the inmate's gender identity until 2019. While the inmate did receive an annual reassessment, the

required biannual reviews were not completed due security staff not being informed of inmate's gender identity. A review of documentation did indicate however, that the IPCM checked in with the inmate consistently from 2017-2019. The second transgender inmate had arrived at the facility on January 10, 2020 and as such did not require the biannual review yet. The interview with the CM and staff responsible for the risk screening indicated that transgender and intersex inmates are reassessed at least twice a year and that typically the IPCM checks in with them regarding their safety and security every month or so.

115.42 (e): AR 454, page 17, section e, indicates that the inmate's own views with respect to his or her safety is given serious consideration. The PAQ indicated that this practice is taking place. The interview with the CM and staff responsible for the risk screening indicated that transgender and intersex inmates are asked about their safety during the assessments and this information is given serious consideration. Additionally, the CM indicated she checks in with any transgender inmate frequently to ensure they are not having any issues. The interviews with the transgender inmates indicated they was asked about their own view with respect to their safety. The one inmate indicated she had an open line of communication with the IPCM and that the IPCM checked on her frequently. The transgender inmate interviews indicated both felt they was housed appropriately and did not have any safety concerns.

115.42 (f): AR 454, page 17, section g, indicates that transgender and intersex inmates are given the opportunity to shower separately. During the tour it was confirmed that all showers had either walls or wall like barriers for privacy. The interview with the CM and the staff responsible for risk screening confirmed that transgender and intersex inmates can shower separately. The CM indicated that transgender inmates are authorized to shower in "O" dorm, which is the stabilization housing unit at a designated time. The auditor observed that the shower area in "O" dorm was completely blocked by a constructed barrier wall to provide privacy. The interview with the transgender inmate who has been at the facility longer than two days, indicated that she was given the opportunity to shower separately in "O" dorm, but she preferred to shower in her assigned dorm. She showed the auditor a memo that she was provided by mental health that indicated her accommodations, to include a separate shower.

115.42 (g): The PAQ and a review of housing assignments for inmates who identify as LGBTI indicated that these inmates were assigned to various dorms throughout the facility. The interviews with the PC and CM confirmed that LGBTI inmate are not placed in one specific housing unit. They did indicate that if the inmates were determined to be at high risk for victimization though that they would typically be placed at the front of the dorm for better staff visibility. Interviews with the four inmates who identified as LGBTI indicated that none of them felt they were placed in any specific dorm based on their sexual preference and/or gender identity.

While provisions (a), (b), (c), (e), (f), and (g) appear to be compliant based on the PAQ, AR 454, SOP V-26, ADOC Form 454-C, a review of inmate housing assignments, a review of transgender and intersex inmate's assessments and information from interviews with the PC, Compliance Manager, staff responsible for conducting risk screenings and LGBTI inmates, provision (d) is not compliant based on a review of transgender inmate reassessments and the interview with the PC. The one transgender inmate identified that had been at the facility for over twelve months was not reassessed biannually as required in provision (d). The IPCM indicated she was unfamiliar with this practice and did not know transgender inmates were required to be reassessed biannually. The Warden indicated that training would be conducted with mental health staff related to any inmate diagnosed with gender dysphoria or any inmate who identifies as transgender and the required communication necessary with the IPCM. The Warden IPCM indicated she would immediately initiate biannual reviews on transgender inmates. Based on this information corrective action is required.

Corrective Action

The auditor recommends the IPCM be notified via email by classification and mental health about each inmate who identifies as transgender in order to ensure that the biannual assessments are completed. The IPCM will be required to forward the biannual assessments for the two transgender females currently at the facility to indicate that the practice is systematically occurring.

Verification of Recommendations since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Memo from the Warden
2. Training Verification for Mental Health Staff
3. Bi-annual Assessments

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provision (d). The auditor spoke to the IPCM and PREA Coordinator via phone for an update regarding the implementation of the corrective action. On March 19, 2020 the IPCM provided the auditor with the two bi-annual assessments for the two identified transgender females at Kilby CF. Additionally, the IPCM provided the auditor with a memo from the Warden indicating the new process of mental health. Notifying the IPCM when any inmate identifies as transgender or intersex, to ensure she completes the biannual assessments. The memo also included signatures from the mental health staff indicating they read and understood the new communication process related to transgender and intersex inmates. Based on a review of the memo, the signatures and the completed assessments, this standard appears to be corrected and compliant.

Standard 115.43: Protective Custody

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. ADOC Form 454-H: PREA Post Allegation Protective Custody

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.43 (a): AR 454, page 23, section J1, indicate that the agency does not place inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and no alternative is available to separate the inmate from likely abusers. The PAQ indicated that there have been zero inmates placed in involuntary segregated housing due to their risk of victimization, for 24 hours or less. The interview with the Warden indicated that inmates would never be placed in involuntary segregation unless there were no other alternatives available to keep the victim from the abuser.

115.43 (b): AR 454, page 23, section J2, indicates that if an inmate was placed in involuntary segregation he would have access to programs, privileges, education and work opportunities to the extent possible and all limitations would be documented with indication of the reason and length of time of limitation. ADOC Form 454-H is utilized to document any restrictions or limitations for inmates placed in involuntary segregation. During the tour the auditor did not observe any inmates placed in the restrictive housing unit based on their high risk of sexual victimization or due to reporting a sexual abuse or sexual harassment allegation. The interview with Staff who Supervise Inmates in Segregated Housing confirmed that they typically do not restrict access to programming, privileges, education or work for those inmates placed in involuntary segregation due to their high risk of victimization. The interview indicated that if they did the IPCM would document such restrictions and limitations.

115.43 (c): The PAQ indicated that no inmates were assigned to involuntary segregated housing longer than 30 days while awaiting alternative placement. A review of documentation indicated no inmates were held in involuntary segregation for 30 days or more due to their risk of sexual victimization. The interview with the Staff who Supervise Inmates in Segregated Housing indicated that inmates would typically be held in involuntary segregated housing for 24 hours or less until they were able to be transferred to another facility or another alternative was found. The interview with the Warden indicated that inmates would not be held in involuntary segregated housing for more than 24 hours. She indicated they would be able to find alternative housing within that 24 hours typically.

115.43 (d): The PAQ indicated that zero inmates were involuntarily segregated in the previous twelve months that required documentation of the basis for the facility's concern for the inmates' safety and the reason why no alternative means of separation could be arranged. A review of documentation indicated no inmates were held in involuntary segregation for 24 hours or more that would require this justification.

115.43 (e): AR 454, page 23, section J, indicates that if an inmate was placed in involuntary segregation due to risk of victimization that he would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from the general population. A review of documentation indicated no inmates were held in involuntary segregation for 24 hours or more that would require this justification. The interview with the Staff who Supervise Inmates in Segregated Housing indicated that he would not personally review the inmate, but the IPCM and leadership would review the placement.

Based on a review of the PAQ, AR 454, ADOC Form 454-H, observations from the facility tour related to segregation areas as well as information from the interview with the Warden and Staff who Supervise Inmates in Segregated Housing, indicate that this standard appears to be compliant

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? Yes No

- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. Inmate Orientation Handbook
4. Male Inmate Handbook
5. PREA Posters

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observation of PREA Reporting in all Housings Units

Findings (By Provision):

115.51 (a): AR 454, page 21, section 2, outlines the multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of additional documentation to include the male inmate handbook and PREA signage indicated that there are multiple ways for inmates to report. These reporting mechanisms include: to any employee, contractor or volunteer; via the hotline number, via a grievance, through the PREA box and through the pre-addressed envelope to I&I. During the tour, it was observed that information pertaining to how to report PREA allegations was outlined on the PREA posters throughout the facility. The posters indicated inmates could report via the third party hotline (*6611), to any staff, contractor, volunteer, medical or mental health staff, to the IPCM, by dropping a letter in the PREA box, by writing a letter to I&I via the I&I envelopes or telling a family member, friend or legal counsel who can report via the website or via email (DOC.PREA@doc.alabama.gov). Interviews with a sample of inmates confirm that all 40 inmates interviewed were aware of at least one method to report sexual abuse and sexual harassment. The majority knew numerous methods to report and most indicated they would report via the PREA hotline. Interviews with fourteen random staff confirmed that there are numerous methods for inmates to privately report sexual abuse and sexual harassment. Staff indicated that inmates could report to staff, through the PREA box or by calling the PREA hotline.

115.51 (b): AR 454, page 21, section 2, indicates that the agency has a way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that the entity can immediately forward the report back to the facility for investigation. A review of additional documentation to include the male inmate handbook and PREA signage confirm the agency provides information and a phone number for the outside entity reporting method. The outside entity is Securus. ADOC has a contract with Securus that allows the inmate to call the hotline (*6611) and leave a voice message. That message is immediately forwarded to the PREA Coordinator. During the tour, it was observed that information pertaining on how to report PREA allegations to the PREA hotline was posted in all housing units. Inmates can dial *6611 from the facility phones or have a third-party email DOC.PREA@doc.alabama.gov. The interview with the CM indicated that inmates can call the PREA hotline and leave a message. That message is then immediately forwarded to the PC. Interviews with a sample of inmates confirm that 30 inmates were aware of the outside reporting mechanism and that the information is posted around the facility. During the tour the auditor tested the PREA hotline in four separate dorms to ensure access. The auditor received confirmation from the PC the same day the phones were tested that the calls were received and forwarded to her. The facility does not detain inmates solely for civil immigration purposes so this section of the provision does not apply.

115.51 (c): AR 454, page 19, section H and page 21, section 2, notes that staff are required to accept all reports made verbally, in writing, anonymously and from a third party and will promptly document any verbal reports. The PAQ indicates that staff accept all reports and that they immediately document any verbal allegations of sexual abuse or sexual harassment. A review of additional documentation to include the male inmate handbook and PREA signage indicated inmates could report verbally, in writing, anonymously or through a third party. Interviews with a sample of inmates confirm that all 40 inmates interviewed were aware of at least one method to report sexual abuse and sexual harassment. Interviews with a sample of staff indicate they accept all allegations of sexual abuse and sexual harassment and they immediately report any allegation to their supervisor.

115.51 (d): The PAQ indicates that the agency has a procedure for staff to privately report sexual abuse and sexual harassment of inmates. Interviews with a sample of staff indicate that they can privately report sexual abuse and sexual harassment of inmates to any supervisor, through the PREA box or via the PREA hotline.

Based on a review of the PAQ, AR 454, the male inmate handbook, PREA signage, observations from the facility tour related to PREA signage and posted information and interviews with the CM, random inmates and random staff, this standard appears to be compliant.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Memorandum of Non-Applicability

Findings (By Provision):

115.52 (a): The PAQ, the Memorandum of Non-Applicability and the interview with the Agency Head confirmed that the grievance process is only applicable for female inmates in the ADOC. There currently is not a grievance procedure for male inmates within ADOC. As such, all provision under this standard are not applicable.

115.52 (b): The PAQ, the Memorandum of Non-Applicability and the interview with the Agency Head confirmed that the grievance process is only applicable for female inmates in the ADOC. There currently is not a grievance procedure for male inmates within ADOC. As such, all provision under this standard are not applicable.

115.52 (c): The PAQ, the Memorandum of Non-Applicability and the interview with the Agency Head confirmed that the grievance process is only applicable for female inmates in the ADOC. There currently is not a grievance procedure for male inmates within ADOC. As such, all provision under this standard are not applicable.

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115.52 (e): The PAQ, the Memorandum of Non-Applicability and the interview with the Agency Head confirmed that the grievance process is only applicable for female inmates in the ADOC. There currently is not a grievance procedure for male inmates within ADOC. As such, all provision under this standard are not applicable.

115.52 (f): The PAQ, the Memorandum of Non-Applicability and the interview with the Agency Head confirmed that the grievance process is only applicable for female inmates in the ADOC. There currently is not a grievance procedure for male inmates within ADOC. As such, all provision under this standard are not applicable.

115.52 (g): The PAQ, the Memorandum of Non-Applicability and the interview with the Agency Head confirmed that the grievance process is only applicable for female inmates in the ADOC. There currently

is not a grievance procedure for male inmates within ADOC. As such, all provision under this standard are not applicable.

Based on a review of the PAQ, the Memorandum of Non-Applicability and information obtained from the interview with the Agency Head, this standard appears to be not applicable and as such compliant.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PREA Posters

3. MOU with the Alabama Coalition Against Rape

Interviews:

1. Interview with Random Inmates

Site Review Observations:

1. Observations of Victim Advocacy Information

Findings (By Provision):

115.53 (a): The PAQ indicated that inmates are provided access to outside victim emotional support services related to sexual abuse through a mailing address and a phone numbers and that the facility enables reasonable communication with these services in as confidential a manner as possible. A review of the PREA posters confirmed that inmates are provided information on the Alabama Coalition Against Rape. Inmates can contact the organization by calling 1-800-639-4357 or by writing to P.O. Box 4091, Montgomery, AL 36102. During the tour the auditor observed that all PREA signage contained the phone number and mailing address to the Alabama Coalition Against Rape. Additionally, the posters indicated that calls should be made between 4:00pm and 9:00pm. Interviews with random inmates indicated that twelve were familiar with the victim advocacy/emotional support information. While inmates did not indicate they were familiar with the advocacy information, the majority of the inmates indicated they received the pamphlet during intake and that they were aware of the PREA signage posted throughout the facility. The victim advocacy information is contained on the brochure and on the PREA signage, therefore inmates were provided this information at intake and walk by this information daily in the facility. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply.

115.53 (b): The PAQ indicated that inmates were informed the extent to which their communication would be monitored and the extent that reports of abuse would be forwarded to authorities, prior to giving them access. Inmates are informed of confidentiality via the PREA posters throughout the facility, as well as from the advocates they speak to outside the facility. A review of the PREA posters indicated that inmates are informed that communication with the Alabama Coalition Against Rape is confidential. Interviews with random inmates indicated that twelve were familiar with the emotional support information. Of those twelve, eight indicated they were aware of the confidentiality. While inmates did not indicate they were familiar with the advocacy information and confidentiality, the majority of the inmates indicated they received the pamphlet during intake and that they were aware of the PREA signage posted throughout the facility. The confidentiality information is contained on the brochure and on the PREA signage, therefore inmates were provided this information at intake and walk by this information daily in the facility.

115.53 (c): The agency has an MOU with the Alabama Coalition Against Rape to provide emotional support services related to sexual abuse. A review of the MOU indicates it was signed and executed on May 18, 2016.

Based on a review of the PAQ, PREA posters, MOU with the Alabama Coalition Against Rape, observations from the facility tour related to PREA signage and posted information and interviews with random inmates, this standard appears to be compliant.

Standard 115.54: Third-party reporting

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PREA Posters

Findings (By Provision):

115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. A review of the PREA posters as well as the agency's website (<http://www.doc.state.al.us/PREA>) confirms that third parties can report on behalf of an inmate. Third parties can click on the "Request an Investigation" link on the PREA page which allows for them to initiate a third-party report. Additionally, PREA posters provide inmates information that can be shared with family and friends on reporting via the agency website (www.doc.alabama.gov) or via email to DOC.PREA@doc.alabama.gov.

Based on a review of the PAQ, PREA posters and the agency's website this standard appears to be compliant.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment

Interviews:

1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Warden
4. Interview with the PREA Coordinator

Findings (By Provision):

115.61 (a): AR 454 page 19, section H, outlines staff and agency reporting duties. Specifically, it requires all staff to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation against any inmate or staff that reported such incidents and any staff neglect or violation of responsibility that may have contributed to an incident. The PAQ along with interviews with random staff confirm that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment. All fourteen staff indicated

they would immediately notify their supervisor. Interviews also confirmed they would report retaliation or any staff neglect related to these incident types.

115.61 (b): AR 454 page 19, section H, describes that staff will not reveal any information related to an incident of sexual abuse other than as necessary for treatment, investigation and other security decisions. The PAQ along with interviews with random staff confirm that they would immediately report the information to their supervisor. Staff indicated they would only report to their supervisor and complete a statement or incident report if needed.

115.61 (c): AR 454, page 20, sections f, indicates that medical and mental health shall inform all youthful inmates prior to the initiation of services the limits of their confidentiality and shall report about sexual victimization to the facility IPCM. The PAQ along with interviews with medical and mental health care staff confirm that they are required to report all allegation of sexual abuse that occurred within a confinement setting to security. All six of the medical and mental health care staff indicated they inform the inmates of their duty to report and their limits to confidentiality.

115.61 (d): AR 454, page 20, sections f and g, indicates that medical and mental health shall inform all youthful inmates prior to the initiation of services the limits of their confidentiality and shall report about sexual victimization to the facility IPCM. Additionally, it indicates that all allegations involving a youthful inmate will also be reported to the Alabama Department of Human Resources (DHR). The PAQ along with interviews with the PREA Coordinator and the Warden indicated that they had not had any of these reports but if they did, they would report the allegations to local law enforcement as well as DHR.

115.61 (e): AR 454, page 19, section H1, indicates that all allegations of sexual abuse and sexual harassment, including third party and anonymous reports would be reported to the IPCM, the PREA Director and I&I immediately. The PAQ along with the interview with the Warden confirmed that this is the practice. A review of the six investigative reports indicate that all allegations were reported to I&I for investigation.

Based on a review of the PAQ, AR 454 and interviews with medical, mental health, the PREA Coordinator and the Warden confirm this standard appears to be compliant.

Standard 115.62: Agency protection duties

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Standard Operating Procedure Number V-26 – Designated Housing

Interviews:

1. Interview with the Agency Head
2. Interview with the Warden
3. Interview with Random Staff

Findings (By Provision):

115.62 (a): SOP V-26 outlines the facilities procedure for protecting inmates who are at risk of imminent sexual abuse. Specifically, it indicates that the IPCM is responsible for ensuring all inmates are assigned to a housing unit that ensures their sexual safety. Additionally, the ICS officer and the Shift Commander are responsible for ensuring the inmates are in the correct housing unit and bed during their shift. The PAQ noted that there were no inmates who were determined to be at risk of imminent sexual abuse. Interviews indicated that if an inmate is having issues with other inmates, that the facility would make appropriate housing changes, if necessary. The interviews with the Agency Head and Warden indicated that any inmate at risk would be removed from the situation immediately and an investigation would commence. The inmate's job assignment, housing assignment and programming assignments would be reviewed. The inmate may be moved to a different dorm, moved to a new facility or be placed in protective management. Interviews with random staff indicated that they would immediately notify their supervisor and take the inmate to the supervisor.

Based on a review of the PAQ, AR 454 and interviews with the Agency Head, Warden and random staff indicate that this standard appears to be compliant.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. ADOC Form 454-F: Reporting to Other Confinement Facilities
4. Investigative Reports

Interviews:

1. Interview with the Agency Head
2. Interview with the Warden

Findings (By Provision):

115.63 (a). AR 454, page 20, section d, describe the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden will notify the appropriate agency head as soon as possible, but not later than 72 hours. The PAQ indicated that during the previous twelve months, the facility has had nine instances where inmates report that they were abused while confined at another facility. A review of the nine instances indicated that the appropriate facility Warden was contacted within 72 hours and provided information on the allegations. The interview with the Agency Head indicated that the specific facility Warden is the designated staff person that is contacted when another agency reports that an inmate has been sexually abused or sexually harassed at an ADOC facility.

115.63 (b): AR 454, page 20, section d, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden will notify the appropriate agency head as soon as possible, but not later than 72 hours. The PAQ indicated that during the previous twelve months, the facility has had nine instances where inmates report that they were abused while confined at another facility. A review of the nine instances indicated that the appropriate facility Warden was contacted within 72 hours and provided information on the allegations.

115.63 (c): AR 454, page 20, section d, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden will notify the appropriate agency head as soon as possible, but not later than 72 hours. ADOC Form 454-F is utilized to document the notifications pursuant to provision (a). The PAQ indicated that during the previous twelve months, the facility has had nine instances where inmates report that they were abused while confined at another facility. A review of the nine instances indicated that the appropriate facility Warden was contacted within 72 hours and provided information on the allegations.

115.63 (d): AR 454, page 20, section d, indicates that facilities will utilize the ADOC Form 454-F. Upon review of the form the auditor confirmed that a section is included at the bottom to indicate whether I&I, the investigative authority, was notified; to include the name of the investigator notified as well as the date and time. The PAQ indicated that during the previous twelve months, the facility has not had any reports from another facility that an inmate reported that they were abused while confined Kilby CF. The interview with the Agency Head indicated that the specific facility Warden is the designated staff person that is contacted when another agency reports that an inmate has been sexually abused or sexually harassed at an ADOC facility. The interview with the Warden confirmed that she was the contact person for Kilby and that once an allegation is received from another institution that an inmate was sexually abused while housed at Kilby CF, the information would be immediately forwarded to the IPCM and I&I for investigation.

Based on a review of the PAQ, AR 454, ADOC Form 454-F, a review of notifications, a review of the investigative report and interviews with the Agency Head and Warden, this standard appears to be compliant.

Standard 115.64: Staff first responder duties

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. Incident Reports
4. Investigative Reports

Interviews:

1. Interview with Security Staff and Non-Security Staff First Responders
2. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.64 (a). AR 454, pages 17-18, section G, describes staff first responder duties. Sections G1a through G1d, specifically requires that upon learning that an inmate was sexually abused, the first security staff member will: separate the alleged victim and the alleged perpetrator; preserve and protect any crime scene until evidence can be collected and if the abuse occurred within a time period that still allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The PAQ indicated that during the previous twelve months, there have been three allegations of sexual abuse that involved first responders. Of these three allegations, three security staff members separated the victim and alleged perpetrator. Additionally, the three allegations allowed for the collection of physical evidence and as such, security staff first responders preserved the crime scene, instructed the victims not to destroy any physical evidence and ensured the alleged perpetrator did not destroy any physical evidence. A review of the incident reports and investigative reports for the three allegations indicated that security staff separated the victim and the alleged perpetrator in all three instances. The victims in the three allegations were taken to Lighthouse for a forensic medical examination. Fourteen interviews with random staff indicated all staff were well versed on first responder duties. All staff indicated they would separate the alleged victim and alleged perpetrator, would secure the crime scene and would instruct inmates not to destroy any physical evidence. Security first responder interviews indicated the same as the random interviews. All three security staff member first responders indicated they would separate the two inmates and preserve physical evidence by securing the crime scene and not allowing the inmates to shower, change clothes, brush their teeth, etc.

115.64 (b): AR 454, pages 17-18, section G, describe staff first responder duties. Specifically, section G1e, states that non-security staff first responders advise the alleged victim not take any action to destroy physical evidence and notify a security staff member. The PAQ indicated that during the previous twelve months, there have been no allegations of sexual abuse where the first responder was a non-security staff member. Interviews with non-security first responders confirm that they are aware of their first responder duties. The two indicated they would tell the inmates to separate and they would immediately notify security.

Based on a review of the PAQ, AR 454, a review of incident reports, a review of investigative reports and interviews with random staff and staff first responders, this standard appears to be compliant.

Standard 115.65: Coordinated response

115.65 (a)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire

2. Standard Operating Procedure V-27: Sexual Abuse Coordinated Response

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.65 (a): The PAQ indicated that the facility has a written plan that coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health, investigators and facility leaders. A review of SOP V-27 indicated that staff first responder duties, medical duties and investigative duties were included in the plan. Additionally, it noted that the shift commander would contact the IPCM to coordinate with facility leadership. The plan includes the actions that each person and/or department is responsible for and includes information on how all areas work together to respond to allegations. The most recent plan was signed by the Warden on September 25, 2019. The Warden confirmed that the facility has a plan and that it includes all the required components.

Based on a review of the PAQ, SOP V-27 and the interview with the Warden, this standard appears to be compliant.

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Collective Bargaining Agreement Letter

Interviews:

1. Interview with the Agency Head

Findings (By Provision):

115.66 (a): The PAQ indicated that this provision does not apply as the agency does not have any collective bargaining agreements. No entity has the ability to limit the facility from removing alleged staff abusers from contact with any inmates. The agency provided the auditor with a letter from Mr. William Lawley, ADOC Personnel Director, confirming that ADOC does not engage in collective bargaining. The interview with the Agency Head confirmed that the agency has no collective bargaining or any entity that would be able to have collective bargaining on the agency's behalf.

115.66 (b): The PAQ indicated that this provision does not apply as the agency does not have any collective bargaining agreements. No entity has the ability to limit the facility from removing alleged staff abusers from contact with any inmates. The agency provided the auditor with a letter from Mr. William Lawley, ADOC Personnel Director, confirming that ADOC does not engage in collective bargaining. The interview with the Agency Head confirmed that the agency has no collective bargaining or any entity that would be able to have collective bargaining on the agency's behalf.

Based on a review of the PAQ, the collective bargaining agreement letter and the interview with the Agency Head, this standard appears to be compliant.

Standard 115.67: Agency protection against retaliation

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. ADOC Form 454-D: Sexual Abuse/Harassment Retaliation Monitoring
4. Investigative Reports

Interviews:

1. Interview with the Agency Head
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.67 (a): AR 454, pages 23-24, section K, outline the agency's method for protection against retaliation. It states that retaliation in any form is strictly prohibited. Section K2, states that the Warden and IPCM are responsible for ensuring protection against retaliation. Specifically, K2a indicates that the IPCM is responsible for the 90-day monitoring. The PAQ indicated that the facility has a policy and that Lt. Grooms, (IPCM) is responsible for monitoring for retaliation.

115.67 (b): AR 454, pages 23-24, section K, outlines the agency's protection against retaliation. Section K2, specifically states that the Warden and IPCM are responsible for ensuring protection against retaliation. The interview with the Agency Head, Warden and staff member charged with monitoring retaliation (IPCM), indicated that these protective measures would include; housing changes or facility transfers, placement in protective custody if needed and continuous monitoring of the inmate. A review of the ADOC 454-D for the five allegations of sexual abuse reported in the previous twelve months indicated that no retaliation was reported, however the facility did provide housing changes and transfers in all six cases in order to protect the inmates from retaliation. Interviews with the Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation.

115.67 (c): AR 454, pages 23-24, section K, outline the agency's protection against retaliation. Sections K2a and K2c addresses that the facility will monitor the inmate for at least 90 days following a report of sexual abuse and will monitor the conduct and treatment of the inmate or staff to see if there are any changes that may suggest possible retaliation and will act promptly to remedy any retaliation. The policy requires that the process include; monitoring any inmate disciplinary reports, housing or program changes or any negative performance reviews or reassignments of staff. The policy indicates that monitoring can extend beyond 90 days if the initial monitoring indicates a need to continue. Section K2a indicates specifically that the monitoring will extend in 30 days increments if there is a continued need. ADOC Form 454-D is utilized by staff to monitoring staff and inmates. The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. A review of the five allegations of sexual abuse indicated that three included monitoring. The two allegations that did not include monitoring included one that was determined to be unfounded within a week due to the inmate admitting he lied and one that involved an inmate that was released from custody of the ADOC three days after his investigation. A review of the 454-D forms for the three that required monitoring indicated that the IPCM met with the

inmates at least every week to monitor for retaliation. This monitoring continued until the inmates were transferred to another facility. The interview with the Warden indicated that monitoring is conducted for at least 90 days, longer if needed. She indicated that the inmate would be monitored and any information the inmate provided would be documented. If the inmate reported retaliation that would be forwarded to I&I for investigation and they would take necessary steps to protect the inmate. The interview with the staff member charged with monitoring for retaliation indicated that she goes to the dorms and monitors the inmates. She goes to the dorm and observes them and also speaks to them and asks them about any issues. The monitoring staff indicated she checks to ensure there have been no changes in their housing, programming, or disciplinary history that would indicate retaliation. Monitoring staff indicated that she would monitor the inmate for at least 90 days and if there was a need for longer, then the 90-day period would start over. Monitoring staff also indicated there have been no instances where staff was required to be monitored in the previous twelve months, but if there were, she would check performance reviews and post assignment changes.

115.67 (d): AR 454, pages 23-24, section K, outlines the agency's protection against retaliation. A review of the five allegations of sexual abuse indicated that three included monitoring. The two allegations that did not include monitoring included one that was determined to be unfounded within a week due to the inmate admitting he lied and one that involved an inmate that was released from custody of the ADOC three days after his investigation. A review of the 454-D forms for the three that required monitoring indicated that the IPCM met with the inmates at least every week to monitor for retaliation. This monitoring continued until the inmates were transferred to another facility. The interview with the staff responsible for monitoring indicated that she would review the inmate for at least 90 days and typically conducts status checks every week.

115.67 (e): AR 454, pages 23-24, section K, outlines the agency's protection against retaliation. Specifically, section K2, indicates that any inmate or staff who cooperates with an investigation or expresses fear of retaliation would be protected from retaliation. A review of the 454-D forms indicated that no inmates or staff who cooperated with investigation were required to be monitored. Additionally, no individuals expressed fear of retaliation based on the review of the three forms. Interviews with the Agency Head and Warden indicated that they would employ the same protective measures as stated previously related to staff and inmates to include, housing changes, facility transfers and protective custody.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, AR 454, ADOC Form 454-D, a review of investigative reports, a review of the 454-D forms related to the sexual abuse investigations and interviews with the Agency Head, Warden and staff charged with monitoring for retaliation, this standard appears to exceed the standards. The IPCM monitors all sexual abuse victims weekly and exceeds the minimum of this standard.

Standard 115.68: Post-allegation protective custody

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. ADOC Form 454-H: PREA Post Allegations Protective Custody
4. Incident Reports
5. Housing Logs

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing

Site Review Observations:

1. Observations of the Absence of a Segregation Unit

Findings (By Provision):

115.68 (a): AR 454, page 23, section J, indicates that inmates will not be placed in involuntary segregated unless an assessment of all available alternatives has been made and no alternatives are available. Additionally, section J2 and J3, require justifications related to the concerns for safety and no alternatives are required to be documented and the inmate is required to be reviewed every 30 days. The PAQ indicated that no inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. A review of the investigative reports for the six sexual abuse and sexual harassment allegations and the housing logs for the victims associated with those allegations indicated that none of the six victims were involuntarily segregated due to their sexual abuse or sexual harassment allegation. During the tour, it was observed that there were no inmate victims of sexual abuse in restrictive housing as a means of involuntary protection or segregation due to an allegation of sexual abuse. Interviews with staff who supervise inmates in segregated housing indicated that there have not been any inmates placed in restrictive housing due to their allegation of sexual abuse. The staff member indicated that if an inmate was to be involuntarily segregated it would typically be for less than 24 hours. If additional separation was necessary the IPCM would document the reason for separation and no alternative means. The interview with the Warden indicated that inmates who alleged sexual abuse would typically not be placed in involuntary segregated housing, but if they were it would be until they could transfer one of the inmates, which would typically be less than 24 hours.

Based on a review of the PAQ, AR 454, ADOC 454-H forms, investigative reports, housing logs and interviews with staff who supervise inmates in segregated housing and the Warden, this standard appears to be compliant.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. Investigative Reports
4. Investigator Training Records
5. Memo

Interviews:

1. Interview with Investigative Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with the Warden
4. Interview with the PREA Coordinator
5. Interview with the PREA Compliance Manager

Findings (By Provision):

115.71 (a): AR 454, page 22, section 1b, states that I & I is responsible for conducting a prompt, thorough and objective investigation, whether administrative or criminal. There were five allegations of sexual abuse and one allegations of sexual harassment reported at the facility in the previous twelve months. A review of the six investigations determined all six were investigated promptly. However, three of the allegations involved DNA and physical evidence. A review of the reports indicated that while the inmate received a forensic medical examination there was nothing documented related to the outcome of the DNA/physical evidence and how it pertained to the investigation. Additionally, the alleged perpetrators were not interviewed in all of the investigations. The interview with the investigator indicated that if an inmate victim signed a prosecution waiver indicating they did not want to pursue charges, that the investigation did not continue. Therefore, the sexual abuse allegations were not thoroughly investigated for those allegations where the inmate victim did not want to prosecute. The investigator did confirm that on the day of the phone interview (January 22, 2020) that I&I had a meeting and that they were no longer following this protocol. The investigator indicated that as of January 22, 2020 all allegations would be thoroughly investigated no matter if the inmate victim signed the waiver or prosecution or not. The auditor received a memo from the Director of the Law Enforcement Services Division (LESD) which indicated that on January 21, 2020 the LESD had a supervisors meeting which discussed the direction in which PREA allegation investigations would be completed. During the meeting the following items were discussed: cases being closed within 30 days of assignment, victim and suspects being interviewed regardless if the victim does not wish to prosecute, victims are not to be persuaded not to prosecute, forensic evidence will be collected from victim and suspects and submitted regardless of willingness to prosecute, reports are to be very specific and shall include dates, times, locations, facts of the case, evidence submission, depiction of chain of custody, disciplinary histories, prior PREA history and staff actions regarding compliance. Additionally, the I&I SOP 454 was revised to ensure the new procedure related investigations was included. Investigations are to be completed fully whether the inmate victim decides to prosecute or not. The auditor received information on April 16, 2020 related to the processing of DNA evidence by the ADOC. The Alabama Department of Forensic Sciences (DFS) is the state agency that is responsible for processing and analyzing biological evidence recovered by all 452 local and state law enforcement agencies within the state. The Director of DFS indicated that there is a protocol the agency goes through when receiving DNA evidence for processing and analysis. He indicated that there are a set of questions that are asked when receiving DNA, one of which includes whether the victim is willing to prosecute and/or cooperate with the investigations. If the answer is no, they will not process or analyze the evidence. While ADOC collects forensic evidence from inmate victims of sexual abuse the evidence may not be analyzed at no fault of the agency/facility. The ADOC exhausts its ability to conduct a thorough investigation by collecting and submitting the DNA evidence to DFS. The policies and procedures of DFS cannot be held against the ADOC related to processing, analyzing and using the DNA information to complete a thorough investigation. Based on updated policy, the memo, information from the PC related to the updated policies and procedures for investigation and information from the DFS Director, the ADOC has completed corrective action to ensure that PREA investigations are completed promptly, thoroughly and objectively.

115.71 (b): The PAQ indicated that currently there are 37 investigators who complete sexual abuse. Of the 37, the PAQ indicated that all have received specialized training. A review of the training documents indicated that 31 of the 37 investigators have received specialized training through one of the two curriculums. The auditor reviewed the investigator training record for Agency Caulfield. the primary investigator at Kilby CF, and records indicated he received the specialized training. The interview with Mr. Caulfield indicated that he received specialized training and it was documented

115.71 (c): AR 454, page 22, describes the criminal and administrative investigation process. There were six allegations of sexual abuse or sexual harassment at the facility for the previous twelve months. A review of these investigative reports indicated that three required gathering and preserving evidence (physical, DNS, electronic etc.), six involved interviews with alleged victims, perpetrators and witnesses and six involved reviewing prior complaints and reports of sexual abuse involving the alleged perpetrator. The interview with the I&I investigator indicated that he would gather all the information from the facility

to include the duty report, body chart, etc. He would then research any prior reports related to the victim and perpetrator. The investigator indicated he would interview the victim, perpetrator and any witnesses. He would collect any evidence to include any DNA from the forensic examination, any video monitoring technology review and any other physical evidence. He then indicated he would present the case to the grand jury and turn it over to the District Attorney's Office.

115.71 (d): AR 454, page 22, describes the criminal and administrative investigation process. The interview with the I&I investigator indicated they do not normally contact the prosecutor related to compelled interviews. He indicated that all sexual abuse allegations are referred to the District Attorney to determine if they will prosecute.

115.71 (e): AR 454, page 22, describes the criminal and administrative investigation process. The interview with the I&I investigator indicated that credibility is based on evidence. All individuals have equal credibility until evidence confirms otherwise. Additionally, he confirmed that the agency does not utilize polygraph tests or any other truth-telling devices on inmates who allege sexual abuse.

115.71 (f): AR 454, page 22, describes the criminal and administrative investigation process. A review of investigations from the previous twelve months indicated that there were zero administrative investigations conducted in the previous twelve months. The interview with the two investigative staff indicated that if an administrative investigation is completed it would be documented in a written report. The I&I investigator indicated that the report would be similar to a criminal investigative report and it would include a description of physical and testimonial evidence, the reasoning behind the credibility assessments and investigative facts and findings.

115.71 (g): A review of investigative reports indicated that there have been six criminal investigations conducted in the previous twelve months. A review of the criminal investigations confirmed that all were documented in a written report that contained information related to the allegation, victim and suspect interviews, witness interviews, video evidence, if applicable, description of any physical evidence, if applicable, and investigative facts and findings. The interview with the I&I Investigator confirmed that criminal investigations are completed in a written document and that physical, testimonial and documentary evidence is included in all reports.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred to the District Attorney for prosecution by I&I. The PAQ indicated that there have not been any allegations referred for prosecution since the last PREA audit. A review of sexual abuse and sexual harassment investigations determined that none of the six investigations were substantiated. The interview with the I&I investigator confirmed all sexual abuse allegations are referred to the District Attorney for determination related to prosecution.

115.71 (i): The PAQ indicated that all written administrative and/or criminal investigative reports related to sexual abuse and sexual harassment are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. A review of sexual abuse and sexual harassment investigations from 2014 to present confirmed that they are properly retained by the agency.

115.71 (j): AR 454, page 22, describes the criminal and administrative investigation process. Specifically, it indicates that the departure of the alleged victim or alleged abuser from employment or custody of the agency does not provide a basis for terminating an investigation. All investigations reviewed were completed, whether the alleged abuser or victim departed from the facility/agency. One inmate departed the agency's custody three days after his reported allegation. The investigation was completed three weeks after his departure from custody. The interview with the I&I investigator confirmed that all investigations are completed no matter if staff leave/resign or if inmates depart the facility or agency's custody.

115.71 (k): This provision does not apply. All investigations are completed by the agency (either I&I or the facility investigator – IPCM).

115.71 (I): This provision does not apply. All investigations are completed by the agency (either I&I or the facility investigator – IPCM).

While provisions (b), (d)-(I) appear to be compliant based on the PAQ, AR 454, investigative reports, training records, the memo and information from interviews with the Investigator, the Warden, the PC, the Compliance Manager and inmates who reported sexual abuse. The interview with the investigator and the investigative reports evidenced that provisions (a) and (c) require corrective action. Reports indicated that when an inmate victim declines to prosecute the alleged perpetrator, the investigation ceases and no further investigative work is completed. In the cases reviewed where the inmate victim declined to prosecute (signed the prosecution waiver), the alleged perpetrator was not interviewed, the physical (to include DNA) evidence was not processed and additional evidence was not collected (physical, electronic, etc.). As such a thorough investigation was not completed as required in provision (a) and perpetrators and witnesses were not interviewed as required in provision (c). Based on this information and analysis, this standard requires corrective action.

Corrective Action

The auditor recommends that the IPCM forward at least two completed investigations to the auditor for review to ensure that the new policy and procedure is being followed and thorough investigations are being completed.

Verification of Recommendations since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

4. PREA Investigative Reports

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommendations related to the investigative process. The auditor spoke to the IPCM and PREA Coordinator via phone for an update regarding the implementation of the recommendations. On March 2, 2020 the PREA Coordinator provided the auditor with an investigative report where the inmate victim refused to prosecute (signed the prosecution waiver). Previously the investigation would have ceased after the inmate signed the prosecution waiver, however in this case the investigator followed the updated investigative policies and procedures and interviewed the alleged suspect. On March 13, 2020 the PREA Coordinator provided the auditor with the second requested investigation. The investigation included the interview of the victim and perpetrator as well as the collection of DNA evidence. The inmate victim signed a prosecution waiver in this case as well, and as such the DNA was not processed. On April 6, 2020 the auditor received four additional investigations where the alleged perpetrator was interviewed (four cases) and DNA evidence was collected (two cases). The auditor received information on April 16, 2020 related to the processing of DNA evidence by the ADOC. The Alabama Department of Forensic Sciences (DFS) is the state agency that is responsible for processing and analyzing biological evidence recovered by all 452 local and state law enforcement agencies within the state. The Director of DFS indicated that there is a protocol the agency goes through when receiving DNA evidence for processing and analysis. He indicated that there are a set of questions that are asked when receiving DNA, one of which includes whether the victim is willing to prosecute and/or cooperate with the investigations. If the answer is no, they will not process or analyze the evidence. While ADOC collects forensic evidence from inmate victims of sexual abuse the evidence may not be analyzed at no fault of the agency/facility. The ADOC exhausts its ability to conduct a thorough investigation by collecting and submitting the DNA evidence to DFS. The policies and procedures of DFS cannot be held against the ADOC related to processing, analyzing and using the DNA information to complete a thorough investigation. Therefore, based on this information as well as the corrective action indicated above with regard to the interviews of the alleged perpetrators, this standard appears to be corrected and as such compliant.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. Investigative Reports

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.72 (a): AR 454, page 22, section 1, indicates that for sexual abuse and sexual harassment investigations the standard of proof is a preponderance of evidence. A review of the six sexual abuse and sexual harassment investigations confirmed that all only require a preponderance of evidence to make a substantiated finding. The interviews with investigative staff indicated that 51% would be the level to substantiate.

Based on a review of the PAQ, AR 454, investigative reports and information from the interviews with investigative staff it is determined that this standard appears to be compliant.

Standard 115.73: Reporting to inmates

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. Investigative Reports
4. Notification Letters

Interviews:

1. Interview with the Warden
2. Interview with Investigative Staff
3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): AR 454, page 22, section f, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation, the I&I Division will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ indicated that there were six sexual abuse investigations completed within the previous twelve months and that six inmates were notified of the outcome of the investigation. A review of the six investigations and notification letters indicated that all six inmate victims were provided notification letters related to the outcome of their investigation. The interviews with the Warden and the Investigative staff confirmed that inmates are informed of the outcome of the investigation into their allegation via a letter.

115.73 (b): This provision does not apply; the agency is responsible for conducting all criminal and administrative investigations. The I&I Division is responsible for conducting all sexual abuse investigations.

115.73 (c): AR 454, page 22, section I1c, indicates that Associate Commissioner of Operations or the Deputy Commissioner of Women's Services shall determine re-assignment of staff allegedly involved in sexual abuse incidents. The PAQ indicated that following an investigation into an inmate's sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmates unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been no substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. A review of investigative reports confirmed that there have been no substantiated allegations of sexual abuse committed by staff at Kilby CF in the previous twelve months.

115.73 (d): The PAQ indicated that following an investigation into an inmate's sexual abuse allegation by another inmate, the agency will inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of investigative reports confirmed that there have not been any substantiated allegations of sexual abuse committed by an inmate against another inmate in the previous twelve months.

115.73 (e): AR 454, page 22, section f, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation, the I&I Division will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ indicated that there were six notifications made during the audit period. A review of investigative reports confirmed there have been six investigations completed within the previous twelve months, none of which were substantiated. A notification letter was provided to each of the six inmate victims indicating the outcome of their investigation. All the letters were signed by the inmates indicating that they received the investigative outcome notification.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, AR 454, investigative reports, notification letters and information from interviews with the Warden, investigative staff and inmate who reported sexual abuse, this standard appears to be compliant.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. Administrative Regulation 208 – Employee Standards of Conduct and Discipline
4. Administrative Regulation 318 – Employee/Inmate Relationships
5. Investigative Reports

Findings (By Provision):

115.76 (a): AR 454, page 13, section V4d, indicates that if an employee has engaged in conduct described in paragraph V.A.4.a. above, they shall be disqualified from promotion. Additionally, employees shall be subject to disciplinary sanctions up to and including termination for violation of the Department's sexual abuse or sexual harassment policies. AR 208, page 34 describes violations and their punishment, specifically #34 – Violation of Code of Alabama, Title (Sexual Misconduct Statue) first offense is dismissal.

115.76 (b): AR 454, page 13, section V4d, indicates that if an employee has engaged in conduct described in paragraph V.A.4.a. above, they shall be disqualified from promotion. Additionally, employees shall be subject to disciplinary sanctions up to and including termination for violation of the Department's sexual abuse or sexual harassment policies. AR 208, page 34 describes violations and their punishment, specifically #34 – Violation of Code of Alabama, Title (Sexual Misconduct Statue) indicates that the first offense is dismissal. The PAQ indicated that there were no staff who violated the sexual abuse and sexual harassment policies. Additionally, there have been no staff who were terminated or resigned prior to termination for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of the investigative reports confirmed that there have not been any substantiated allegations of sexual abuse or sexual harassment against staff during the audit period.

115.76 (c): AR 318, pages 1 and 5, describes the process for disciplinary sanctions against staff. Specifically, it illustrates that any employee who is found to have engaged in sexual misconduct, sexual harassment, sexual contact and/or sexual abuse shall be subject to disciplinary action and criminal prosecution. The PAQ indicated that there had been no staff that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of the investigative reports confirmed that there have not been any substantiated allegations of sexual abuse or sexual harassment against staff during the audit period.

115.76 (d): AR 318, pages 1 and 5, describes the process for disciplinary sanctions against staff. Specifically, it illustrates that any employee who is found to have engaged in sexual misconduct, sexual harassment, sexual contact and/or sexual abuse shall be subject to disciplinary action and criminal prosecution. The PAQ indicated that there had been no staff that were disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months. The PAQ indicated that there have not been any staff members reported to law enforcement or relevant licensing bodies.

Based on a review of the PAQ, AR 454, AR 208 and a review of investigative reports, this standard appears to be compliant.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Investigative Reports
3. Memo of Non-Occurrence

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.77 (a): AR 454, page 13, section V4b4, indicates that contractors that provide false information or omissions regarding such misconduct are subject to termination and that they have a continuing duty to disclose such conduct. The PAQ indicated that within the previous twelve months there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies and in fact there have been no contractors or volunteers as subjects of investigations of sexual abuse or sexual harassment of inmates. A review of the investigative reports confirmed that there have not been any substantiated allegations of sexual abuse or sexual harassment against contractors or volunteers during the audit period.

115.77 (b): The PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor being dismissed from the agency and would have their access to the facility immediately revoked.

Based on a review of the PAQ, AR 454, a review of investigative reports and information from the interview with the Warden, this standard appears to be compliant.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) Yes No NA

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. Administrative Regulation 403 –
4. Investigative Reports
5. Disciplinary Reports

Interviews:

1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): AR 403, describes the disciplinary process for inmates. The policy includes low sanctions, medium sanctions and high sanctions and a table that corresponds to penalties of those rule violations. The PAQ indicated that there have been three investigations for inmate-on-inmate sexual abuse within the previous twelve months. The PAQ indicated there have been no administrative or criminal findings of guilt (substantiated cases). A review of the investigative reports confirmed that there were three allegations of inmate-on-inmate sexual abuse and that zero were substantiated.

115.78 (b): The PAQ indicated that the sanctions will commensurate with the nature and circumstances of the abuse committed, the inmates' disciplinary history and sanctions imposed for comparable offenses by inmates with similar histories. A review of the investigative reports confirmed that there were three allegations of inmate-on-inmate sexual abuse and that zero were substantiated. The interview with the Warden indicated that any inmate abusers would be reviewed on a case by case basis and discipline would be based on that review.

115.78 (c): The PAQ, indicated that the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior. A review of the investigative reports confirmed that there were three allegations of inmate-on-inmate sexual abuse and that zero were substantiated. The interview with the Warden indicated that the inmate's mental health would be reviewed to determine if he had any illnesses or disabilities that contributed to his actions.

115.78 (d): The PAQ indicated that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Additionally, the PAQ indicated that it considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Interviews with medical and mental health staff indicated that they do offer therapy, counseling and other services designed to address and correct underlying issues, however, typically mental health is focused on the inmate victim. They also indicated that if they did offer services to abusers, they would not require it in order to participate in other activities and obtain other privileges.

115.78 (e): The PAQ indicated that the agency does not discipline an inmate for sexual contact with staff unless they find that the staff member did not consent. A review of the allegations of staff on inmate sexual abuse indicated inmates were not disciplined.

115.78 (f): The PAQ indicated that inmates will not be disciplined for falsely reporting an incident or lying if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred. There have been no instances where inmates have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

115.78 (g): AR 403 includes offense #912 – Sexual Offense (Non-Forcible)/Soliciting. This infraction includes any sexual act during which both participants are willing, to include touching, hugging, fondling, kissing, etc.

Based on a review of the PAQ, AR 454, AR 403, a review of investigative reports, a sample of disciplinary reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

MEDICAL AND MENTAL CARE

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No NA

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. ADOC Form 454-C: PREA Risk Factor Checklist
4. Mental Health Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Inmate who Disclose Victimization at Risk Screening
3. Interview with Medical and Mental Health Staff

Site Review Observations:

1. Observations of Risk Screening Area

Findings (By Provision):

115.81 (a): AR 454, page 15, section F4, describes medical and mental health screenings related to sexual abuse. Specifically, it states that a 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 fourteen days of the intake screening. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. A review of medical and mental health files for the two inmates identified to have disclosed prior sexual victimization revealed that both inmates were seen within the fourteen-day timeframe. One inmate disclosed on 1/13/20 and was seen by mental health on 1/14/20 while the other inmate disclosed on 1/13/20 and was seen by mental health on 1/13/20. Interviews with staff responsible for the risk screening indicated that inmates are automatically referred to a Psychological associate and seen within fourteen days. The two inmates interviewed who disclosed prior victimization indicated they were seen within a day or two. A third interview conducted on a random inmate revealed he had reported during his screening two days prior. A review of his record indicated he was referred to mental health the same day, but had not been seen yet.

115.81 (b): AR 454, page 15, section F4, describes medical and mental health screenings related to sexual abuse. Specifically, it states that a 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 fourteen days of the intake screening. The PAQ indicated that 100% of those inmates who reported previously perpetrating sexual abuse, were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. A review of risk screenings of random inmates indicated that those identified with prior sexual aggression were automatically referred to mental health and seen within the fourteen-day timeframe.

115.81 (c): This provision does not apply as the facility is not a jail but rather a state prison

115.81 (d): The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health staff and other staff as necessary, to inform treatment plans and security and management decision. The IPCM, mental health and classification were the main staff who have access to this information. During the tour, the auditor observed the area where the risk screening is conducted. The screening is conducted in a private office setting.

15.81 (e): The PAQ indicated that that medical and mental health care staff are required to obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate was under 18. Interviews with medical and mental health staff indicate that they obtain informed consent prior to reporting, that they disclose their duty to report and that they have not had any instances of this in the previous twelve months.

Based on a review of the PAQ, AR 454, medical and mental health documents, observations made during the tour and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, this standard appears to be compliant.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. Combined PREA Log
4. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with Security Staff and Non-Security Staff First Responders

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): AR 454, pages 18-19, section 3a, describes inmates' access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The PAQ indicated that inmates receive timely unimpeded access to emergency medical treatment and crisis interventions and that the nature and score are determined by medical and mental health staff based on their professional judgement. The PAQ also indicated that medical and mental health maintain secondary materials documenting the timeliness of services. A review of the five sexual abuse allegations indicated that five were seen by medical and five were seen by mental health related to the allegation. During the tour, the auditor noted that the numerous medical areas were private and allowed for adequate confidentiality. Interviews with medical and mental health care staff confirm that inmates receive timely services, typically immediately. They also advised that services are based on their professional judgement, the inmate victim's participation and current policy and procedure.

115.82 (b): AR 454, pages 19, section 3b and the PAQ indicated that if no qualified medical or mental health practitioners were on duty at the time of a report of recent abuse, that security staff first responders would take the preliminary steps to protect the victim and notify the appropriate medical and mental health services. A review of the five sexual abuse allegations indicated that five were seen by medical. The interviews with first responders indicated the inmates would be immediately separated and would remain with the staff member. The staff member would contact a supervisor and steps would immediately be taken to get the inmate the required medical attention.

115.82 (c): AR 454, page 19, section 3e, indicates that medical and mental health evaluation and treatment shall be offered to all inmates who have been victimized by sexual abuse. This includes information and access to emergency contraception and sexually transmitted infection prophylaxis. A review of the five sexual abuse allegations indicated that three involved incidents applicable for sexual transmitted infection prophylaxis. Of those incidents, two inmates were provided the required access and information. One inmate was initially provided, but departed custody three days after the allegation. Interviews with medical and mental health care staff confirm that inmates receive timely information about access to emergency contraception and sexual transmitted infection prophylaxis.

115.82 (d): AR 454, pages 18-19, section 3c and the PAQ stated that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation.

Based on a review of the PAQ, AR 454, medical and mental health documents, the combined PREA log and information from interviews with medical and mental health care staff, this standard appears to be compliant.

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment

when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)

Yes No NA

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. Combined PREA Log
4. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with Security Staff and Non-Security Staff First Responders

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): AR 454, pages 18-19, section 3, describe ongoing medical and mental health care for sexual abuse victims and abusers. The PAQ indicated that the agency offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. During the tour, the auditor noted that there were numerous medical areas for treatment of inmates. The facility has an infirmary (P dorm) that consists of numerous medical treatment rooms. All of these rooms are private and allow for confidentiality. Additionally, there are numerous medical areas in the South hallway. All of these areas had doors and allowed for confidentiality. The mental health area consisted of offices that had doors and allowed for confidentiality.

115.83 (b): AR 454, pages 18-19, section 3e, states that the evaluation and treatments of such victims will include; follow up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody. A review of the five sexual abuse allegation medical and mental health records confirmed that four were provided follow up services after the allegation. Four were provided additional mental health services. One inmate departed custody three days after the allegation and as such was not provided follow up care. Interviews with medical and mental health care staff confirmed that they do not conduct forensic exams and as such their follow up services would include providing mental health treatment.

115.83 (c): All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes a local rape crisis for forensic medical examinations. A review of medical and mental health documentation from the five allegations confirmed that inmates are provided immediate medical services. Three inmates were provided access to forensic medical examination and all five received mental health access. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): This provision does not apply as the facility does not house female inmates.

115.83 (e): This provision does not apply as the facility does not house female inmates.

115.83 (f): AR 454, page 19, section 3e, indicates that medical and mental health evaluation and treatment shall be offered to all inmates who have been victimized by sexual abuse. This would include tests for sexually transmitted infections as medically appropriate. A review of the five sexual abuse allegations indicated that three were medically appropriate for the testing. Of these, two inmates were evidenced to have been offered the required testing. One inmate departed custody three days after the allegation.

115.83 (g): AR 454, pages 18-19, section 3c, states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation.

115.83 (h): AR 454, pages 18-19, section 3g, and the PAQ indicates that a mental health evaluation of all known inmate-on-inmate abusers shall be attempted within 60 days of learning of the abuse and treatment will be offered when deemed appropriate in accordance with policy. There have been three inmate-on-inmate sexual abuse allegations within the audit period. Zero of those allegations were determined to be substantiated. Two allegations involved unknown abusers and one was offered follow up mental health services. Interviews with medical and mental health staff confirm that inmate-on-inmate abusers would be offered mental health services, however they typically refuse.

Based on a review of the PAQ, AR 454, medical and mental health documents, the combined PREA log and information from interviews with medical and mental health care staff, this standard appears to be compliant.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. ADOC Form 454-E: Sexual Abuse Incident Review

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): AR 454, page 20, section k, states that the facility will conduct sexual abuse incident reviews of every sexual abuse investigation, except for those allegations that are deemed to be unfounded. Policy indicates that the IPCM is responsible for taking notes on ADOC Form 454-E. The PAQ indicated that there have been six reviews completed within the previous twelve months. A review of sexual abuse investigations revealed that there were five sexual abuse investigations. Of those investigations, two were deemed unfounded and three were deemed unsubstantiated. A review of 454-E indicated that all five sexual abuse allegations as well as the one sexual harassment allegation had a sexual abuse incident review completed.

115.86 (b): AR 454, page 20, section k, states that the facility will conduct a review within 30 days of the conclusion of the investigation. The PAQ indicated that six reviews were completed within 30 days of the conclusion of the investigation. A review of sexual abuse investigations revealed that there were five sexual abuse investigations. Of those investigations, two were deemed unfounded and three were deemed unsubstantiated. A review of 454-E indicated that all five sexual abuse allegations as well as the one sexual harassment allegation had a sexual abuse incident review completed within 30 days.

115.86 (c): AR 454, page 20, section k1, indicates that the review team will consists of upper management officials, with input from line supervisors, investigators and medical and mental health. A review of the six completed 454-E forms confirmed that the required staff participate in the reviews. The interview with the Warden confirmed that these reviews are being completed and they include the IPCM, medical or mental health, security, sometime the Chaplain and herself.

115.86 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews and considers: whether the allegation or investigation indicates a need to change policy or practice; whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement. A review of the 454-E indicates that the form includes a section for all of the requirements of this provision. A review of the six incident reviews indicated (1)-(5) of this provision were considered in all of the reviews. The IPCM completes the form and forwards the required information to the PC. Interviews with the Warden, CM and incident review team member confirmed that these reviews are being completed and they include all the required elements. Interviews indicated that the team will make any necessary adjustments. The interviews indicated that video monitoring technology is not available at the facility, however this is always a recommendation. The Warden also indicated they would use these to determine if there are any patterns and to take any necessary action to remedy the issues.

115.86 (e): AR 454, page 20, section k4 and k5, indicates that the agency will implement the recommendations for improvement or document the reasons for not doing so. A review of 454-E indicated that a section exists for recommendations and corrective action. A review of the six completed 454-E forms confirmed that each had a section for recommendations and corrective action.

Based on a review of the PAQ, Safe Prisons/PREA Plan, Administrative Directive AD-02.15, Administrative Incident Review Form, and information from interviews with the Warden, the PC and a member of the sexual abuse incident review team this standard appears to exceed the requirements. The incident review teams reviews all allegations of sexual abuse and sexual harassment, no matter the investigative outcome.

Standard 115.87: Data collection

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. 2017 Survey of Sexual Victimization

Findings (By Provision):

115.87 (a): AR 454, page 24, section L outlines the data collection process. It states that the agency will collect accurate uniform data for every allegation of sexual abuse and sexual harassment. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization (SSV). The policy indicates that all incident reports (Form 302-A) will be forwarded to I&I within 72 hours to ensure accurate data collection. A review of the policy confirms that the agency utilizes the definitions set forth in the PREA standards. The agency reports their data annually to the DOJ via the SSV. A review of the agency website confirmed that SSV data is available from 2015 to current.

115.87 (b): AR 454, page 24, section L outlines the data collection process. Specifically, section L1b, indicates that data is aggregated at least annually. The agency reports their data annually to the DOJ via the SSV. A review of the agency website confirmed that SSV data is available from 2015 to current.

115.87 (c): AR 454, page 24, section L outlines the data collection process. Specifically, section L1a indicates that the agency maintains, reviews and collects data as needed from all incident-based documents. The policy indicates that all incident reports (Form 302-A) will be forwarded to I&I within 72 hours to ensure accurate data collection.

115.87 (d): AR 454, page 24, section L outlines how PREA data is collected. Specifically, it states that the agency will maintain, review and collect data as needed from available incident-based documents. The policy indicates that all incident reports (Form 302-A) will be forwarded to I&I within 72 hours to ensure accurate data collection.

115.87 (e): The PAQ as well as AR 454, page 24, section L1a indicates that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmate. The ADOC does not contract with private facilities for the confinement of its inmates.

115.87 (f): The PAQ as well as AR 454, page 24, section L1b, indicates that the agency provides the Department of Justice with data from the previous calendar year to the Department of Justice no later than June 30th. A review of the Survey of Sexual Victimization indicated that the last one was submitted in 2018 for 2017 data. The current Survey has not yet been submitted for 2018 data as the form was not published until August 2019.

Based on a review of the PAQ, AR 454 and the Survey of Sexual Victimization this standard appears to be compliant.

Standard 115.88: Data review for corrective action

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. 2018 PREA Annual Report
4. 2017 Survey of Sexual Victimization

Interviews:

1. Interview with the Agency Head
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (a): AR 454, page 24, section L1c and the PAQ indicated that the agency reviews data annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. A review of annual reports indicates that it contains information on ADOC's PREA efforts, reporting mechanisms, definitions and PREA improvements broken down by each facility. The report was reviewed and approved by Commissioner Dunn on November 25, 2019. Interviews with the Agency Head, PC and CM confirmed that the report is completed annually and that the information is utilized to determine if any improvements are needed. The Agency Head indicated that the data is used to track incidents and patterns. The data is utilized to determine if changes are needed in policy or practice. Additionally, the PC indicated that this data is first used at the facility level to fix anything that needs addressed. The data would then be utilized to determine if there is a need for a change in policy or practice. The PC indicated she would take the information to the Executive Level where a roundtable would be conducted and then based on the findings from the round table they would move forward with recommendations.

115.88 (b): AR 454, page 24, section L1c and the PAQ indicated that the agency's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress. Data is not included on the annual report; however, the agency utilizes the Survey of Victimization to document their annual data. Archived SSV's are available on the agency website for previous year comparison. A review of the annual report confirmed that the agency's progress is documented as well as each facilities progress.

115.88 (c): The PAQ indicated that the agency's annual report is approved by the Agency Head and made available to the public through its website. The interview with the Agency Head confirmed that after it is approved it is published on the agency website. A review of the website (<http://www.doc.state.al.us/PREA>) confirmed that the current annual report as well as previous reports

are available to the public online. The current report was reviewed and approved by Commissioner Dunn on November 25, 2019.

115.88 (d): The PAQ indicated that the agency may redact specific material from the report when it would present a clear and specific threat to the safety and security of the facility. A review of the annual report and SSV confirmed that no information was required to be redacted.

Based on a review of the PAQ, AR 454, the annual report, the SSV and the website, this standard appears to be compliant.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Documents:

- Pre-Audit Questionnaire
- Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
- 2017 Survey of Sexual Victimization

Interviews:

- Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): AR 454, page 24, section L1d, states that data will be securely retained for ten years. The PAQ as well as the interview with the PREA Coordinator confirmed that data is securely and that only she and OIT have access.

115.89 (b): The PAQ states that the agency will make all aggregated sexual abuse data readily available to the public annually through its website. A review of the website (<http://www.doc.state.al.us/PREA>) confirmed that the most current (2018) Survey of Sexual Victimization as well as previous reports are available to the public online.

115.89 (c): The agency does not include any identifiable information or sensitive information on the SSV and as such does not require any information to be redacted. A review of the SSV confirmed that no personal identifiers were publicly available.

115.88 (d): AR 454, page 24, section L1d, states that data will be securely retained for ten years. A review of the agency's website confirmed that data is available from 2015 to present.

Based on a review of the PAQ, AR 454, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

Findings (By Provision):

115.401 (a). The facility is part of the Alabama Department of Corrections. All ADOC facilities were audited in the previous three-year audit cycle.

115.401 (b): The facility is part of the Alabama Department of Corrections. The ADOC has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the first year of the three-year cycle.

115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to receive and copy any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.

Standard 115.403: Audit contents and findings

115.403 (f)

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

Auditor Overall Compliance Determination

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

Findings (By Provision):

115.401 (a). The facility was previously audited on June 1-3, 2017. The final audit report is publicly available via their website: <http://www.doc.state.al.us/PREA>.

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.

Kendra Prisk _____

February 29, 2020

Auditor Signature

Date

i Compliance Manager (CM) and the Institutional PREA Compliance Manager (IPCM) are the same person and are used interchangeably in this document.

ii Lighthouse Counseling Center name has been changed to One Place Family Justice Center. The MOU language does not include the new name.