

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: September 6, 2016

Auditor Information			
Auditor name: Jeff Kovar			
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Email: Jeff@preaauditing.com			
Telephone number: 832-833-9126			
Date of facility visit: May 13-15, 2016			
Facility Information			
Facility name: Easterling Correctional Facility			
Facility physical address: 200 Wallace Drive Clio, AL 36017			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 334-397-4471			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Walter Myers			
Number of staff assigned to the facility in the last 12 months: 174			
Designed facility capacity: 652			
Current population of facility: 1,501			
Facility security levels/inmate custody levels: Security Level IV			
Age range of the population: 18-82			
Name of PREA Compliance Manager: Brian Thompkins		Title: Correctional Lieutenant	
Email address: Brian.Thompkins@doc.alabama		Telephone number: 334-397-4471 ext. 620	
Agency Information			
Name of agency: Alabama Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Alabama			
Physical address: 301 Ripley Street, Montgomery, AL 36130-1501			
Mailing address: <i>(if different from above)</i> P.O. Box 301501 Montgomery, AL 36130-1501			
Telephone number: 334-353-3883			
Agency Chief Executive Officer			
Name: Jefferson S. Dunn		Title: Commissioner	
Email address: Jefferson.Dunn@doc.alabama.gov		Telephone number: 334-353-3870	
Agency-Wide PREA Coordinator			
Name: Christy.Vincent@doc.alabama.gov		Title: PREA Director	
Email address: Christy.Vincent@doc.alabama.gov		Telephone number: 334-353-2501	

AUDIT FINDINGS

NARRATIVE

A Prison Rape Elimination Act Audit of Easterling Correctional Facility was conducted from May 13, 2016 to May 15, 2016. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. Certified PREA Auditor William Boehnemann assisted in the document review, facility tour, and staff and inmate interviews.

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

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

The auditor provided the facility with a Notification of Audit on March 3, 2016. The notification contained information on the upcoming audit and stated that any inmate with pertinent information should send a letter containing this information to the auditor at least 10 days prior to the onsite audit date, May 13, 2016. The auditor instructed the facility to post this notification in all housing units and throughout the facility at least six weeks prior to the onsite audit. During the facility tour, the auditor observed the posting in all housing areas and throughout the facility. The posted notifications included the date they were posted, March 7, 2016. Prior to the onsite audit, the auditor received seven (7) letters from inmates at the facility.

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

An entrance meeting was held the morning of the onsite audit with the following persons: Warden Walter Myers, PREA Compliance Manager- Lieutenant Brian Thompkins, and Captain Carmelia Cargle.

After the entrance meeting, the auditor was given a tour of all areas of the facility, including: all general population housing units, infirmary and ward, administrative segregation, recreation, laundry, kitchen, Intake/Receiving, Canteen/Sandwich line (commissary), chow hall 1 and 2, trades (drafting, woodwork, electrical, GED, plumbing, and brick masonry), supply buildings for Canteen, Laundry, Kitchen, and Janitorial, the back loading dock, ice machine area, visitation, chapel, gymnasium, hobby room, law library, and all administration areas.

A total of 37 staff interviews were conducted, with at least one staff member interviewed from each interview category, with the exception of the interviews related to educational staff who supervise youthful inmates, line staff who supervise youthful inmates, and non-medical staff involved in cross-gender searches (these interview types were not applicable to this facility).

Staff interviews were conducted with staff from both day and night shift (the facility operates on 12 hours shifts).

A total of 33 inmate interviews were conducted, with at least one inmate interviewed from each interview category, with the exception of the interviews related to youthful inmates and inmates placed in segregated housing for risk of sexual victimization (these interview types were not applicable to this facility).

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

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

The count on the first day of the audit was 1530. The count on the final day of the audit was 1531.

Throughout the pre-audit and onsite audit, open and positive communication was established between the auditor and facility staff. During this time, the auditor discussed his concerns with PREA Compliance Manager Brian Thompkins.

When the audit was completed, the auditor conducted an exit briefing on May 15, 2016. The auditor gave an overview of the audit and thanked the staff for all their hard work and commitment to the Prison Rape Elimination Act.

After the onsite audit, the auditor utilized the Auditor Compliance Tool for Adult Prisons and Jails as a guide in determining compliance with each standard, and created a Final Report documenting the facility's compliance. In order to determine compliance, the auditor used the information and documentation provided during the pre-audit, information obtained through inmate and staff interviews, as well as visual observations during the facility tour.

DESCRIPTION OF FACILITY CHARACTERISTICS

Easterling CF was named after the late Danny A. Easterling. Mr. Easterling was the Mayor of the City of Clio for 37 years. He conceived the idea of building a Correctional Facility in Clio and presented the idea to the citizens of Clio. Normally, citizens of the cities of the proposed sites are strongly against the idea of having a prison in their community but Clio was different.

Governor Wallace approved the approved of the idea and felt that it would help to improve the economic level in his home county. In 1986, and prior to the end of his last term in office, Governor Wallace contacted an architectural firm to design plans for the construction of the facility to be located in Clio, Alabama.

Easterling CF became operational on March 3, 1990 with a capacity for 600 general population inmates and 52 segregation inmates. Located approximately 2.5 miles southeast of Clio on Highway 10. The facility sits on a 200-acre lot with approximately 30 acres inside the fence. The campus-style complex was designed to house medium custody inmates. Over the years, modifications have been made to the facility and the facility now houses approximately 1,500 offenders. Additional staff have been added to the staffing plan to accommodate the influx of offenders.

Easterling is a Security Level 4 facility.

Easterling CF has six distinct housing units, a segregated housing unit, and an infirmary/ward area. All housing units consist of an open bay/dorm style housing unit with showers and restrooms located inside the housing unit. There are two wings to each housing unit with a staff rover making rounds between the two housing units. In addition, there is a picket officer for each housing unit that is positioned between the two wings of housing units and monitors the activity in both wings.

Easterling CF has 13 buildings used for various inmate activities.

Easterling CF has a dorm dedicated to drug treatment for inmates who have a history of substance abuse. A staff of drug counselors manages approximately 170 inmates involved in the program, including aftercare.

Easterling CF also provides vocational and educational programs for inmates through Sparks State Technical College. Approximately 225 inmates participate in improving themselves through literacy or GED classes, or in trades such as drafting, industrial electricity, cabinet making, plumbing, or brick masonry.

SUMMARY OF AUDIT FINDINGS

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

Number of standards exceeded: 2 (115.11 and 115.22)

Number of standards met: 38

Number of standards not met: 0

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

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

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

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

Alabama DOC Policy 454- Inmate Sexual Abuse and Harassment states it is the policy of the ADOC to maintain a zero-tolerance policy against inmate sexual abuse and harassment and custodial sexual misconduct. Any sexual conduct, whether inmate-on-inmate or employee-on-inmate, and whether consensual or forced, is strictly prohibited.

Easterling Correctional Facility SOP 454-01 outlines how it will implement the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. This procedure includes definitions of prohibited behaviors regarding sexual assault and sexual harassment.

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

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

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

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

While on-site, the auditor learned of multiple agency staff members who are Department of Justice Certified PREA Auditors and another staff member whom is scheduled to attend the next session of DOJ PREA Auditor Certification (Beginning in June).

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

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

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

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

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

Standard 115.13 Supervision and monitoring

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

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

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

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

The staffing plan was most recently reviewed on March 3, 2016. The review plan consists of a breakdown of the minimum number of personnel required per shift, as well as their positions. The staffing plan was predicated on an average daily population of 1500 inmates; which is the average daily number of inmates housed over the past 12 months.

The auditor was advised the facility has mandatory and non-mandatory positions. The mandatory positions are always filled. In the event staffing drops below the minimum mandatory number of staff, the facility would utilize voluntary and/or mandatory overtime. In the event non-mandatory positions go uncovered, the facility documents and justifies each time the staffing plan is not complied with. The auditor was advised facility staff have deviated from the staffing plan for the following two reasons: staff shortages and staff call-ins.

Alabama DOC Policy 454 states each facility shall implement a practice of having intermediate and higher-level staff conduct and document unannounced rounds to identify and deter sexual abuse and harassment. These shall be implemented on day shifts as

well as night shifts. There must be a prohibition on alerting others of the rounds occurring and practices in place that disallow staff from alerting other staff of the rounds unless there is a legitimate operational need to do so.

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

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

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

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

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

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

Standard 115.14 Youthful inmates

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

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

XX NOT APPLICABLE

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

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

inmates.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

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

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

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

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

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

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

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

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

During the site visit, the auditor discovered the shower and restroom area in the dorms were in an open area which is able to be viewed by female staff working in the housing unit. The auditor discussed this with facility staff and recommend they install curtains and/or partitions to this area. In addition, the auditor recommended the facility remove the tent from the bathroom door in the kitchen so that staff would be able to see into this area when they conduct their rounds. Prior to the completion of the final report, the auditor was provided with photo documentation showing the facility has installed curtains to the shower areas, partitions to the restroom areas, and removed the tent to the bathroom in the kitchen.

During interviews with random staff, staff acknowledged receiving training in conducting cross-gender searches as well as searches of transgender/intersex inmates. Staff were aware of the agency policy prohibiting staff from searching a transgender/intersex inmate for the sole purpose of determining their genital status. Staff indicated an announcement of "female on the floor" would be given anytime a female staff member entered a housing unit, and the inmates would be afforded the opportunity to cover up. Staff

also acknowledged inmates are able to shower, get dressed, and use the restroom without being viewed by female staff.

During interviews with random inmates, inmates acknowledged female staff make an announcement prior to entering their housing unit. Inmates stated because of this announcement, female staff rarely see them in a state of undress.

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

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

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

Alabama DOC Policy 454 states all inmates shall:

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

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

During the pre-audit, the auditor was provided with a brochure from the Alabama Institute for Deaf and Blind which contained contact information to various regional centers.

In the past 12 months, there have not been any instances where inmate interpreters, readers, or other inmate assistants have been used to assist with translating for sexual abuse investigations.

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

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

Standard 115.17 Hiring and promotion decisions

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Standard 115.18 Upgrades to facilities and technologies

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

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

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

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

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

During an interview with the Warden, the auditor was advised the facility has proposed a camera plan to the Social Commissioner of Operations. This plan is a result of an assessment conducted by the facility and includes a proposal for camera technology.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

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

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

The facility offers all inmates who experience sexual abuse access to forensic medical examinations at Lighthouse/STAR without financial cost to the victim. The auditor was provided with documentation showing these services are free of charge to the inmate. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

There has been one forensic medical examination conducted during the past 12 months. This examination was performed by a SANE/SAFE at Lighthouse/STAR. The auditor was provided with documentation showing that these services were provided at no cost to the inmate.

Alabama Department of Corrections uses Alabama Coalition Against Rape, Rape Crisis Centers. Easterling Correctional Facility has an MOU with Lighthouse Counseling Center/STAR in which light house agrees to coordinate forensic examinations as well as provide counseling services during the examination. The auditor was advised that once the inmate returned to the facility, follow-up victim advocate services would be provided by the House of Ruth, Inc.

Staff acknowledged being familiar with the agency's protocol for obtaining usable physical evidence if an inmate were sexually abused. Staff indicated both I&I and the PREA Compliance Manager could conduct sexual abuse investigations.

Within two weeks after the site visit, the auditor was provided with an MOU the agency recently established with Alabama Coalition Against Rape (ACAR). The MOU provides a victim advocate service hotline to inmates who are able to call the victim advocate directly from their housing unit and speak with them in a confidential manner. The auditor was advised that posters with a toll free number to ACAR have been posted in all housing units near the inmate phones. All inmates have access to this information.

During interviews with the Program Coordinator for Lighthouse/STAR, it was discovered their SANEs are experienced nurses with approximately 40 hours of training. The Program Coordinator advised SANE staff are available 24 hours a day, 7 days a week. The auditor was advised there has never been a time when SANE staff were unavailable to conduct the examination. Whenever an officer receives a report, they can call and schedule a forensic examination. The inmate would be transported to Standing Together Against Rape (STAR), which is a stand-a-lone evidence collection facility located in Montgomery, AL. The Program Coordinator advised a community advocate would be present to provide emotional support to any inmate who is a victim of sexual abuse.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

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

Alabama DOC Policy 454 mandates the shift commander ensures that the collection of evidence is only accomplished by trained and qualified staff in accordance with their AR 306 (Contraband and Evidence Management). The alleged victim is also to be taken to the medical unit for a medical evaluation and medical staff shall determine whether a sexual assault kit is needed. The sexual assault kit will be conducted at an authorized SANE or SAFE center.

In the past 12 months, there have been 32 allegations of sexual abuse and/or sexual harassment that were received at Easterling Correctional Facility. Of these, 32 were investigated administratively, and one was investigated criminally.

Alabama DOC Policy 300 outlines the investigators responsibilities.

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

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

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

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

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

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

Standard 115.31 Employee training

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

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

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

Training includes:

- 1) Agency's zero-tolerance policy for sexual abuse and sexual harassment;

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

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

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

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

The auditor was provided with a Powerpoint training curriculum and confirmed the required topics are covered during the training.

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

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

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

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

Standard 115.32 Volunteer and contractor training

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

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

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

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

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

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

training.

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

Standard 115.33 Inmate education

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

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

Alabama DOC Policy states all inmates shall:

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

Inmate PREA educational information shall include:

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

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

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

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

During the pre-audit, the auditor was advised that all inmates received initial PREA education upon intake; and received comprehensive education within 30 days of intake. All inmates who were housed at the facility prior to the implementation of the PREA education were educated by January 28, 2016.

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

posters contained information on how to report sexual abuse.

During an interview with intake staff, the auditor was advised inmates receive information on the agency zero-tolerance policy as well as information on how to report incidents or suspicions of sexual abuse or sexual harassment. Informational brochures are provided to inmates during intake. This information is read and explained to all new intakes. The inmate signs an acknowledgement form, documenting their understanding of the information that was provided. This information is typically provided within 15-20 minutes of intake. Every Thursday, all new intakes from the week prior are shown a PREA video during inmate orientation.

During interviews with random inmates, the inmates acknowledged receiving PREA brochures within a few days of intake. The inmates advised they were shown a PREA video within a week of intake. In addition, inmates stated staff verbally went over the information with them. Inmate interviews indicate inmates are aware they have a right not to be sexually abuse, how to report sexual abuse and sexual harassment, and were aware they have a right not to be retaliated against for making a report.

Standard 115.34 Specialized training: Investigations

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

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

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

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

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

Standard 115.35 Specialized training: Medical and mental health care

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

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

During the pre-audit, the auditor was advised the facility only has two medical and/or mental health staff that work regularly regularly in the facility; both of these staff have received the required training. In addition, the facility has approximately 29 medical staff (contracted with Corizon Health) who work within the facility. All of these staff have received the required training.

During interviews with medical and mental health staff, the auditor was advised forensic examinations would be conducted by SANEs provided by Lighthouse/STAR. Medical and mental health staff acknowledged receiving PREA training through Corizon Health as well as through the Alabama DOC. Medical and mental health staff confirmed training topics included; how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

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

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

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

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

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

During the pre-audit, the auditor was advised all of the inmates entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was 72 hours or more) were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

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

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

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

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

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

During the first week of September, the auditor was provided with an updated risk screening spreadsheet, used to track the dates of the risk screenings. The auditor reviewed the spreadsheet and determined inmates who were received after the corrective action plan was initiated (June 14, 2016), received an initial screening within 72 hours of intake, as well as a rescreening within 30 days of intake. After reviewing the spreadsheet, the auditor randomly selected ten inmates from the spreadsheet and requested a copy of each of their initial 72 hour screenings and 30 day rescreenings. After reviewing this information, the auditor has determined both initial screenings and 30 day rescreenings are now being conducted within the required time period; thus the auditor has determined the facility now meets this standard.

Standard 115.42 Use of screening information

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

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

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

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

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

During the onsite audit, there were no inmates identified as transgender/intersex who were currently housed at the facility; therefore, there were none of these interviews conducted.

During interviews with staff, it was discovered that inmates who screened to be a Victim/Potential Victim may be housed in the same housing unit (dormitory) as those inmates who screened to be a Predator/Potential Predator. The auditor was advised the facility would house those inmates who screen to be a Victim/Potential Victim near the front of the housing unit (dormitory) so they can be better monitored. The auditor was advised that out of 514 initial screenings and 382 30-day rescreenings, the facility has identified 43 predators, 171 potential predators, 23 victims, and 155 potential victims. Based on this information as well as a review of the screenings instrument, the auditor raised concerns that the screening instrument may be too broad and does not put a focus on those inmates who have a high likelihood of being a Potential Victim or Potential Predator. The auditor advised that by utilizing the current screening instrument, the overwhelming majority of inmates screened are identified as one or more of the classifications mentioned above and this makes housing those inmates identified as Victims/Potential Victims separately from those inmates identified as Predators/Potential Predators extremely difficult.

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

Within a few weeks of the implementation of the Correction Action Plan, the agency revised their risk screening instrument and required additional criteria to identify Victims/Potential Victims and Predators/Potential Predators. During the first week of September 2016, the auditor was provided with a list of all identified Victims/Potential Victims and all identified Predators/Potential Predators, as well as their housing units. All identified Predators/Potential Predators were housed in "D1" housing unit. All identified Victims/Potential Victims were housed in all other housing units (excluding "D1" housing unit). Based on this information, the auditor has determined the facility now meets this standard.

Standard 115.43 Protective custody

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

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

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

In cases where involuntary segregated housing is the only means to protect such an inmate, the inmate shall have access to all

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

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

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

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

During interviews with the Warden, the auditor discovered the agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available means of separation from potential abusers. If an inmate were placed in involuntary segregated housing for this reason, they would only be housed here until alternative means of separation from likely abusers can be arranged. Typically, this would be no more than a few days.

During interviews with staff who supervise inmates in segregated housing, it was discovered that inmates would rarely be placed in involuntary segregated housing for this reason. The auditor was advised that if this occurred, the inmate would be housed in segregated housing until alternative housing could be arranged (typically no more than 24 hours). The auditor was advised there have not been any inmates housed in involuntary segregated housing for this reason within the past 12 months.

Standard 115.51 Inmate reporting

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

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

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

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

During interviews with a random sample of staff, the auditor was advised staff can privately report sexual abuse by: notifying any supervisor or the PREA Compliance Manager, dropping a request in the PREA box, or by reporting to I&I through the Alabama DOC website.

During interviews with a random sample of inmates, the auditor was advised inmates can report sexual abuse by: notifying any staff member, calling the PREA hotline (91), dropping a request in the PREA box, sending a letter to I&I using an I&I marked envelope, or by making a third-party report through a friend or family member. Inmates indicated an awareness of being able to submit anonymous reports.

Standard 115.52 Exhaustion of administrative remedies

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

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

XX Not Applicable

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

Standard 115.53 Inmate access to outside confidential support services

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

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

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

During the pre-audit, the auditor was provided with an MOU between the agency and Lighthouse Counseling Centers/STAR. This MOU states Lighthouse Counseling Centers/STAR agrees to provide inmates who allege sexual abuse with forensic examinations. During an interview with the Program Coordinator for Lighthouse, the auditor was advised that Lighthouse would provide inmates with access to victim advocates while they are going through the forensic exam. The auditor was advised by the PREA Compliance Manager that a victim advocate from the House of Ruth, Inc. would be notified and would provide follow-up victim advocate services to inmates, upon return to the facility.

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

is available to all inmates Monday-Friday from 4pm until 9pm. Due to the fact that this information and services are available to all inmates, the auditor is showing the facility as meeting the standard.

Standard 115.54 Third-party reporting

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

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

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

Alabama DOC inmates are able to make a third party report to I&I by calling “66” on the inmate phone system.

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

Standard 115.61 Staff and agency reporting duties

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

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

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

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

An employee/staff shall not reveal any information related to the incident to anyone other than to the extent necessary to make treatment, investigation, and management decisions. Initial interviews of potential sexual abuse victims should be limited to only

that information necessary to protect the victim from immediate harm until an Investigator arrives for a more detailed interview.

During interviews with a random sample of staff, including medical and mental health staff, it was determined staff were knowledgeable of their duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff acknowledged they would immediately report any such information to their immediate supervisor. The auditor was advised that allegations involving sexual abuse would be forwarded to I&I for their review and investigations. Allegations regarding sexual harassment would be investigated by the Warden and/or Captain (they are also trained investigators).

Standard 115.62 Agency protection duties

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

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

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

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

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

Standard 115.63 Reporting to other confinement facilities

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

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

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

receiving the allegation.

During the past 12 months, the facility has received one allegation that an inmate was abused while confined at another facility (Bibb Correctional Facility). The auditor was provided with a copy of this notification. The notification was made within 72 hours of receiving the allegation and was made from the Warden of Easterling Correctional Facility to the Warden at Bibb Correctional Facility.

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

During an interview with the Warden, it was discovered there is a form that he (or any Warden) would complete any time an inmate alleged sexual abuse that occurred at another facility. The Warden advised this form would be completed and forwarded to the Warden of the facility where the incident allegedly occurred.

Standard 115.64 Staff first responder duties

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

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

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

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

In the past 12 months, there have been 10 allegations that an inmate was sexually abused; in all 10 of these allegations, staff followed the procedure outlined above.

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

During interviews with random staff, staff who have acted as first responders, inmate interviews indicate staff would react immediately to any report of sexual abuse and separate the alleged victim from the alleged abuser and take appropriate action so that neither the alleged victim or the alleged abuser destroy any physical evidence.

Standard 115.65 Coordinated response

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Alabama DOC Policy 454 contains the agency's coordinated response plan and outlines specific duties for first responders, medical and mental health practitioners, investigators, and facility leadership. In addition, Easterling Correctional Facility has a Coordinated Response SOP, which outlines the facility's coordinated response plan.

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

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

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

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

XX Not Applicable

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

Standard 115.67 Agency protection against retaliation

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

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

Alabama DOC Policy 454 states the Warden and IPCM shall ensure inmates and staff who report sexual abuse, sexual harassment,

or cooperate with a sexual abuse investigation are protected from retaliation by other inmates or staff.

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

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

During the pre-audit, the auditor was provided with a sample of inmate retaliation monitoring. The form documented weekly face-to-face visits between the IPCM the victim. Monitoring of this inmate occurred once a week for a period of 90 days.

Through various staff and inmate interviews, it was discovered all allegations of sexual abuse are monitored for a minimum of 90 days. If necessary, due to the circumstances, retaliation may be monitored indefinitely.

Standard 115.68 Post-allegation protective custody

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

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

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

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

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

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

In the past 12 months, there have not been any inmates held in involuntary segregated housing for this reason.

During an interview with a staff member who supervises inmates in segregated housing, the auditor was advised that inmates who reported abuse would rarely (if ever) be housed in involuntary segregated housing. The auditor was advised if such an inmate were housed in involuntary segregated housing, they would only be housed here until alternative housing could be arranged (typically no more than 24 hours) and programs would not be restricted.

During an interview with the Warden, the auditor was advised the agency prohibits placing inmates who allege sexual abuse in

involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers. The Warden advised such inmates would only be housed in segregated housing if they requested it. The Warden advised they would be housed in segregated housing for a short time period, and that a “Warden to Warden swap” would occur if necessary. The auditor was advised that within the past 12 months, there have been no examples of this occurring.

Standard 115.71 Criminal and administrative agency investigations

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

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

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

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

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

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

Since August 20, 2012, there has been one substantiated allegation of conduct that appeared to be criminal that was referred for prosecution.

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

Standard 115.72 Evidentiary standard for administrative investigations

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

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

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

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

Standard 115.73 Reporting to inmates

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

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

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

The auditor was advised that within the past 12 months there has been one allegation of sexual abuse completed.

In the past 12 months, there has been one notification provided pursuant to this standard. The auditor was provided with a copy of this notification during the pre-audit.

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

Standard 115.76 Disciplinary sanctions for staff

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

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

Alabama Department of Corrections AR 208 Table of Infractions and Level of Discipline lists “dismissal” for the first incident of staff sexual misconduct.

In the past 12 months, there has been one staff member from the facility who was found to have violated agency sexual abuse or sexual harassment policies. This staff member resigned during the investigation and was subsequently arrested and charged for her misconduct. The auditor was provided with documentation of her resignation and arrest.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

In the past 12 months, there have not been any staff who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Standard 115.77 Corrective action for contractors and volunteers

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

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

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

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

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

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

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

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

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

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

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

During interviews with the Warden, it was discovered that inmates found to have engaged in sexual abuse or sexual harassment may face in-house disciplinary action and/or criminal charges depending on the circumstances.

During an interview with a member of the mental health staff, it was discovered that known abusers would undergo an initial session with a member of the mental health staff and may be referred to the psychologist. Known abusers would be added to the mental health staff’s case load and would undergo a continuing treatment program that could take several months. Treatment would be ongoing, if determined by the mental health staff to be appropriate.

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

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

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

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

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

During the site visit, the auditor was provided with a risk screening spreadsheet that also tracks 14 day mental health referrals for inmates who disclose prior sexual abuse and/or prior sexual aggression. A review of the spreadsheet indicates mental health referrals are being provided within 14 days of the screening. The majority of these mental health referrals are being referred on the same day the risk screening is completed.

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

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

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

Standard 115.82 Access to emergency medical and mental health services

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

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

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

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

Treatment services shall be provided to the victim without financial cost and regardless of whether or not the victim names the abuser or cooperates with an investigation arising out of the incident.

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

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

upon reporting sexual abuse, as appropriate.

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

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

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

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

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

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

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

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

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

Standard 115.86 Sexual abuse incident reviews

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

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

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

- 1) This team shall be composed of the Warden/designee, medical or mental health representative, investigator, supervisor present

at the time of the allegation, and IPCM.

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

In the past 12 months, there has been one criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents. The auditor was provided with a copy of the sexual abuse incident review from this investigation. The review included input from all appropriate staff and was conducted within 30 days of the completion of the investigation.

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

Standard 115.87 Data collection

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

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

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

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

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

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

Standard 115.88 Data review for corrective action

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

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

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

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

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

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

Standard 115.89 Data storage, publication, and destruction

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

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

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

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

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

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

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

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Jeff Kovar

September 6, 2016

Auditor Signature

Date