

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: July 10, 2017

Auditor Information			
Auditor name: Walter Sipple			
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Email: waltersipple@comcast.net			
Telephone number: 843-323-8851			
Date of facility visit: June 12-13, 2017			
Facility Information			
Facility name: Hamilton Aged and Infirm Facility			
Facility physical address: 223 Sasser Drive, Hamilton, Alabama 35570			
Facility mailing address: <i>(if different from above)</i> Same as above.			
Facility telephone number: 205-921-7453			
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: Gwendolyn Givens			
Number of staff assigned to the facility in the last 12 months: 0 of 93 staff			
Designed facility capacity: 302			
Current population of facility: 302			
Facility security levels/inmate custody levels: Level 4, Medium, Minimum Out, Minimum In, Community, Life.			
Age range of the population: 22 - 90			
Name of PREA Compliance Manager: Daniel Lynch		Title: Institutional PREA Compliance Manager	
Email address: Daniel.lynych@doc.alabama.gov		Telephone number: 205-921-7453 ext. 400	
Agency Information			
Name of agency: Alabama Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Alabama			
Physical address: 301 South Ripley Street, Montgomery, Alabama 36301			
Mailing address: <i>(if different from above)</i> Same as above			
Telephone number: 334-353-3883			
Agency Chief Executive Officer			
Name: Jefferson Dunn		Title: Commissioner	
Email address: Jefferson.dunn@doc.alabama.gov		Telephone number: 334-353-3780	
Agency-Wide PREA Coordinator			
Name: Christy Vincent		Title: PREA Director	
Email address: Christy.vincent@doc.alabama.gov		Telephone number: 334-353-2501	

AUDIT FINDINGS

NARRATIVE

The first cycle initial Prison Rape Elimination Act on-site audit of the Hamilton Aged and Infirm Facility, located in Hamilton, Alabama, was completed on June 6-7, 2016. The Hamilton Aged and Infirm Facility was confirmed fully compliant with the Prison Rape Elimination Act standards at that time, without any corrective actions, and in accordance with the required agency wide auditing process timeline and schedule. The second cycle on-site audit was conducted from June 12-13, 2017, to determine continued compliance with the Prison Rape Elimination Act standards of August 20, 2012. Please refer to the National Prison Rape Elimination Act Resource Center for further information at www.prearesourcecenter.org. The audit was conducted by Walter Sipple, United States Department of Justice Prison Rape Elimination Act certified adult facilities auditor, and no others, operating as an independent contractor with no conflict of interest. The Hamilton Aged and Infirm Facility is a male only facility and part of the State of Alabama Department of Corrections. The facility operates under the jurisdiction of the State of Alabama and is classified as a security level 4, medium, minimum out, minimum in, community, and life custody prison.

The mission statement for the Alabama Department of Corrections is, as follows: "The mission of the Alabama Department of Corrections is to confine, manage and provide rehabilitative programs for convicted felons in a safe, secure, and humane environment; utilizing professionals who are committed to public safety and to the positive re-entry of offenders into society".

Pre-audit preparation included a thorough review of all documentation and material submitted by the agency and facility along with data included in the completed Pre-Audit Questionnaire. The auditor received primary documentation which consists of policy and secondary documentation which consists of procedure on a flash drive for review prior to the on-site phase of the audit process. The documentation reviewed consisted of agency and facility policies, procedures, forms, education materials, training curriculum, organization charts, posters, brochures, quarterly reports, inmate population reports, memorandums of agreement, signed training rosters, community-based contact information, facility schematic, and other Prison Rape Elimination Act related materials that were provided to demonstrate compliance with the Prison Rape Elimination Act standards. This review prompted a series of questions that were reduced to writing and submitted to the Prison Rape Elimination Act Coordinator and Prison Rape Elimination Act Compliance Manager for review. Answers to the questions were submitted by the agency Prison Rape Elimination Act Coordinator and facility Prison Rape Elimination Act Compliance Manager and reviewed by the auditor prior to the on-site phase of the audit process. The agency defines the Prison Rape Elimination Act Coordinator as the Prison Rape Elimination Act Director and each facility has a designated primary and secondary Prison Rape Elimination Act Compliance Manager referred as the Institutional Prison Rape Elimination Act Compliance Manager.

An entrance meeting was held with the facility level Prison Rape Elimination Act compliance manager, and the auditor during the on-site portion of the audit. The auditor was allowed access to the agency and facility in order to conduct the audit. Following the entrance meeting, the auditor toured and observed operations at the facility. The auditor contact information was posted throughout the facility prior to the on-site phase of the audit. The facility staff was fully cooperative with the auditor and audit process. A schematic layout of the facility was provided by the staff which consisted of the inmate housing areas. A list of staff, volunteers, and contractors to include assignments and roles was provided to the auditor along with listings by dormitory for a random and objective selection of inmates for interviews.

The auditor reviewed compliance with the Prison Rape Elimination Act standards based on a review of agency policy, procedure, practice, daily activities, documentation, observation, and interviews with staff and inmates. Interviews were conducted with outside agencies, to include but not limited to, the County Sheriff's Department; Rape, Abuse, and Incest National Network; Prison Rape Elimination Act Resource Center; Just Detention International; and the local rape crisis center, Shoals Crisis Center of Florence, Alabama (256) 767-1100; Lighthouse Counseling Center in Montgomery; Lifelines Counseling Services 24 hour hotline at (251) 473-7273, Alabama Department of Economic and Community Affairs (ADECA), and Alabama Coalition Against Rape at (334) 264-0123. The agency has a memorandum of agreement with an outside agency victim advocacy service available at no cost and confidential for the inmates at 1-800-639-4357.

Inmates were interviewed using the recommended Department of Justice protocols that question their knowledge of a variety of Prison Rape Elimination Act protections generally and specifically their knowledge of reporting mechanisms available to inmates to report abuse or harassment. Staff were questioned using the Department of Justice protocols that question their Prison Rape Elimination Act training and overall knowledge of the agency's and facility's zero tolerance policy, reporting mechanisms available to inmates and staff, the response protocols when an inmate alleges abuse, and first responder duties. An objective random sampling of staff, volunteer, inmate, and contractor interviews was selected from a series of lists presented to the auditor by the facility. Last names were randomly selected by the auditor from an alphabetically ordered list. A total of thirteen agency and facility staff were interviewed per random sampling from the auditor. A total of thirty inmates were interviewed per random sampling from the auditor, along with special category inmates and a sampling identified during the in-take screening process. The auditor also conducted an after-normal-hours visit on June 6, 2017, to observe evening operations and interview night section staff. An exit interview was conducted at the end of the on-site visit by the auditor with the facility warden and facility Prison Rape Elimination Act compliance manager. The facility reported 2 allegations of sexual abuse or sexual harassment in the past 12 months. The auditor thoroughly reviewed both allegations.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Hamilton Aged and Infirm Facility is located in a rural area of northern Alabama, at 223 Sasser Drive, in Hamilton, Alabama. The small rural community of Hamilton, Alabama, is close to the Alabama and Mississippi State line. The facility is part of the statewide Alabama Department of Corrections. It is an adult male, level 4, medium, minimum out, minimum in, community, and life custody, facility with a maximum capacity of 302 inmates. The agency, per regulation 454, defines youthful inmates as any inmate housed in an adult facility whose age is under eighteen. The facility reported that no youthful inmates are confined at the facility. The facility reported that the age range of inmates is from age 22 up to age 90. A total of 229 inmates were reported confined at the facility on the pre-audit questionnaire. The number of inmates admitted to the facility during the past 12 months is 379. The facility is located next to the North Mississippi Medical Center and a residential assisted living center.

The facility was originally constructed in 1968 for the Alabama Department of Mental Health. In 1981, the facility was assumed by the Alabama Department of Corrections, refurbished, and established as the Hamilton Aged and Infirm Facility. In 1985, additional space was needed for an increasing agency wide aging and/or infirmed inmate population. Work release custody inmates were transferred to work release centers during a reorganization of the facility inmate population. Around 1990, 2003, and 2005, modular and trailer type buildings were added to the facility.

The Hamilton Aged and Infirm Facility consists of eleven buildings. The main building holds dormitory A which is the infirmary, dormitory C, D, and E, inmate kitchen, medical unit, mental health offices, and administrative office space. The inmate chapel is in a separate building that also is used for special events. An inmate programs and classroom space building also includes staff office space. The inmate laundry is located in a separate building that also has staff office space and storage. Inmate dormitory B is separate from the main building and houses minimum and medium security inmates. The facility has two security perimeter towers staffed 24 hours per day located near the front and rear of the main building. The other buildings consist of a maintenance and storage space along with an inmate hobby craft area. The facility has a separate building for inmate searches.

The Hamilton Aged and Infirm Facility has a total of 5 inmate living areas called dormitories. The inmate dormitories are considered open bay style bunking with the exception of two dormitories consisting of separate 6 to 12 man rooms. Dormitory A consists of the infirmary, minimum to medium custody inmates, with a total of 20 beds. Dormitory B is an open bay style housing area with minimum to medium custody inmates, with a total of 52 beds. Dormitory C consists of 12 separate 6 to 12 man rooms and 1 open bay style housing area with minimum to medium custody inmates, with a total of 104 beds. Dormitory D consists of 11 separate 6 to 12 man rooms with 1 open bay style housing area with minimum to medium custody inmates, with a total of 119 beds. Dormitory E is the segregation housing area with 3 cells that can hold 1 to 4 inmates. The auditor specifically observed all of the inmate dormitories, restrooms, and showers during the night as well as during the day to check the lighting and utilization during the different facility daily routines.

The Hamilton Aged and Infirm Facility offers one portion of the Alabama Department of Corrections Faith and Character Based Program as defined in Agency Regulation 460. The Institute of Religious and Character Based Studies are offered on a semester basis. Within this class offering is a course through the Extension Division of Beeson Divinity School (Samford University). This provides in-depth study of theology, history, and Christian living. An example of the class offerings for 2015, include the follow: American Civics & Government, Anatomy II, Basic Math, Stress Management, Samford Class (Beeson Divinity Extension), World Religion (Christianity), Native American Study (Unit 2), Anatomy I, Apocalypse, Basic Typing I, Early American History, Music Fundamentals, Native American Study, New Testament Survey, Odinist/Asateu Study, Old Testament Survey, Science and Religion, Typing II, United States and the Middle East. There are services for all faith groups represented in the Alabama Department of Corrections. Many groups / services are facilitated by volunteers. "Open Chapel Time" is provided Monday – Thursday for inmates to seek religious / pastoral guidance. The Alabama Department of Correction's Re-Entry / Pre-Release Program is offered quarterly. This two week program teaches the necessary skills, attitudes, and habits that can provide for a successful re-entry by parole or end of sentence. Mental Health Management Services provides a variety of mental health workshops to inmates based on clinical needs of the facility population. Mental Health Services conduct three (4) group classes weekly. The mental health nurse conducts one group weekly and mental health professionals provides three groups weekly. The groups include: Adjustment Skills Group, Stress Management, Anger Management, Life after Release, Anxiety, Sleep Hygiene, Cognitive Behavior Therapy, Trauma Group, Coping and Hoping, Post Traumatic Stress Disorder/Drug Awareness, Coping with Incarceration, Taking a Chance on Change, Dealing with Feelings, Accepting Mental Illness, Depression Group, Personal Hygiene, Grief Support, Self Esteem, Medication Education, Planning a Better Life, and Psychotropic Medication. The General Educational Development (GED) / Adult Basic Education (ABE) class is conducted through Beville State Community College of Hamilton, Alabama. Classes are given twice a week for 3 hours per night.

The facility has approximately 101 staff employed at the facility, 50 regular volunteers, 1 contractor, and no interns. The Hamilton Aged and Infirm Facility benefits from the mental health as well as medical care offered to the inmates. All inmates have access to health care services to meet their serious medical, dental, and mental health needs.

SUMMARY OF AUDIT FINDINGS

The Hamilton Aged and Infirm Facility is unique when compared to other agency facilities in that it is primarily a medical facility made up of elderly and continuous medical care inmates. The facility consists of a large number of contract medical and mental health staff: One Health Services Administrator; One Medical Doctor; One Director of Nursing; Four full-time Registered Nurses; Four part-time Registered Nurses; Eleven full-time Licensed Practical Nurses; Five part-time Licensed Practical Nurses; One Administrative Assistant; One Medical Records Clerk; One Mental Health Site Administrator; and One Licensed Practical Nurse specializing in mental health care.

The pre-audit preparation included a thorough review of all primary/policy and secondary/practice documentation and materials submitted by the agency and facility along with the data included in the completed Pre-Audit Questionnaire to demonstrate compliance with the standards. The auditor was impressed with the thoroughness of the documentation submitted and the facility Prison Rape Elimination Act compliance manager specifically created a hard copy binder of facility rosters, reports, and policy for the auditor during the on-site visit portion of the audit process.

The auditor conducted a thorough facility-wide audit. Two sexual abuse harassment allegation cases were reported during the past 12 month period from the date of the audit. One was determined to be unfounded and the other unsubstantiated. The auditor received 2 written inquiries or requests for an interview during the audit process and 1 telephone inquiry via outside the facility third-party family member from the auditor posted contact information. The auditor met with both inmates still confined at the facility during the on-site visit portion of the audit process.

The interviews of inmates reflected that they were aware of and understood the Prison Rape Elimination Act protections and the agency's zero tolerance policy. Inmates receive written materials at intake that provide detailed information about Prison Rape Elimination Act protections, the multiple ways to report sexual abuse or sexual harassment and ways to protect themselves from abuse. Inmates were able to articulate to the auditor what they would do and who they would tell if they were sexually abused. All facility staff interviewed indicated they had received detailed Prison Rape Elimination Act training and could articulate the meaning of the agency's zero tolerance policy.

The small community of Hamilton, Alabama, is located in a rural area of Alabama. The Hamilton Aged and Infirm Facility is located within the town limits of Hamilton and next to the North Mississippi Medical Center along with other assisted living facilities. The auditor noted that the facility had several veteran staff that worked at the facility for several years providing operational consistency and stability. Specifically, the Hamilton Aged and Infirm Facility benefits from being a small facility in a small rural town with a small group of veteran staff that work well together as a team to accomplish the overall mission of the agency and facility as well as compliance with the Prison Rape Elimination Act standards. The staff has a unique combination focus on inmate medical and mental health care as well as safety and security. The facility has a large number of staff nurses that provide 24 hour care at the facility. The auditor was impressed with the facility nurses and quality of care they provide to the inmates. The inmate interviews reflected an overall appreciation for the small size and unique mission of the facility. The auditor was impressed with the unique mission of the facility and noted that the staff took great pride in the facility mission. The staff and inmates were completely cooperative and helpful throughout the audit process. The agency and facility staff did a good job of providing the auditor with primary and secondary documentation to confirm compliance with the Prison Rape Elimination Act standards. The auditor was also impressed with the agency website at www.doc.alabama.gov. The auditor commended the facility for the creation of what they consider the inmate hobby shop.

The auditor recently attended the annual Compliance and Accreditation Managers' Association Conference, from May 20-23, 2017, in Murfreesboro, Tennessee, and was informed by the Prison Rape Elimination Act representatives to expect a more robust auditing process in future auditing cycles. This final report is reflective of and in accordance with that guidance. The auditor determined that the facility is 100% compliant with the Prison Rape Elimination Act standards for this relevant review period. In addition, the auditor determined that the facility exceeds standard 115.11 by the creation of agency regulation 454 and facility policy 454-01; exceeds standard 115.18 due in part to the facility camera and video monitoring system; exceeds standard 115.31 due to the extensive agency and facility training plan; exceeds standard 115.53 in part by creating various informative posters and various outside the agency support services; exceeds standard 115.65 by creating a detailed and easy to follow coordinated response protocol for the facility staff (facility policy 454-02); exceeds standard 115.89 due in part to the user friendly and well organized agency website related to the fields of the Prison Rape Elimination Act. The auditor determined that standard 115.14 and 115.52 is not applicable.

Number of standards exceeded: 6 (115.11, 115.18, 115.31, 115.53, 115.65, and 115.89)

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 2 (115.14 and 115.52)

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.

Auditor comments: The Hamilton Aged and Infirm Facility has a full-time Prison Rape Elimination Act Compliance Manager and alternate assigned to the facility. As a Correctional Lieutenant, the facility Compliance Manager monitors facility operations for compliance with the Federal Prison Rape Elimination Act Standards and relevant Alabama Department of Corrections policies related to sexual abuse prevention and response. The Lieutenant develops standard operating procedures so that the facility, employees and inmates operate in accordance with the standards and procedures to implement the Prison Rape Elimination Act requirements. The Lieutenant oversees the facility's Prison Rape Elimination Act audit preparation efforts and the actual audits. The Lieutenant coordinates training and consultation to facility staff and management related to the standards, agency policies and procedures, and facility standard operating procedures. Bi-monthly reports are provided to the Warden and Prison Rape Elimination Act Director on Prison Rape Elimination Act implementation, audit preparedness, and any areas that might affect Prison Rape Elimination Act compliance. The Lieutenant gathers documentation of staffing plan development, deviations, and review for placement into a central institutional file for availability during audits so that the annual review process and subsequent plan revisions are managed appropriately. The Lieutenant collects and compiles data for all allegations of sexual abuse and sexual harassment, so that qualitative review may be performed to ensure response to allegations is appropriate and in accordance with the Prison Rape Elimination Act Standards. The Lieutenant instructs and counsels inmates, employees, and visitors so that rules, regulations, and procedures will be followed. Written documents are reviewed in order to proofread for accuracy, details, consistency, continuity and clarity. Inmates with disabilities and limited English proficient inmates are monitored so that these inmates receive information on how to report incidents and available services for victims of sexual abuse. Ensures communication is clear, concise, and accurate and monitors housing and programming assignments for victims and suspects of sexual abuse to ensure that decisions are made on a case-by-case basis based on the health and safety concerns. Ensures that the inmate's views are given serious consideration and that the changes in housing is initiated as the cases are finalized. The Lieutenant coordinates the Prison Rape Elimination Act Incident Review Committee meetings, in accordance with the standards. The Lieutenant also monitors data concerning sexual abuse and sexual harassment so that trends and patterns may be identified and appropriate action taken to ensure prevention of sexual abuse, sexual harassment, and retaliation.

The auditor thoroughly reviewed the Alabama Department of Corrections written policy toward sexual abuse and sexual harassment and it specifically outlines the agency's approach to preventing, detecting, and responding to such conduct. The agency employs an agency-wide Prison Rape Elimination Act coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the Prison Rape Elimination Act standards. The Prison Rape Elimination Act coordinator, defined as Prison Rape Elimination Act director in the agency regulation, reports to the General Counsel of the Alabama Department of Corrections as reflected on the agency organizational chart. The auditor was impressed that the agency Prison Rape Elimination Act Coordinator is also a certified Prison Rape Elimination Act auditor with many years of experience and did an excellent job providing primary/policy and secondary/practice documentation to confirm compliance with the standards. The agency General Counsel is experienced with the Prison Rape Elimination Act and actively involved with agency and individual facility compliance with the standards. The Prison Rape Elimination Act compliance manager is an experienced staff member and reports directly to the facility warden as reflected in the facility organizational chart. The facility Prison Rape Elimination Compliance Manager thoroughly assisted the auditor and represented the facility and agency very well during the audit process along with initiating a compliance binder in preparation for the auditor's visit to the facility..

The Alabama Department of Corrections Administrative Regulation (454) establishes the responsibilities, policies, and procedures to implement a zero-tolerance policy for prohibiting, preventing, detecting, responding to and investigating the sexual abuse and sexual harassment of inmates under Alabama Department of Corrections care and control. Specifically, the agency Prison Rape Elimination Act regulation (454) states: "It is the policy of the Alabama Department of Corrections to maintain a zero-tolerance policy against inmate sexual abuse and harassment and custodial misconduct. Any sexual conduct, whether inmate-on-inmate or employee-on-inmate, and whether consensual or forced, is strictly prohibited". As defined in Alabama Code of Laws Section 14-11-31: "It shall be unlawful for any employee to engage in sexual conduct with a person who is in the custody of the Department of Corrections, the Department of Youth Services, a sheriff, a county, or a municipality". Any person violating the subsection shall, upon conviction, be guilty of custodial sexual misconduct which is a Class C felony. Alabama Code of Laws Section 13A-6-65.1 also defines other specific areas of the law such as sexual torture

which is a Class A felony.

Specifically, the agency regulation and facility policy (454-01) mandates a zero tolerance policy and an implementation plan is in place outlining how the agency and facility will implement the zero-tolerance approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The agency and facility has an easy to understand organizational chart and the auditor was provided a copy during the pre-audit phase of the audit. The facility staff acknowledged an understanding of the zero tolerance policy. Per agency regulation 454 dated January 4, 2016, "The Prison Rape Elimination Director is an individual designated by the Commissioner with the authority to coordinate and develop procedures to identify, monitor, and track sexual abuse rape and sexual harassment in the Alabama Department of Corrections; maintain statistics; and, conduct practice audits to ensure compliance with Department policy and the Prison Rape Elimination Act of 2003 and Prison Rape Elimination Act National Standards (Code of Federal Regulation, Title 28, Part 115)." The Institutional Prison Rape Elimination Act Compliance Manager is defined as, "the designated person at the facility with the time and authority to coordinate the facility's efforts to comply with the Prison Rape Elimination Act Standards."

The auditor reviewed the Alabama Code of Laws, agency regulation, and facility policies and procedures (Alabama Code of Laws 13A-6-60 through 13A-6-70 (1975), 14-11-30 through 14-11-32, Administrative Regulation 454: Inmate Sexual Abuse and Harassment, facility Standard Operating Procedure 454-01; Agency Administrative Regulation 002 dated February 7, 2012; observed facility practices; reviewed data provided by the facility staff; and interviewed residents and staff during an on-site visit and tour of the facility. The auditor was impressed with the level of commitment that the agency commissioner, associate commissioners, agency general counsel, agency level director/coordinator, facility warden, and facility level compliance manager had toward compliance with the standards. The auditor was impressed with the facility's compliance with all of the standards. It was evident throughout the on-site phase of the audit process that all staff and residents have a thorough understanding of the agency policy and specifically the agency's zero tolerance policy. The regulation and policy forms the foundation and contains necessary definitions, sanctions and descriptions of the agency strategies and responses to sexual abuse and sexual harassment. Based on the listed information, the auditor determination is that the agency and facility exceeds the standard for the relevant review period due in part to the well organized Prison Rape Elimination Act specific policy and procedure along with staff training. The auditor received confirmation of agency level robust training. Specifically, the facility Compliance Manager received not only training on his specific duties as compliance manager but also completed investigator training conducted by The Moss Group, Inc. as well as Prison Rape Elimination Act Institutional Compliance Manager (PREA IPCM) Refresher Training on January 25, 2017. The auditor received confirmation that the agency Prison Rape Elimination Act Director/Coordinator conducted a site visit of the facility on February 7, 2017 and provided a written assessment and report which included a new training initiative called PREA Information Boards. The auditor commended the agency and facility for maintaining a robust staff training program, secure facility vulnerability assessments, and facility site visits.

Auditor note: The auditor recently attended the Compliance and Accreditation Managers' Association Conference which is a national affiliate of the American Correctional Association, from May 20-23, 2017, in Murfreesboro, Tennessee. The Prison Rape Elimination Act Resource Center and affiliated organizations stressed that compliance is not a linear path in that compliance must be sustained and maintained regardless of audit schedule or timing. Agencies and facilities should expect audits to get more thorough as the Department of Justice is refining its expectations for the process and clarifying what is required for continued compliance into the next audit cycles. This final report is reflective of those expectations and in accordance with the most up-to-date auditor/auditing guidance.

Alabama Code of Laws, Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Alabama Department of Corrections Administrative Regulation Number 002: Organization and Objectives dated February 7, 2012.
- Hamilton Aged and Infirm Facility Standard Operating Procedure 454-01: Inmate Sexual Abuse and Harassment Awareness.
- Alabama Department of Corrections Organizational Chart.
- Interviews with agency Prison Rape Elimination Act Coordinator and facility Compliance Manager and documentation of training and credentials.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.
- Alabama Code of Laws 13A-6-60 through 13A-6-70 (1975) and 14-11-30 through 14-11-32.
- Alabama Department of Corrections Regulation Number 318.
- Staff Training Outlines, Signed Rosters, and Training Schedules.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

- PI-1 ADOC PREA Director- Designation and Qualifications
- PI-2 Institution Compliance Manager- Designation and Qualifications
- PI-3 Memo from Warden – Designating the IPCM back-up personnel

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.

Auditor comments: The auditor interviewed the agency Associate Commissioner of Operations and Prison Rape Elimination Act coordinator as well as contracting officials. The auditor received confirmation of non-agency confinement of agency inmates in accordance with agency regulation (454). The General Counsel for the Alabama Department of Corrections is responsible for any contractual compliance with the Prison Rape Elimination Act standards. Specific contract documentation was received in reference to an agreement with the Talladega County Sheriff’s Jail and the Alabama Department of Corrections dated July 9, 2015.

The agency and facility is in compliance with the standard for the relevant rating period. The auditor also received confirmation memorandums from the facility and agency dated March 7, 2017 and March 8, 2017, that the standard only applies to the Tutwiler Facility and Talladega Counties.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Memorandum of Agreement with the Talladega County Sheriff’s Department and Alabama Department of Corrections dated July 9, 2015.
- Interviews with agency Prison Rape Elimination Act Coordinator and facility Compliance Manager and documentation of training and credentials.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

PI-1 Contract/Receipt of PREA/MOU (only applies to Tutwiler/Talladega Co.)

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.

Auditor comments: The auditor interviewed the agency Associate Commissioner of Operations, Prison Rape Elimination Act coordinator, Hamilton Aged and Infirm Facility warden and verified that the staff develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. Specifically, per agency regulation 454, the Prison Rape Elimination Act coordinator 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 Form 454-J: Annual Prison Rape Elimination Act Staffing Plan Review. The facility takes the following into consideration per the standard:

- 1) Generally accepted detention and correctional practices;
- 2) Any judicial findings of inadequacy;
- 3) Any findings of inadequacy from Federal investigative agencies;
- 4) Any findings of inadequacy from internal or external oversight bodies;
- 5) All components of the institution’s/facility’s/center’s physical plant (including “blind-spots” or areas where staff or residents may be isolated);
- 6) The composition of the inmate population;
- 7) The number and placement of supervisory staff;
- 8) Institution programs occurring on a particular shift;
- 9) Any applicable State or local laws, regulations, or standards;
- 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse;
- 11) Any other relevant factors.

In circumstances where the staffing plan is not complied with, the agency shall document and justify all deviations from the plan. Whenever necessary, but no less frequently than once each year, the agency shall assess, determine, and document whether adjustments are needed to:

- 1) The staffing plan established pursuant to the standard;
- 2) Prevailing staffing patterns;
- 3) The facility’s deployment of video monitoring systems and other monitoring technologies; and
- 4) The resources the facility has available to commit to ensure adequate staffing levels.

Specifically, the Hamilton Aged and Infirm Facility standard operating procedure (454-01) details a step-by-step procedure on conducting unannounced rounds with documentation on facility form (454-G) logging such rounds for confirmation of compliance. The rounds and logs also include procedures for conducting video surveillance checks. The Hamilton Aged and Infirm Facility standard operating procedure (60-128) dated June 13, 2016, titled: Staff Manning Requirements, “The purpose of this policy is to implement a staffing plan that shall effectively maintain the Alabama Department of Corrections zero tolerance policy on inmate sexual offenses, sexual harassment, and custodial sexual misconduct. The policy also establishes mandatory posts that are critical to the operations of the facility and closing order of non-mandatory posts.”

Per facility policy 60-128, dated June 13, 2016, “The purpose of this policy is to implement a staffing plan that shall effectively maintain the Alabama Department of Corrections zero tolerance policy on inmate sexual offenses, sexual harassment, and custodial sexual misconduct. This policy shall identify the staff and staffing plans of Hamilton Aged and Infirm Facility that are crucial in prohibiting, preventing, detecting, and responding to inmate sexual offenses, sexual harassment, and custodial sexual misconduct. This policy also establishes mandatory posts that are critical to the operations of the facility and closing order of non-mandatory posts”. The staff at Hamilton Aged and Infirm Facility consists of eleven (11) Security staff and thirty-six (36) shift uniformed officers:

- (1).Security Administrative Staff
 - a. One (1) Correctional Warden II
 - b. One (1) Correctional Captain
 - c. Two (2) Correctional Lieutenants
 - d. One (1) Correctional Sergeant
- (2).Shift Uniformed Officers
 - a. Three (3) Correctional Lieutenants

- b. Six (6) Correctional Sergeants
- c. Thirty-three (33) Correctional Officers
- d. Four (4) part-time Correctional Officers

The support staff consists of such positions as: Administrative Support Assistants; Business Manager; Account Clerk; Plant Maintenance Supervisor; Maintenance and Repair Supervisor; Stewards; Classification Specialist; and a Chaplain. The Shift Commander ensures that each shift is properly staffed and a plan of action exists for staffing deviations.

The auditor reviewed agency regulation and policy (regulation 454 and facility policy 454-01 and 60-128). The auditor received facility vulnerability assessments (ADOC Form 115.13) and an email confirmation, dated February 7, 2017, that initiative such as radio checks are being implemented on a continuing basis. The auditor also received copies of logs of unannounced rounds (ADOC For 454-G) dated February 15, 2017 and subsequent quarterly reviews. Facility policy 60-128, specifically outlines priority staffing levels by shift. The agency and facility meets the standard and complies with the standard for the relevant review period. The auditor specifically interviewed the facility director and confirmed the required elements of the staffing plan along with documentation to support compliance. The auditor stressed and emphasized the importance of having and maintaining a thoroughly documented facility staffing plan and the facility warden acknowledged the importance. The auditor recommended a webinar for future reference and training opportunities titled, “Developing and Implementing a Prison Rape Elimination Act Compliant Staffing Plan”, from the National Prison Rape Elimination Act Resource Center at www.prearesourcecenter.org.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Hamilton Aged and Infirm Facility Standard Operating Procedure (60-128): Staff Manning Requirements dated June 13, 2016.
- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Alabama Department of Corrections Administrative Regulation Form 454-J: Annual Prison Rape Elimination Act Staffing Plan Review.
- Hamilton Aged and Infirm Facility Standard Operating Procedure (454-01): Inmate Sexual Abuse and Harassment Awareness
- Interviews with agency Prison Rape Elimination Act Coordinator, facility Compliance Manager, and Warden.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.
- Staff Rosters, Assignments, Facility Schematic, Training, Logs.
- Hamilton Aged and Infirm Facility Staffing Plan.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

- P-1 AR 454
- P-2 Staffing Plan SOP

Process Indicators:

- PI-1 Complete Facility Staff Work Schedules
- PI-2 Daily Population Report
- PI-3 Facility Blueprint/Layout
- PI-4 Facility Staff Duty Roster
- PI-5 Annual Survey on Sexual Violence
- PI-6 Security Count Log
- PI-7 Supervisory Monitoring Log
- PI-8 Vulnerable Assessment Form

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.

X Not Applicable

Auditor comments: The Alabama Department of Corrections has an agency regulation (454). Per memorandum from the Hamilton Aged and Infirm Facility Warden, dated March 7, 2017, to the auditor, they do not confine youthful (inmates under age 18 as defined by agency regulation) inmates. Draper Correctional Facility is listed as a possible confinement location if needed. This standard is considered not applicable for this rating review.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Hamilton Aged and Infirm Facility Warden’s Memorandum to the Auditor dated March 7, 2017.
- Interviews with agency Prison Rape Elimination Act Coordinator, facility Compliance Manager, and Warden.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

- P-1 AR 454
- P-2 Youthful Inmate SOP/Draper CF & Tutwiler CF
- P-3 Memo from Warden/Directive from Operations and Women Services

Process Indicators:

- PI-1 Shift Duty Log
- PI-2 Supervisory Monitor Log
- PI-3 Youthful Inmate Schedule (only applies to Tutwiler & Draper)

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.

Auditor comments: Per memorandum from the Hamilton Aged and Infirm Facility Prison Rape Elimination Act compliance manager no incidents of cross-gender searches have occurred within the past 12 month period. The agency and facility has a written regulation and policy (AR 454, 336, 302, and facility policy 454-01, 336-01) that prohibits any cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners.

Specifically, the facility standard operating policy procedure (454-01 and 336-01) details cross-gender and transgender searching and viewing. Any incidents involving cross-gender strip searches are documented in accordance with agency administrative regulation 302.

Per agency regulation 454, dated January 4, 2016: “The facility staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the inmates’s genital status is unknown, it may be determined during conversation with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of the broader medical examination conducted in private by a medical practitioner.” In addition, “The agency shall train security staff on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.”

The auditor specifically received documentation of policy and procedures, logs, and staff training curriculum and signature sheets to confirm compliance with the standard for this related review period. Specifically, the auditor received training rosters of staff on Prison Rape Elimination Act LGBTI dated during the month of October 2016. Specific search related training was conducted in coordination with The Moss Group, Inc. The agency and facility meets the standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Hamilton Aged and Infirm Facility Standard Operating Procedure 454-01: Inmate Sexual Abuse and Harassment Awareness.
- Alabama Department of Corrections Administrative Regulation Number 336 dated February 8, 2016.
- Hamilton Aged and Infirm Facility Standard Operating Procedure 336-01: Searches, dated April 12, 2016.
- Interviews with agency Prison Rape Elimination Act Coordinator, facility Compliance Manager, and Warden.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.
- Staff Training Rosters on PREA/LGBTI dated October 2016.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

PI-1 Training Records

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.

Auditor comments: The auditor had the opportunity to observe an inmate use the facility telecommunication device (TDD/TTY) phone system for the hearing impaired during the on-site visit portion of the audit process on June 13, 2017. The Alabama Department of Corrections and the Hamilton Aged and Infirm Facility takes appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency takes reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burden, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

Per agency regulation 454, dated January 4, 2016, “All inmates shall be given verbal and written, understandable information explaining the PREA Audit Report

agency's zero tolerance Prison Rape Elimination Act policy including how to report sexual abuse and harassment upon their initial intake into an agency institution; Receive a comprehensive educational orientation by a facility compliance manager on the agency's zero tolerance Prison Rape Elimination Act policy and how to report sexual abuse and harassment within 30 days of their arrival into an agency institution; Be provided, by the facility compliance manager, 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 be given verbal, visual, and written information regarding the Prison Rape Elimination Act during orientation upon their transfer to any institution."

The majority of the inmates interviewed during the on-site visit portion of the audit consisted of inmates with disabilities. The auditor was able to confirm compliance with agency regulation (454), along with secondary documentation submitted by the agency and facility, observation, and interviews. The agency and facility has an agreement for services with the Alabama Institute for the Deaf and Blind. Specifically, the Dothan Regional Center, 111 Medical Drive, Dothan, Alabama, (334) 677-6270. The auditor also received and reviewed materials in formats for what the agency terms "lower functioning" abilities. The agency and facility utilizes the Prison Rape Elimination Act inmate education video titled, "What You Need to Know", from the Prison Rape Elimination Act Resource Center and Just Detention International organizations. The agency utilizes Google Translation Services for inmates that are limited English proficient. The agency and facility is in compliance with the standard for the relevant rating period. The auditor viewed the website at <https://translate.google.com>. The auditor also received a copy of a Spanish version transcript of the inmate orientation video, titled: "PREA: What You Need to Know".

Auditor note: The National Center for Victims of Crime recently initiated and launched the Victim Connect Resource Center which is a resource for victims, to include but not limited to, providing critical, confidential assistance through phone, text, and chat along with interpreter services in over 200 languages. These services can be accessed at 1-855-4VICTIM or www.chat.victimconnect.org. The anti-sexual assault organization, RAINN, operates a national hotline at 1-800-656-4673 with access to a range of free services.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Alabama Institute for the Deaf and Blind, Dothan Regional Center, 111 Medical Drive, Dothan, Alabama, (334) 677-6270.
- Hamilton Aged and Infirm Facility reported facility quarterly inmate data, inmate educational documentation, brochures, and signed acknowledged forms.
- Interviews with agency Prison Rape Elimination Act Coordinator, facility Compliance Manager, and Programs Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.
- Facility one-on-one inmate orientation and signed awareness acknowledgement form dated February 21, 2017.
- Google Translation Services at <https://translate.google.com>.
- Spanish version transcript of Inmate Orientation Video, titled: "PREA: What You Need to Know".

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

- PI-1 Inmate Receipt of PREA/Acknowledgment
- PI-2 Interpreter Contract/MOU
- PI-3 Lower Functioning Information/Materials Used

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.

Auditor comments: The Hamilton Aged and Infirm Facility reported to the auditor on the pre-audit questionnaire that the facility had no new staff hires or new staff assigned during the previous 12 month period. The agency and facility does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, 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 has been civilly or administratively adjudicated to have engaged in the activity described.

The agency and facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The agency and facility performs a criminal background records check before enlisting the services of any contractor who may have contact with inmates. A process is in place for criminal background checks at least every five years for current employees and contractors who may have contact with inmates.

Per agency regulation 454, dated January 4, 2016, "Departmental policy prohibits the hiring or promotion of an employee or contractor who may have contact with inmates who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 Has been civilly or administratively adjudicated to have engaged in the activity described above."

An interview with agency and facility staff confirmed compliance with the Prison Rape Elimination Act standard. Specifically, per agency regulation 454, the Alabama Department of Corrections Personnel Division is responsible for the completion of agency regulation 216, background investigations; form 216-B, Prison Rape Elimination Act compliance; and regulation 208, employee standards of conduct and discipline. Each new hire along with volunteers, Interns, and contractors receive a thorough background screening. This screening specifically includes criminal background checks through the National Crime Information Center. A sampling of new hires or promotions not only revealed thorough background checks, but a quality recruiting program for new staff. The auditor noted several seasoned staff with many years of experience working with inmates and knowledgeable concerning agency policies and procedures.

The auditor specifically interviewed facility uniformed security section staff per random sampling and alternative shifts. The auditor reviewed the agency regulations, policies and procedures (agency regulation 454 and 216); observed agency and facility practices; reviewed data and documentation provided by the facility staff; and interviewed staff during an on-site visit and tour of the facility. The auditor was impressed with the quality of staff hires for the facility. The agency and facility meets the standard and complies with the standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Alabama Department of Corrections Administrative Regulation Number 216: Background Investigations dated December 7, 2015.
- Alabama Department of Corrections Administrative Regulation Number 208: Standards of Conduct and Discipline.
- Alabama Department of Corrections Administrative Regulation Number Form 216-B: Prison Rape Elimination Act Compliance.
- Alabama Department of Corrections Human Resources Department, Montgomery, Alabama.
- Interviews with agency Prison Rape Elimination Act Coordinator, facility Compliance Manager, and Human Resource Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

- PI-1 Background Checks/Refer to HR in Montgomery for Personnel Records
- PI-2 Application/Pre-Employment Questionnaire

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.

Auditor comments: The Hamilton Aged and Infirm Facility provided the auditor with a complete and detailed camera and mirror system schematic. The auditor reviewed all 32 cameras along with placements during the on-site visit portion of the audit process. The auditor also viewed the facility along with camera and mirror placement at night on June 12, 2017. The facility also has several mirrors placed throughout the facility.

Per agency regulation 454, dated January 4, 2016, and Hamilton Aged and Infirm Facility policy 454-01, dated January 27, 2016, "The Prison Rape Elimination Act Director shall be responsible for consulting with the Associate Commissioner of Operations and/or Deputy Commissioner and the facility Warden to provide input on the institutional staffing plans and surveillance monitoring equipment additions or changes as it relates to the Prison Rape Elimination Act."

The auditor interviewed the Associate Commissioner of Operations on June 2, 2016, and he confirmed that the agency takes inmate safety into consideration in reference to any facility upgrades. The agency and facility considers a variety of factors when upgrading technology in the facility including primarily sight lines, blind spots, and inaccessible areas. Interviews with facility staff indicate that placement of cameras and mirrors are discussed frequently to keep enhancing safety and security for all inmates and staff. The auditor reviewed the agency regulations and facility policies and procedures (regulation 454 and facility policy 454-01); observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed staff during an on-site visit and tour of the facility. The auditor determination is that the Alabama Department of Corrections and the Hamilton Aged and Infirm Facility exceeds the standard for the relevant review period. The auditor justification for exceeding the standard is based in part on the facility camera and video monitoring system, especially for a small facility.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Hamilton Aged and Infirm Facility Policy 454-01: Inmate Sexual Abuse and Harassment Awareness.
- Hamilton Aged and Infirm Facility camera and video monitoring system schematic.
- Interviews with agency Associate Commissioner, Prison Rape Elimination Act Coordinator, facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

- P-1 AR 454
- P-2 Staffing Plan SOP

Process Indicators:

- PI-1 Surveillance System Schematic (Blueprint/Layout of Facility)

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.

Auditor comments: Per agency policy 306, “It is the Policy of the Alabama Department of Corrections Investigations and Intelligence Division to properly handle all evidence collected in accordance to State laws, and agency policy and regulation.” The auditor received facility training confirmation from investigators and specific Prison Rape Elimination Act specialized training such as the Alabama Coalition Against Rape training on May 23, 2016.

The Hamilton Aged and Infirm Facility reported to the auditor on the pre-audit questionnaire that zero inmate forensic examinations were performed during the past 12 month period of the audit. To the extent the agency is responsible for investigating allegations of sexual abuse; the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings, and criminal prosecution. The auditor reviewed agency regulation 454 and 306 to confirm compliance with the standard. The facility utilizes a multidisciplinary team investigation protocol for responding to abuse. The auditor confirmed with receipts of training certificates that the agency investigators completed the National Institute of Corrections investigations course which is a recognized compliance requirement to meet the standard as well as the evidence protocol from the United States Department of Justice, “A National Protocol for Sexual Assault Medical Forensic Examinations”, dated April 2013. The crisis center for the facility is STAR (Standing Together Against Rape), 530 South Lawrence Street, Montgomery, Alabama, (334) 213-1227. STAR has a written agreement with Correctional Medical Services, Inc. which is the recognized medical provider for the Alabama Department of Corrections to provide crisis services in accordance with the response protocol. They maintain a 24 hour hotline for an on-call Sexual Assault Nurse Examiner (SANE), (334) 571-0999. The nearest community-based rape crisis resources are also available from Shoals Medical Hospital, in Muscle Shoals and Shoals Crisis Center, located in Florence, Alabama. The crisis hotline for the Shoals Crisis Center is (256) 767-1100.

The auditor also interviewed the Hamilton Aged and Infirm health services director and confirmed compliance by reviewing agency and facility policy (306, 454 and 454-01). The National Institute of Corrections developed a new online course with the goal of assisting agencies in meeting the requirements of the PREA standard. The course, Investigating Sexual Abuse in a Confinement Setting: “Advanced” Investigations, provides case studies that allow investigators to apply and practice their investigative skills to conduct appropriate investigations in accordance with PREA standards. The agency and facility meets the standard and complies with the standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Standard Operating Procedures OPR: I&I Number 306: Investigations and Intelligence Division Evidence & Contraband dated March 27, 2015.
- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Alabama Department of Corrections Administrative Regulation Number 306: Contraband and Evidence Management
- Alabama Department of Corrections Administrative Regulation Number 454-B: Prison Rape Elimination Act Investigation Checklist.
- Alabama Department of Corrections Administrative Regulation Number 302: Incident Reporting.
- Alabama Department of Corrections Administrative Regulation Number 327: Use of Force.
- Hamilton Aged and Infirm Standard Operating Procedure: Inmate Sexual Abuse and Harassment.
- Shoals Crisis Center, Lighthouse Counseling Center, and Shoals Medical Hospital.
- National Institute of Corrections investigations course certificate completions and continuing education credits.
- A National Protocol for Sexual Assault Medical Forensic Examinations.
- Memorandum of Understanding between STAR and Correctional Medical Services, Inc.
- Rape Crisis Centers listing.
- Interviews with agency Prison Rape Elimination Act Coordinator, facility Compliance Manager, and Facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

- P-1 AR 454
- P-2 Evidence Protocol/Investigations/Medical

Process Indicators:

- PI-1 Victim Advocacy MOU
- PI-2 Specialized Training Records for Investigators
- PI-3 Specialized Training for SANE personnel
- PI-4 SANE Centers/Rape Crisis Centers Regional List

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.

Auditor comments: The auditor interviewed the Associate Commissioner of Operations on June 2, 2016, and he confirmed that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. The agency and facility refers all criminal investigations to the Alabama Department of Corrections Investigations and Intelligence Division and conducts administrative investigations at the facility level. The agency has a team of approximately 19-20 headquarters level staff investigators.

Per Alabama Code of Laws 13A-6-66 and 13A-6-67: Unlawful sexual relations with a person of the same or opposite sex, done forcibly and/or against the person’s will or done with a person incapable of consenting as a result of being drugged, drunk, unconscious, mentally abnormal, physically helpless, or legally incapable of giving consent (13A-6-63/64/65 addresses sexual misconduct and sodomy). Alabama Code Section 14-11-31: “It shall be unlawful for any employee to engage in sexual conduct with a person who is in the custody of the Department of Corrections”.

Per agency regulation 454, dated January 4, 2016, “The Investigations and Intelligence Director shall be responsible for: Ensuring that all allegations of sexual abuse and harassment are thoroughly investigated; Referring violations of law to the district attorney for prosecution; Reporting statistical data for Prison Rape Elimination Act related incidents; Conducting a criminal background records check, to include a review of any ongoing investigations, on anyone considered for promotion, hire or rehire; Informing the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded; and Informing the inmate of the following information when an inmate alleges that an employee/staff member committed sexual abuse against the inmate:

1. The employee/staff is no longer with the agency.
2. The employee/staff is no longer employed at the institution.
3. The employee/staff has been indicted on a charge related to the sexual abuse.
4. The employee/staff has been convicted on a charge related to sexual abuse.
5. The notification shall be documented.”

Agency website information:

1. Go to www.doc.alabama.gov.
2. Click on “Contact ADOC” dropdown tab.
3. Click on “Contact Investigations”.

The auditor received a copy of a facility incident report dated in November 2016 to verify compliance with the standard. The auditor reviewed the agency and facility regulations, policies and procedures (regulation 454, 306, and 300); observed agency practices; reviewed PREA Audit Report

data provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The auditor confirmed the agency and facility investigators completion of specialized investigative training from the National Institute of Corrections. The National Institute of Corrections developed a new online course with the goal of assisting agencies in meeting the requirements of PREA standard. The course, Investigating Sexual Abuse in a Confinement Setting: “Advanced” Investigations, provides case studies that allow investigators to apply and practice their investigative skills to conduct appropriate investigations in accordance with PREA standards. The agency and facility meets the standard.

State Law, Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Code of Laws 13 A-6-63/64/65/66/67 and Alabama Code Section 14-11-31.
- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Alabama Department of Correction Investigations and Intelligence Division Regulation 306 dated March 27, 2015..
- National Institute of Corrections investigations course certificate completions and continuing education credits.
- Alabama Department of Corrections Administrative Regulation Number 300: Investigations and Intelligence Division dated August 11, 2004.
- Interviews with agency Associate Commissioner, Prison Rape Elimination Act Coordinator, facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.
- Hamilton Aged and Infirm Facility Incident Report dated November 2016.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

- PI-1 Administrative or Criminal Investigation/Refer to Investigations
- PI-2 Website Publication
- PI-3 Referrals to Investigations/Incident Reports

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.

Auditor comments: The Alabama Department of Corrections and Hamilton Aged and Infirm Facility perform Prison Rape Elimination Act pre-service and in-service training. Specifically, per agency regulation 454, 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. The agency trains all employees who have contact with inmates on the following:

- 1) Its 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) Inmates’ right to be free from sexual abuse and sexual harassment;
- 4) The right of residents 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 victims of sexual abuse and sexual harassment;
- 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.

Specifically, the facility has a policy and procedure (454-01) detailing employee education and training in reference to the prevention, detection, response, and reporting of inmate sexual offenses, sexual harassment, and custodial sexual misconduct. The documentation of training is kept at a regional training center for confirmation of compliance.

The Alabama Department of Corrections has made great strides in conforming to both spirit and letter of the law. The agency Training Division and Investigations & Intelligence Division has been working and training together to proactively implement policies and procedures for the detection, elimination and prosecution of rape, sexual assault and all other forms of prisoner abuse. The following is a brief summary of PREA related training events the ADOC has participated in or conducted as of August 14, 2009:

- Calendar year 2003 – all ADOC employees received a block on instruction on Professional Employee Conduct with Offenders (Staff Sexual Misconduct).
- March 2003 – Wendy Williams [Director of Training], John Jacobs [Director of Research], and Roy Hightower [Regional Coordinator] attended the NIC Program, “Addressing Staff Sexual Misconduct with Inmates,” in Washington DC at American University.
- November 2003 – all executive leadership of the ADOC attended a 2-day workshop on Staff Sexual Misconduct and PREA, provided thru technical support from NIC.
- Calendar Year 2004 - All ADOC staff and volunteers attended a one hour PREA orientation class conducted by the Training Division.
- March 2004 - Investigations & Intelligence representatives attended a 36-hour National Institute of Corrections (NIC) PREA Training Program in Washington DC.
- Calendar Year 2005 – all ADOC employees attended a block of instruction on Undue Familiarity with Offenders (Staff Sexual Misconduct / PREA).
- 2005 – Investigations & Intelligence representatives attended a PREA Regional Meeting in New Orleans, LA to prepare for our implementation of PREA procedures and policies.
- November 8-10, 2005 – Commissioners, Wardens, and Directors attended a two Day Seminar for Executive Leadership – Technical assistance on PREA provided by National Institute of Corrections (NIC) in conjunction with the Moss Group
- 2006– Investigations & Intelligence representatives attended a PREA Regional Meeting in Austin, TX to prepare for our implementation of PREA procedures and policies.
- 2006 – Investigations & Intelligence representatives attended a PREA Regional Meeting in Albany, NY to prepare for our implementation of PREA procedures and policies.
- January through April 2006 – A two hour seminar on PREA was provided to all LE Staff, Support staff, Contract staff and vendors. Additional training was provided to the Alabama Department of Public Health at sites throughout the state
- October 2006 – Training Director and Deputy Director attended a Training for Trainers presented by the National Institute of Corrections (NIC) in Portland OR in conjunction with the Moss Group.
- March 1st, 2007 – Nine (9) Regional PREA Coordinators were appointed to coordinate regional response teams who respond to PREA related incident.
- March 19 - 23, 2007 – Regional PREA Coordinators attended a 36-hour “Training for the Trainer” with resources provided by the National Institute of Corrections (NIC) in conjunction with the Moss Group.
- May 21 & 22, 2007 – Investigations & Intelligence Division Director, Training Division Director, Investigators and PREA

Coordinators attended a 24-hour joint training conducted by the Moss Group focusing on Sexual Assault Investigation within Prison Settings.

- Calendar Year 2007 – A six hour block of PREA/Staff Custodial Sexual Misconduct Training was conducted for all LE Staff and all Support Staff. This training was conducted as part of annual In-Service Training.
- April 2007 – PREA Female Offender Education classes began at Julia Tutwiler Prison for Women and the Birmingham Community Work Center.
- May 2007 – PREA Male Offender Education classes began at Limestone Correctional Facility.
- June 2007 – PREA Offender Education was conducted for ADOC inmates incarcerated in a contracted Louisiana facility
- May 13 - 16, 2008 – Regional PREA Coordinators attended a 40-hour week long “Training for the Trainer” conducted by members of the ADOC Training Division with resources provided by the National Institute of Corrections (NIC) and the Moss Group
- November 2008 – PREA Offender Education was completed for all ADOC facilities located throughout the state
- January through December 2009 – A two hour PREA Update Seminar is being conducted for all ADOC LE Officers and all Support/Contract Staff. Also during this same period, a two hour PREA Supervisor Training Seminar is being conducted for all ADOC LE Supervisors and all Support/Contract Supervisors. This training is conducted as part of 2009 annual In-Service Training.
- July 13 - 16, 2009 – Regional PREA Coordinators attended a 40-hour week long “Training for the Trainer” conducted by members of the ADOC Training Division with resources provided by the National Institute of Corrections (NIC) and the Moss Group
- January through December 2010 – A two hour PREA Update Seminar was conducted for all ADOC LE Officers and all Support/Contract Staff. Also during that same period, a two hour PREA Supervisor Training Seminar was conducted for all ADOC LE Supervisor. This training was conducted as part of 2010 In-Service Training.
- Calendar Year 2011 – Implemented a PREA Dashboard within the ADOC computer system which consisted of training throughout the year.
- February 15-17, 2012 – Regional PREA Coordinators begin Training and Development Classes offered at the University of Alabama. These classes will take place periodically through out the year of 2012.

In March 2014, the Alabama Department of Corrections partnered with The Moss Group, a consulting group with over 25 years of experience working with correctional management issues, to aid the agency in complying with the Prison Rape Elimination Act standards. The Moss Group assisted the agency with staffing and safety assessments, policy review and development, technical assistance and training on internal investigations and other issues affecting facilities, staff, and inmate safety.

The auditor reviewed the agency and facility regulations, policies, and procedures (regulation 454 and 454-01) along with secondary documentation (practice) submitted with the pre-audit questionnaire; observed agency and facility practices; reviewed data and documentation provided by the agency and facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The auditor received copies of specific lesson plans and staff signed training events. The auditor determination is that the agency and facility exceeds the standard for this rating period. The auditor justification is based on the robust training program. The auditor received confirmation that the agency Prison Rape Elimination Act Director/Coordinator conducted a site visit of the facility on February 7, 2017 and provided a written assessment and report which included a new training initiative called PREA Information Boards.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Hamilton Aged and Infirm Facility Standard Operating Procedure 454-01: Inmate Sexual Abuse and Harassment Awareness dated January 27, 2016.
- Staff In-service Training Curriculum and Test.
- Prison Rape Elimination Act pamphlet.
- Interviews with agency Prison Rape Elimination Act Coordinator, facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.
- Prison Rape Elimination Act Information Boards training initiative.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

- PI-1 Training Curricula
- PI-2 What Staff Should Know About Sexual Misconduct with Inmates Pamphlet
- PI-3 Annual Training Records
- PI-4 PREA Test

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.

Auditor comments: The Hamilton Aged and Infirm Facility provided the auditor with copies of signed volunteer and contractor Prison Rape Elimination Act and LGBTI training acknowledgement sheets from August, October, and November 2016. The auditor also received copies of both contractor and volunteer Prison Rape Elimination Act orientation manuals. The auditor interviewed both volunteer and contractor staff assigned to the facility and confirmed receipt and understanding of specific Prison Rape Elimination Act training requirements. The auditor was impressed with the facility contract staff. Specifically, the large number and quality of the nursing staff from Corizon was impressive. The auditor received copies of both medical and mental health contracts/MOU's (memorandums of understanding or agreements) that the agency has with private companies.

Specifically, per agency regulation 454, dated January 4, 2016, "The Institutional Prison Rape Elimination Act Compliance Manager shall be responsible for: Ensuring all volunteers and contractors at their facility have been trained. Employees, contractors, and volunteers are responsible for adherence to agency policies and procedures relating to inmate sexual abuse, sexual harassment, and custodial sexual misconduct. This includes a continuing affirmative duty to disclose any such misconduct."

Specifically, the lesson plan for the contractor and volunteer training consists of the following introductory material, "This module is designed for newly-employed and existing staff, contract staff, vendors and volunteers of the Alabama Department of Corrections (ADOC) and serves as an introduction to the Prison Rape Elimination Act (PREA) standards and how they apply throughout the department. Course includes information on the federal Prison Rape Elimination Act Guidelines; a definition of PREA; its applicability to all ADOC staff; and definitions of offender sexual abuse. This program will cover details of the Prison Rape Elimination Act (PREA), ADOC policy regarding inmate-on-inmate sexual assault, and employee-on-inmate sexual relations. Alabama law pertaining to sexual assault will be explained and discussed, as well as methods of detecting, reducing, and ultimately preventing sexual assault and coercive sexual behavior in ADOC correctional facilities."

The following references are used in the contractor and volunteer lesson plan training material:

1. Prison Rape Elimination Act (PREA) of 2003
2. Code of Alabama, Title 14, Criminal Correctional and Detention Facilities. Chapter 11, Offenses Concerning Prisoners and Prisons. Article 2 – Custodial Sexual Misconduct; Codes §14-11-30, §14-11-31, §14-11-32.
3. Code of Alabama, Title 13A, Criminal Code. Chapter 5, Punishments and Sentences. Article 1 – Sentences of Imprisonment for Felonies; Code §13A-5-6, §13A-6-61, §13A-6-62, §13A-6-63, §13A-6-64, §13A-6-65, §13A-6-65.1, §13A-6-66.

4. National PREA Resource Center: "The National PREA Standards: Implications for Human Resource Practices in Correctional Settings" [http://www.prearesourcecenter.org/sites/default/files/library/humanresources webinar-final.pdf](http://www.prearesourcecenter.org/sites/default/files/library/humanresources%20webinar-final.pdf))

5. Department of Justice 28 CFR, Part 115

The auditor reviewed the agency regulation and facility policies and procedures (regulation 454 and 454-01); observed agency and facility practices; reviewed data and documentation provided by the facility staff; and interviewed volunteers and contractors during an on-site visit and tour of the facility. The agency and facility meets the standard for this relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Contractor and Volunteer Training Curriculum and signed acknowledgement forms from 2016.
- Contractor and Volunteer Orientation Manuals.
- Interviews with agency Prison Rape Elimination Act Coordinator, facility Compliance Manager, and facility Contractors/Volunteers.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

- PI-1 MOU with Contractors
- PI-2 Contractor Training Records
- PI-3 Volunteer Training Records
- PI-4 Training Curricula

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.

Auditor comments: The Hamilton Aged and Infirm Facility reports that 336 inmates have been admitted in the past 12 months and all have been provided comprehensive information within 30 days of intake. The auditor received copies of inmate acknowledgement forms with signatures confirming completion of the inmate education. Prison Rape Elimination Act inmate education options were duplicative to include but not limited to postings on walls throughout the facility, brochures, handbook, pamphlet, and videos. During the intake process, inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Each inmate receives additional written information in the form of an inmate handbook. The agency and facility provides a comprehensive education to inmates regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The Prison Rape Elimination Act compliance staff utilizes multiple training options. Various forms of training materials are also available

PREA Audit Report

in Spanish to include posters and pamphlets. The auditor confirmed Prison Rape Elimination Act related education and training within a very short period of arrival time. The auditor also interviewed intake staff.

Specifically, the facility policy and procedures (454-01) details inmate education and training in reference to written and verbal general intake information that explains the agency's zero tolerance policy regarding sexual abuse and harassment. The documentation of training is kept by the facility Prison Rape Elimination Act compliance manager for confirmation of compliance. Per agency regulation 454, upon completion of an inmate's Prison Rape Elimination Act orientation, the inmate shall sign an inmate awareness acknowledgement form.

Specifically (AR 454 dated January 4, 2016), "1. 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. 2. 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. 3. 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 of the ADOC Form 454-A shall be forwarded to the IPCM for entry into the PREA module".

The auditor received copies of the inmate handbook, posters, and pamphlets. The interviews of inmates reflected that they were aware of and understood the Prison Rape Elimination Act protections and the agency's zero tolerance policy. The auditor also received inmate signed acknowledgement forms confirming the training. Inmates receive written material at intake that provides detailed information about Prison Rape Elimination Act protections and the multiple ways to report sexual abuse or harassment. The auditor reviewed the agency regulation and facility policies and procedures (regulation 454); observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The agency and facility meets the standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Alabama Department of Corrections Administrative Regulation Form 454-A: Inmate Awareness Acknowledgement.
- Hamilton Aged and Infirm Facility Standard Operating Procedure 454-01: Inmate Sexual Abuse and Harassment Awareness dated January 27, 2016.
- Inmate Training Curriculum and signed acknowledgement forms.
- Interviews with agency Prison Rape Elimination Act Coordinator, Facility Compliance Manager, and Facility Inmates.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

- PI-1 Inmate Orientation on Sexual Assault
- PI-2 Inmate Handbook
- PI-3 Inmate Receipt of PREA/Acknowledgement
- PI-4 What You Should Know About Sexual Abuse and Assault Pamphlet
- PI-5 Access to Interpreters MOU
- PI-6 Posters and other Visual Aides/Spanish/Low Vision Reading Materials

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.

Auditor comments: The auditor was impressed with the agency level investigative team. The agency maintains approximately 19-20 headquarters level investigators. The auditor confirmed that they received specialized training in accordance with the standard. Specifically, the investigative staff completed the National Institute of Corrections investigator training, "Prison Rape Elimination Act: Investigating Sexual Abuse in a Confinement Setting", which fully complies with the standard. Any cases that involve criminal investigations are referred to the Alabama Department of Corrections Investigation and Intelligence Division. Specialized training included such things as techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency and facility training is in accordance with the Prison Rape Elimination Act standard.

Specifically, per agency regulation 454, "Specialized Training - Investigations. 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 prosecutorial referral. Training shall be documented and verified through employee signature and forwarded to the Training Director for retention".

The auditor reviewed the agency regulation and facility policies and procedures (regulation 454 and facility policy 454-01); observed agency and facility practices; reviewed data and documentation provided by the agency and facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The National Institute of Corrections developed a new online course with the goal of assisting agencies in meeting the requirements of PREA standard. The course, Investigating Sexual Abuse in a Confinement Setting: "Advanced" Investigations, provides case studies that allow investigators to apply and practice their investigative skills to conduct appropriate investigations in accordance with PREA standards.

The agency and facility meets the standard and complies with the standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Investigator National Institute of Corrections training certificates and other training credentials.
- Interviews with agency Prison Rape Elimination Act Coordinator, Facility Compliance Manager, and Facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.
- Investigator training certificates from the National Institute of Corrections PREA Investigations Training and other resources.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

PI-1 Specialized Training Curriculum
PI-2 Training Records for Investigators

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.

Auditor comments: The auditor noted that the agency and facility has a written agreement between The Lighthouse Counseling Center "Standing Together Against Rape" (STAR) Program and Correctional Medical Services for inmate medical and mental health assistance in reference to sexual abuse and sexual harassment. The auditor verified specialized training completion for the facility medical and mental health care staff. The auditor interviewed the medical and mental health staff and was thoroughly impressed with her knowledge and expertise. The medical and mental health staff interviewed was knowledgeable in reference to the Prison Rape Elimination Act training. The agency and facility ensures that all full, part-time, and contract medical and mental health care practitioners who work regularly with inmates have been trained in:

- 1) How to detect and assess signs of sexual abuse and sexual harassment;
- 2) How to preserve physical evidence of sexual abuse;
- 3) How to respond effectively and professionally to victims of sexual abuse/harassment;
- 4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment;
- 5) Recognize the special medical and mental health needs of all inmates;
- 6) Factors to consider in an inmates' risk of sexual victimization; and
- 7) Training shall be documented to denote employee understanding of material and verified through employee signature.

Specifically, the facility standard operating policy and procedures (454-01) details specialized medical staff training. The documentation of training is kept at the regional training center for confirmation of compliance. The auditor received training rosters completed in September 2016 on LGBTI training along with specialty training such as, "PREA Sensitivity Training:

- . Acute Care & Assessment with Victims of Sexual Assault
- . Overview of PREA and the National Prison Rape Elimination Commission
- . Review PREA Standards . Crisis Intervention
- . Impact of Victimization
- . Assessment of Impact .
- . Gender Differences
- . Treatment Interventions- Brief Overview"

The auditor reviewed the agency regulation and facility policies and procedures (regulation 454 and facility policy 454-01); observed agency and facility practices; reviewed data and documentation provided by the agency and facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The agency and facility meet the standard and complies with the standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Hamilton Aged and Infirm Facility Standard Operating Procedure 454-01: Inmate Sexual Abuse and Harassment Awareness dated January 27, 2016.
- Medical and Mental Health Staff Training documentation with signatures.
- Interviews with agency Prison Rape Elimination Act Coordinator, Facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.
- Training Rosters and Lesson Plans on LGBTI and Acute Care & Assessment with Victims of Sexual Assault dated 2016.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

- PI-1 Training Records of Medical and Mental Health Practitioners
- PI-2 Specialized Training Curricula
- PI-3 Rape Crisis Centers/SANE Centers MOU

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.

Auditor comments: The auditor interviewed the agency Prison Rape Elimination Act Coordinator and she confirmed having a secure computer-based system for inmate's risk assessments. The auditor recently completed a required webinar in April 2016 from the Prison Rape Elimination Act Resource Center in reference to the inmate intake process. Based on interviews with random inmates and intake staff, all inmates are assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. Intake screening shall ordinarily take place within 72 hours of arrival and more often is completed within 24 to 48 hours of arrival. Such assessments shall be conducted using an objective screening instrument. The intake screening shall consider, at a minimum, the following criteria to assess inmate for risk of sexual victimization:

- 1) Whether the inmate has a mental, physical, or developmental disability;
- 2) The age of the inmate;
- 3) The physical build of the inmate;
- 4) Whether the inmate has previously been incarcerated;
- 5) Whether the inmate's criminal history is exclusively nonviolent;
- 6) Whether the inmate has prior convictions for sex offenses against an adult or child;
- 7) Whether the inmate is or is perceived to be gay, bisexual, transgender, intersex, or gender nonconforming;
- 8) Whether the inmate has previously experienced sexual victimization;
- 9) The inmate's own perception of vulnerability; and
- 10) Whether the inmate is detained solely for civil immigration purposes.

Any other specific information about individual inmates that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other inmates.

The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. An inmate's risk level is reassessed from the inmate's arrival when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

The agency and facility implements appropriate controls on the dissemination within the agency of responses to questions asked pursuant to this standard or order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. Only limited staff has access to the risk screening form (Alabama Department of Corrections Form 454-C) through a controlled access program. The auditor interviewed the facility staff responsible for inmate intake screening. The intake staff acknowledged the importance of the inmate intake screening process. The facility staff understood the process as well as the Prison Rape Elimination Act standard.

The auditor reviewed the agency regulation and facility policies and procedures (regulation 454 and intake screening instrument Form 454-C, facility policy 454-01); observed agency and facility practices; reviewed data and documentation provided by the agency and facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The agency and facility meet the standard and complies with the standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Hamilton Aged and Infirm Facility policy 454-01 dated January 2016.
- Risk Factor Checklist Form 454-C and “Vault Procedures” for controlled access.
- Interviews with agency Prison Rape Elimination Act Coordinator, Facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

- PI-1 Intake Risk Assessment Checklist
- PI-2 Risk Reassessment Checklist
- PI-3 Explanation of Vault Procedures

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.

Auditor comments: The auditor recently completed a required webinar in April 2016 from the Prison Rape Elimination Act Resource Center in reference to Standard 115.42. The auditor confirmed that agency regulation (454) specifically states, “A transgender or intersex inmate’s own views with respect to his or her own safety shall be given serious consideration”. The auditor observed and reviewed the agency’s and facilities risk-based housing unit placement decisions and screening form. The agency and facility uses information from the risk screening to inform housing, cell, bed, work, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Specifically, per agency regulation 454, dated January 4, 2016, “All information obtained during the screening process and Prison Rape Elimination Act Mental Health Assessment shall be used to assist in the initial classification and institutional assignment of the inmate as well as determine work, education, and programs, in accordance with the agency Classification Manual, regulation 433, Administrative Segregation and Housing for Close or Maximum Custody, and regulation 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.”

Specifically, per facility policy 454-3: Housing Designation, dated September 27, 2016, “PREA Inmate Screening Spreadsheet:

1. Classification will determine at initial intake if an inmate shall be listed as a potential victim or potential predator and notated on the PREA Inmate Screening Spreadsheet.
2. Mental Health will determine if inmates screened as potential victim or potential predator shall be listed solely as a victim or a predator and notated on the PREA Inmate Screening Spreadsheet.
3. IPCM will update the PREA Inmate Screening Spreadsheet with the appropriate housing assignment and notes.

4. ICS Officer will check the PREA Inmate Screening Spreadsheet on a weekly basis to ensure inmates listed as victims or predators are kept in their appropriate housing assignment.

5. Warden will periodically check the PREA Inmate Screening Spreadsheet to ensure compliance is adhered to”.

The auditor received copies of inmate risk factor screening forms from the Hamilton Aged and Infirm Facility Prison Rape Elimination Act Compliance Manager along with housing placement forms. The auditor reviewed the agency regulation and facility policies and procedures (regulation 454, 433, 435, and facility policy 454-01); observed agency and facility practices; reviewed data and documentation provided by the agency and facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The agency and facility meet the standard and complies with the standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016; along with Regulation Number 433 and 435.
- Risk Factor Checklist Form 454-C and Housing Unit Placement documentation.
- Hamilton Aged and Infirm Facility policy 454-01.
- Hamilton Aged and Infirm Facility policy 454-03: Housing Designation (PREA), dated September 27, 2016.
- Interviews with agency Prison Rape Elimination Act Coordinator, Facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

- P-1 AR 454
- P-2 Housing Designation SOP

Process Indicators:

- PI-1 Housing Designation Spreadsheet
- PI-2 Intake Risk Assessment Checklist
- PI-3 Risk Reassessment Checklist

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.

Auditor comments: The Hamilton Aged and Infirm Facility reported zero instances in which a sexually victimized or at-risk inmate was placed in involuntary segregation within the past 12 months. The agency regulation (454 and Form 454-H: Post Allegation Protective Custody) mirrors the standard in that inmates at high risk for sexual victimization or those who report sexual victimization shall not be placed in involuntary administrative or punitive segregation unless there has been an assessment of all other available alternatives and a determination made that there are no other alternatives available.

Per agency regulation 454, “Protective Custody: Inmates at high risk for sexual victimization or those who report sexual victimization shall not be placed in involuntary administrative or punitive segregation unless there has been an assessment of all other available alternatives and a determination made that there are no other alternatives available (Form 454-H: Prison Rape Elimination Act Protective Custody).”

The warden provided the auditor with a memorandum stating the facility has no inmate protective custody unit. The facility does have holding cells. Any form of protective custody would consist among other alternatives to include the transfer of the inmate to another dormitory or facility if necessary. The agency and facility meet the standard and complies with the standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Hamilton Aged and Infirm Facility policy 454-01.
- Risk Factor Checklist Form 454-H and Post Allegation Protective Custody.
- Interviews with agency Prison Rape Elimination Act Coordinator, Facility Warden and Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.
- Memorandum from the Hamilton Aged and Infirm Facility Warden confirming no inmate placements in protective custody during the previous 12 month period.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

- P-1 AR 454
- P-2 Memo from Warden

Process Indicators:

- PI-1 Housing Unit Placement Form
- PI-2 Segregation Log/Holding Cell/Crisis Cell

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.

Auditor comments: The Alabama Department of Corrections and Hamilton Aged and Infirm Facility has multiple ways for inmate reporting of sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The auditor tested the inmate phone system to confirm agency and facility access for inmate reports of sexual abuse and sexual harassment to agency and facility officials. The auditor contacted the local rape crisis center, Shoals Crisis Center (256) 767-1100; Lighthouse Counseling Center in Montgomery; Lifelines Counseling Services 24 hour hotline at (251) 473-7273, Alabama Department of Economic and Community Affairs (ADECA), and Alabama Coalition Against Rape at (334) 264-0123., and they confirmed no calls were received from inmates within the last 12 months. These are considered outside the agency organizations. The auditor also contacted Just Detention International, which is a national advocacy organization, and they stated that they have not fielded any calls or contacts related to the facility. The auditor interviewed inmates and they were well informed concerning the inmate reporting process for anything related to the Prison Rape Elimination Act. The facility reported having no inmate grievances. The inmates can report to any facility staff member, Prison Rape Elimination Act compliance manager assigned to the facility, call the hotline number, or submit a report in the facility's Prison Rape Elimination Act drop box which is a secured receptacle located at each facility.

Specifically, per agency regulation 454, "Inmates may report sexual abuse or harassment verbally, in writing, through a third party or anonymously. They may file a grievance, call the Prison Rape Elimination Act hotline, deposit a complaint in the Prison Rape Elimination Act drop box (a secured receptacle, located at each facility), tell the facility Compliance Manager, contact the agency

Intelligence and Investigation via use of a pre-addressed envelope, or they may tell any staff, contractor, or volunteer and expect the information to be reported immediately and thoroughly investigated as indicated in the policy.”

The agency and facility has an internal reporting process written in the inmate handbook and self-address envelopes for the Alabama Department of Correction Investigations and Intelligence Division. The inmates are told to call on the inmate phone system which is recorded or correspond via mail to the Director, Investigations and Intelligence Division, P.O. Box 301501, Montgomery, Alabama 36130. The auditor reviewed the Alabama state law, agency regulation and facility policies and procedures (Alabama Code of Laws 14-11-30 through 14-11-32, Agency regulation 454, 318, and Inmate Handbook); observed agency and facility practices; reviewed data and documentation provided by the facility staff; interviewed outside organizations; and interviewed inmates and staff during an on-site visit and tour of the facility. The agency and facility meets the standard for the relevant review period.

Alabama State Code of Laws, Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Code of Laws 14-11-30 through 14-11-32.
- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Inmate Handbook, brochures, posters (Spanish version), videos.
- Alabama Department of Corrections Hotline Number and written address to investigations.
- Interviews with agency Prison Rape Elimination Act Coordinator, Facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

- PI-1 Grievance Procedures
- PI-2 Third Party Reporting MOU
- PI-3 Alabama Hotline (ACAR & #66)
- PI-4 I & I Envelopes

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.

Not Applicable

Auditor comments: The Hamilton Aged and Infirm Facility provided the auditor with a written memorandum stating they have no inmate grievance process. An agency shall be exempt from this Prison Rape Elimination Act standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse. The facility reported that it does not have an inmate grievance policy.

The auditor reviewed the agency regulation and facility policies and procedures (454); observed agency and facility practices; reviewed data provided by the agency and facility staff; reviewed the inmate handbook; and interviewed inmates and staff during an on-site visit and tour

of the facility. The auditor requested and received a copy of the inmate handbook to confirm compliance with the standard. The agency and facility meets the standard for the relevant rating period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Alabama Department of Corrections Hotline Number and written address to investigations.
- Interviews with agency Prison Rape Elimination Act Coordinator, Facility Warden and Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.
- Hamilton Aged and Infirm Facility Warden's memorandum.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

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.

Auditor comments: The Alabama Department of Corrections and Hamilton Aged and Infirm Facility has a documented memorandum of agreement with the Alabama Department of Economic and Community Affairs (ADECA) which is a third party public entity. The agency and facility also has a documented memorandum of agreement between Standing Together Against Rape (STAR) and the Correctional Medical Services (CMS). The Alabama Coalition Against Rape, (334) 264-0123 is the rape crisis outside agencies. The agency has a memorandum of agreement with an outside the agency victim advocacy service at 1-800-639-4357. The agency also maintains informational posters and hotline number access for inmates. The local community-based rape crisis center is the Shoals Crisis Center located in Florence, Alabama (256) 767-1100 or (256) 765-0025. The victim advocacy support line is 800-639-4357.

Auditor note: The National Center for Victims of Crime recently initiated and launched the Victim Connect Resource Center which is a resource for victims, to include but not limited to, providing critical, confidential assistance through phone, text, and chat along with interpreter services in over 200 languages. These services can be accessed at 1-855-4VICTIM or www.chat.victimconnect.org. The anti-sexual assault organization, RAINN, operates a national hotline at 1-800-656-4673 with access to a range of free services.

The auditor reviewed the agency regulation and facility policies and procedures (454 and Form MH – 008: Referral to Mental Health), observed agency and facility practices, reviewed data provided by the agency and facility staff, interviewed outside agencies, and interviewed inmates and staff during an on-site visit and tour of the facility. Posters are also in Spanish. Based on the listed and provided information, the auditor determination is that the agency and facility exceeds the standard for the relevant review period based in part on the creative and varied informative posters and various outside the agency support services.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Hamilton Aged and Infirm Facility Standard Operating Procedure Number 454-01 dated January 27, 2016.
- Form MH – 008: Referral to Mental Health.
- Memorandum of Agreement: Department of Corrections and ADECA, STAR, CMS, and Alabama Coalition Against Rape.

- Interviews with agency Prison Rape Elimination Act Coordinator, Facility Nurses, Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

- PI-1 MOU with Rape Crisis Centers/SANE Centers
- PI-2 Examples of Posters
- PI-3 Alabama Advocacy Hotline
- PI-4 Advocacy/Outside Confidential Support Services MOUs
- PI-5 Advocacy Centers Contact Information

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.

Auditor comments: The auditor confirmed that the agency and facility has regulations, policies, and procedures, specifically agency regulation 454, that third-party reports will be accepted. The agency offers opportunities for third-party reporting on the agency website located at www.doc.alabama.gov. The reporting form on the website can also be submitted anonymously. The auditor verified through staff interviews that they are aware of and concur with reporting requirements in accordance with the agency regulation and Prison Rape Elimination Act standard.

The agency and facility also has a documented memorandum of agreement between Standing Together Against Rape (STAR) and the Correctional Medical Services (CMS). The Alabama Coalition Against Rape, (334) 264-0123 is the rape crisis outside agencies along with additional resources such as, The Lighthouse Counseling Center (334) 268-5980. The local area community-based rape crisis center is the Shoals Crisis Center (256) 767-1100. The victim advocacy support line is 800-639-4357.

Auditor note: The National Center for Victims of Crime recently initiated and launched the Victim Connect Resource Center which is a resource for victims, to include but not limited to, providing critical, confidential assistance through phone, text, and chat along with interpreter services in over 200 languages. These services can be accessed at 1-855-4VICTIM or www.chat.victimconnect.org. The anti-sexual assault organization, RAINN, operates a national hotline at 1-800-656-4673 with access to a range of free services.

The auditor reviewed the agency regulation and facility policies and procedures; observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of the facility. Based on the listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Hamilton Aged and Infirm Facility Standard Operating Procedure Number 454-01 dated January 27, 2016.
- Alabama Department of Corrections website www.doc.alabama.gov.

- Alabama ADECA, STAR, CMS, Lighthouse Counseling Center, Shoals Crisis Center, and Alabama Coalition Against Rape.
- Interviews with agency Prison Rape Elimination Act Coordinator, Facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

- PI-1 Website Publication
- PI-2 Alabama PREA Third Party Reporting Form
- PI-3 #66 PREA Third Party Reporting Hotline

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.

Auditor comments: In accordance with Alabama Code of Law 26-14-3, Section 26-14-3: Mandatory Reporting and per Alabama Department of Corrections Regulation 454 and the Hamilton Aged and Infirm Facility Policy 454-01, the agency requires all staff to report “immediately” and according to agency regulation any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in any facility, whether or not it is part of the agency; 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.

Other than reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency regulation, to make treatment, investigation, and other security and management decisions. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse, and inform inmates of the practitioner’s duty to report, and the limits of confidentiality, at the initiation of services. The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the agency’s designated investigators.

If the alleged victim is a vulnerable adult under a State or local vulnerable person’s statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. Alabama Code of Law 38-9-8 is the mandatory reporting law for vulnerable adults. The Alabama Adult Protective Services Adult Abuse Hotline is 1-800-458-7214. The Victim Support Line is 1-800-639-4357 and the agency Hotline is #66 (Inmate Phone System).

The auditor reviewed the agency regulation and facility policies and procedures (regulation 454 and facility policy 454-01) along with Alabama Code of Law 38-9-8; observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of the facility. Based on the listed information, the agency and facility meets the standard and complies with the standard for the relevant review period.

Alabama Code of Laws, Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Code of Law 26-14-3: Mandatory Reporting.
- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.

- Alabama Code of Law 38-9-8: Vulnerable Adult Protections and Mandatory Reporting.
- Alabama ADECA, STAR, CMS, Shoals Crisis Center, Lighthouse Counseling Center, and Alabama Coalition Against Rape.
- Interviews with agency Prison Rape Elimination Act Coordinator, Facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.
- Corizon Refusal of Clinical Services Form.
- Hamilton Aged and Infirm Facility Incident Form.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

- P-1 AR 454
- P-2 Mandatory Reporting Law

Process Indicators:

- PI-1 Incident Reports
- PI-2 Consent to Treatment
- PI-3 Refusal to Treatment

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.

Auditor comments: The auditor confirmed through agency regulation and facility policies and procedures along with staff and inmate interviews that they will act immediately to any and all inmates in imminent danger or substantial risk of sexual abuse. When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. The facility reported to the auditor of no inmates determined to be at risk of imminent sexual abuse within the past 12 months.

The agency regulation (454 and Form 454-H: Post Allegation Protective Custody) mirrors the standard. The auditor reviewed the agency regulation and facility policies and procedures (regulation 454); observed agency and facility practices; reviewed data provided by the agency and facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. Based on the listed information, the agency and facility meets the standard and complies with the standard for the relevant review period.

Alabama Code of Laws, Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016 and 454-H: Post Allegation Protective Custody.
- Alabama Code of Law 38-9-8: Vulnerable Adult Protections and Mandatory Reporting.
- Alabama ADECA, STAR, CMS, Shoals Crisis Center, Lighthouse Counseling Center, and Alabama Coalition Against Rape.
- Interviews with agency Prison Rape Elimination Act Coordinator, Facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.
- Hamilton Aged and Infirm Facility Quarterly Reports of no inmates needing protective custody or transfer within the past 12 month period.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

PREA Audit Report

P-1 AR 454

Process Indicators:

- PI-1 Protective Custody/Voluntary Segregation (only applies to Limestone)
- PI-2 Transfer of Inmate due to Sexual Safety

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.

Auditor comments: During the past 12 months, the Hamilton Aged and Infirm Facility listed zero allegations on the pre-audit questionnaire that an inmate was abused while confined at another facility. Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The agency and facility document that it has provided such notification. The head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with the Prison Rape Elimination Act standard. The Alabama Department of Corrections regulation and policy mirrors the Prison Rape Elimination Act standard.

Auditor note: The auditor recently attended the Compliance and Accreditation Managers' Association Conference which is a national affiliate of the American Correctional Association, from May 20-23, 2017, in Murfreesboro, Tennessee. The Prison Rape Elimination Act Resource Center and affiliated organizations stressed that to be in compliance with Standard 115.63 it is imperative that the head of the facility specifically communicate with any other confinement facility head in reference to a report and not delegate the task to other staff. The auditor noted that the agency and facility is in compliance with the standard by confirming warden-to-warden contact on Alabama Department of Corrections Form 454-F, dated January 4, 2016.

The auditor reviewed the agency regulation and facility policies and procedures (regulation 454 and specifically form 454-F: Reporting to other confinement facilities); observed agency and facility practices; reviewed data provided by the agency and facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. Based on the listed information, the agency and facility meets the standard and complies with the standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Alabama Department of Corrections Regulation Form 454-F: Reporting to other Confinement Facilities.
- Alabama ADECA, STAR, CMS, Shoals Crisis Center, Lighthouse Counseling Center, and Alabama Coalition Against Rape.
- Interviews with agency Prison Rape Elimination Act Coordinator, Facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

PREA Audit Report

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.

Auditor comments: Based on agency regulation and facility policy and procedures along with agency staff and inmate interviews during the on-site portion of the audit, upon learning of an allegation that an inmate was sexually abused, the first staff member to respond to the report shall: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

If the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The auditor reviewed an agency and facility generated check list for first responder use.

Specifically, the facility standard operating policy and procedure (454-01) details first responder duties. Any incident is documented in accordance with agency regulation 302 and incident reporting. The Hamilton Aged and Infirm Facility staff are provided a “First Responder Checklist” in the form of a pocket card. Specifically, per agency and facility policy, “I certify that I fully understand that the PREA Immediate Response Procedure Card is mandatory as part of my uniform and I will have on my person whenever on duty. If I should have any questions or concerns, I will ask my supervisor for clarification immediately”.

The auditor reviewed the agency regulation and facility policies and procedures (regulation 454, facility policy 454-01, and Form 302-A: Incident Report); agency and facility pocket size first responder card (specific reference to security and non-security staff on card); Agency Investigations Mapping protocol; observed agency and facility practices; reviewed data provided by the agency and facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. Based on the listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Hamilton Aged and Infirm Facility Standard Operating Procedure 454-01: Inmate Sexual Abuse and Harassment Awareness
- Alabama Department of Corrections Regulation Form 302-A: Incident Report.
- Alabama Department of Correction Investigations Mapping template and protocol.
- Interviews with agency Prison Rape Elimination Act Coordinator, Facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

- PI-1 First Responder Checklist Card
- PI-2 Investigations Mapping

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.

Auditor comments: Per agency regulation 454, “Responding to Sexual Abuse and Harassment: 1. First Responder Staff. Upon learning of an allegation of a PREA related incident, the first responder staff shall: a. Ensure that the victim(s), aggressor(s), and witnesses are physically separated; b. Protect and preserve the crime scene until appropriate steps can be taken to collect evidence; c. Request that the victim not bathe, wash, brush his teeth, eat, drink, smoke, urinate or defecate; d. Ensure that the alleged aggressor not bathe, wash, brush his teeth, eat, drink, smoke, urinate or defecate; and e. If the first responder staff is not security staff, the responder should request that the alleged victim not take any actions that would destroy evidence and notify a security staff. f. Do not show the alleged victim(s), aggressor(s), or witnesses any evidence, such as, but not limited to, pictures or video footage of the incident, and do not interview any of these parties on the specifics of the incident. g. As soon as possible first responders shall notify the Shift Commander of the incident and draft an ADOC Form 302-A, Incident Report”.

“Shift Commander shall: a. Ensure first responder staff secure the crime scene. b. Ensure that the IPCM has been notified. b. Ensure I&I is contacted. c. Ensure that the collection of evidence is only accomplished by trained and qualified staff in accordance with AR 306, Contraband and Evidence Management. d. Take alleged victim to the medical unit for a medical evaluation. The 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. e. Do not show the alleged victim(s), aggressor(s), or witnesses any evidence, such as, but not limited to, pictures or video footage of the incident, and do not interview any of these parties on the specifics of the incident. f. Ensure that the medical treatment sheet has been completed by medical staff and attached to the ADOC Form 302-A. g. Follow the instructions of the IPCM and I&I Investigator. Once the incident has been turned over to the I&I Investigator do not conduct any further questioning of the alleged victim(s), aggressor(s), or witnesses regarding the incident. ADOC Form 454-B, I&I PREA Investigation Checklist, shall be completed by I&I. h. Ensure that any and all photographs of alleged victim(s), aggressor(s), and witnesses are only taken when advised by IPCM and/or I&I investigator or when required by AR 302, Incident Reporting, and AR 327, Use of Force. NOTE: Do not take pictures of the genital area or breast area”.

“ Medical and Mental Health Care: a. 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. b. 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. c. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with an investigation arising out of the incident. d. Medical and mental health evaluations and treatment shall be offered to all inmates who have been victimized by sexual abuse. e. 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. f. 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. g. 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”.

The Hamilton Aged and Infirm Facility has a large number of staff nurses assigned to the facility, approximately 19 at the time of the audit, along with 2 mental health staff. The agency and facility has a coordinated response to an incident of sexual abuse among staff first responders, medical, and mental health practitioners, investigators, and facility leadership. The auditor reviewed the agency regulations and PREA Audit Report

facility policies and procedures (regulation 454 and 302 and policy 454-02); observed agency and facility practices; reviewed data provided by the agency and facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The auditor was impressed with the facility coordinated response protocol and determines the facility not only meets the standard but exceeds the standard. Specific justification, the facility has a detailed policy and procedure on a coordinated response, 454-02: Prison Rape Elimination Act Coordinated Response. The policy is detailed and easy to follow. Based on the listed information, the auditor determination is that the agency and facility exceeds the standard for the relevant review period. The auditor received and reviewed primary (policy) and secondary (practice) documentation from the facility as confirmation. The policy is detailed and easy to follow.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Alabama Department of Corrections Regulation Form 302-A: Incident Report.
- Alabama Department of Corrections Investigations Mapping template and protocol..
- Alabama Department of Corrections 454-E: Sexual Abuse Incident Review Form.
- Hamilton Aged and Infirm Facility Standard Operating Procedure 454-02: Coordinated Response dated March 28, 2016.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.
- Interviews with agency Prison Rape Elimination Act Coordinator, Facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections 302-C: Duty Officer Report.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

- P-1 AR 454
- P-2 Coordinated Response SOP

Process Indicators:

- PI-1 First Responder Checklist Card
- PI-2 Investigations Mapping

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.

Auditor comments: Neither the agency nor any other government entity responsible for collective bargaining on the agency's behalf entered into or renewed any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

The agency and facility has no collective bargaining as verified with the agency Associate Commissioner of Operations and Prison Rape Elimination Act Coordinator during the audit. The staff is fully aware that a violation of policy may more than likely result in termination. The auditor reviewed the agency regulation and facility policies and procedures (regulation 454 and facility policy 454-01); observed agency and facility practices; reviewed data provided by the agency and facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. Based on the listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Alabama Department of Corrections Human Resources Department.
- Alabama Department of Correction Investigations Mapping template and protocol.
- Interviews with agency Associate Commissioner of Operations, Prison Rape Elimination Act Coordinator, Facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

PI-1 Refer to HR for Personnel Records

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.

Auditor comments: The Hamilton Aged and Infirm Facility reported zero incidents of retaliation reported, known or suspected within the past 12 months. The agency and facility protects all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The agency and facility shall employ multiple protection measures, such as housing unit or facility transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The agency regulation 454 mirrors the written language of the Prison Rape Elimination Act standard.

For at least 90 days following a report of sexual abuse, the agency and facility monitors the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. The Prison Rape Elimination Act compliance manager monitors inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Monitoring continues beyond 90 days, consisting of 30 day continuations, if the initial monitoring indicates a continuing need. Monitoring also includes periodic status checks. Any other individuals who cooperate with an investigation expresses a fear of retaliation, the agency and facility takes appropriate measures to protect that individual against retaliation.

Per agency regulation 454, “Retaliation in any form for the reporting of, or cooperation with, sexual abuse or harassment allegations is strictly prohibited. The Warden and IPCM shall ensure inmates and staff who report sexual abuse, sexual harassment, or cooperate with a sexual abuse investigation are protected from retaliation by other inmates or staff. a. The IPCM will be chiefly responsible for this by monitoring the conduct and treatment of the inmate(s) or staff for at least 90 days after an incident is reported. That time will be extended in 30 day increments if there is a continuing need. b. The monitoring of inmates shall consider any disciplinary reports, housing or program changes and shall include periodic status checks. c. The monitoring of staff shall include negative performance reviews or reassignments. d. All appropriate measures shall be taken to protect any individual who cooperates with an investigation and expresses a fear of

retaliation. e. The facility’s obligation to monitor may terminate if the facility determines the allegation is unfounded. ADOC Form 454-D, Sexual Abuse/Harassment Retaliation Monitoring, shall be utilized for monitoring of staff and inmates”.

The auditor reviewed the agency regulation and facility policies and procedures (regulation 454 and form 454-D: Sexual Abuse/Harassment Retaliation Monitoring); observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of the facility. Based on the listed information, the agency and facility meets the standard and complies with the standard for the relevant review period. Agencies must establish a policy for the protection of inmates and staff who report sexual abuse or sexual harassment, or cooperate with investigations of sexual abuse or sexual harassment. The policy shall designate staff members or departments within the agency that are responsible with monitoring any retaliation. Agencies must utilize multiple strategies to inhibit and prevent retaliation. The agency and facility meet the standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Alabama Department of Corrections Form 454-D: Sexual Abuse/Harassment Retaliation Monitoring.
- Alabama Department of Correction Investigations Mapping template and protocol.
- Interviews with agency Prison Rape Elimination Act Coordinator, facility warden, facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

- PI-1 Housing Unit Placement Form
- PI-2 Housing Designation Spreadsheet
- PI-3 Retaliation Form
- PI-4 Transfers of Inmates due to Sexual Safety

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.

Auditor comments: The agency and facility has a protective custody policy and procedure. The auditor thoroughly reviewed agency regulation and policy (454 and facility policy 454-01) and it has several provisions for any form of protective custody in accordance with Prison Rape Elimination Act standard 115.43. Any use of segregated housing to protect a inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of protective custody policy and procedure. The Hamilton Aged and Infirm Facility listed zero inmates being placed in involuntary segregation on the pre-audit questionnaire in accordance with protective custody policy during the previous 12 months prior to the audit.

Per agency regulation 454, “Protective Custody: 1. Inmates at high risk for sexual victimization or those who report sexual victimization shall not be placed in involuntary administrative or punitive segregation unless there has been an assessment of all other available alternatives and a determination made that there are no other alternatives available. (See ADOC Form 454-H, PREA Post Allegation Protective Custody) 2. 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 concern for the inmate's safety; and b. The reason why no alternative means of separation can be arranged.
3. 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".

The auditor reviewed the agency regulation and facility policies and procedures (454 and form 454-H: Prison Rape Elimination Act Post Allegation Protective Custody and facility policy 454-01); observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of the facility. Based on the listed information, the agency and facility meets the standard and complies with the standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Alabama Department of Corrections Form 454-H: Prison Rape Elimination Act Post Allegation Protective Custody.
- Interviews with agency Prison Rape Elimination Act Coordinator, Facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

- PI-1 Housing Unit Placement Form
- PI-2 Housing Designation Spreadsheet
- PI-3 Retaliation Form

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.

Auditor comments: The agency refers all substantiated criminal cases to the local District Attorney's office per agency regulation 454. The Investigations and Intelligence Division has numerous investigators assigned and is responsible for first responder investigative duties and facility administrative type of investigations. The agency Investigations and Intelligence Division is headquartered in Montgomery, Alabama, (334) 353-8916.

Per the standard, when an agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to Prison Rape Elimination Act Standard 115.334. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and deoxyribonucleic acid (DNA) evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim,

suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require a inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The agency investigators are assigned to a division within the Alabama Department of Corrections. The agency has an acknowledgement and training form along with National Institute of Corrections Prison Rape Elimination Act investigator training certificates for staff specifically referencing the required Garrity warning.

Administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal are referred for prosecution. The agency retains all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The auditor reviewed the agency regulation and facility policies and procedures (regulation 454, Form 302, facility policy 454-01, and Form 454-I: Investigative Reports); observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of the facility. Based on the listed information, the agency and facility meets the standard and complies with the standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Alabama Department of Corrections Form 454-I: Investigative Reports and 302: Incident Reporting.
- Alabama Department of Correction Investigations Mapping template and protocol.
- Interviews with agency Prison Rape Elimination Act Coordinator, Facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

- P-1 AR 454
- P-2 Evidence Protocol (Investigations)

Process Indicators:

- PI-1 Investigative Outcome/Disposition
- PI-2 Investigative Review Team Meeting Minutes
- PI-3 Investigation Spreadsheet

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.

Auditor comments: Per agency regulation 300: The policy of the Alabama Department of Corrections is to conduct all investigations in a fair and impartial manner, maintain confidentiality in all investigations, and protect the constitutional rights of all individuals subject to

investigation. Per agency regulation 454, "Allegations of sexual abuse or sexual harassment will be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The I&I Division shall refer all substantiated criminal cases to the local District Attorney's office and will be available, as requested, to work with those authorities to support criminal prosecution of those cases. Each case shall be carefully evaluated on its merit, considering all evidence and circumstances and whether there is any possibility that the alleged incident could have occurred. Following the I&I investigation into 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 agency has approximately 19-20 Prison Rape Elimination Act trained investigators assigned as administrative and criminal investigators for the statewide facilities. The agency and facility answered no on the audit questionnaire along with written in agency regulation 454 in reference to if the agency and facility imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Specifically, per agency regulation 454, "Sexual Abuse and Sexual Harassment Investigations: The standard of proof in all investigations of sexual abuse and harassment is a preponderance of the evidence".

The auditor reviewed the agency regulation and facility policies and procedures (regulation 454, facility policy 454-01, and 300); observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of the facility. Based on the listed information, the agency and facility meets the standard and complies with the standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Alabama Department of Corrections Form 454-I: Investigative Reports and 302: Incident Reporting.
- Alabama Department of Correction Investigations Mapping template and protocol.
- Interviews with agency Prison Rape Elimination Act Coordinator, Facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.
- Alabama Department of Corrections Regulation Number 300: Investigations and Intelligence Division.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

PI-1 Refer to HR for Administrative Dismissal

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.

Auditor comments: Per agency regulation 454, the Alabama Department of Correction Investigations and Intelligence Division is responsible for reporting back to any inmates in reference to any Prison Rape Elimination Act related incidents. The agency and facility informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Based on the agency's regulation, following an inmate's allegation that a staff member has committed sexual abuse against a inmate, the agency shall

subsequently inform the inmate (exception being if the allegation is determined to be unfounded) whenever:

- 1) The staff member is no longer employed by the agency;
- 2) The staff member is no longer posted within the inmate's unit;
- 3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the agency; or
- 4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the agency.

Following an inmate's allegation that he has been sexually abused by another inmate, the facility shall subsequently inform the alleged victim whenever: The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the agency; or the facility learns that the alleged abuse has been convicted on a charge related to sexual abuse within the agency.

Specifically, per agency regulation 454, "The I&I Director shall be responsible for:

1. Ensuring that all allegations of sexual abuse and harassment are thoroughly investigated.
2. Referring violations of law to the district attorney for prosecution.
3. Reporting statistical data for PREA related incidents.
4. Conducting a criminal background records check, to include a review of any ongoing investigations, on anyone considered for promotion, hire or rehire.
5. Informing the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
6. Informing the inmate of the following information when an inmate alleges that an employee/staff member committed sexual abuse against the inmate: 1) the employee/staff is no longer with the ADOC; 2) the employee/staff is no longer employed at the institution; 3) the employee/staff has been indicted on a charge related to the sexual abuse; or 4) the employee/staff has been convicted on a charge related to the sexual abuse. This notification shall be documented".

All such notifications or attempted notifications are documented and retained by the agency. The agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody. Per agency regulation and facility policies and procedures (regulation 454); observed agency and facility practices; reviews of data provided by the agency and facility staff; interviews with outside agencies; and interviews with inmates and staff during an on-site visit and tour of the facility, the agency and facility meets the standard and complies with the standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Alabama Department of Corrections Form 454-I: Investigative Reports and 302: Incident Reporting.
- Alabama Department of Correction Investigations Mapping template and protocol.
- Interviews with agency Prison Rape Elimination Act Coordinator, Facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.
- Alabama Department of Corrections Regulation Number 300: Investigations and Intelligence Division.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

- PI-1 Investigative Outcome
- PI-2 Notification of Investigative Outcome
- PI-3 Investigative Review Team Meeting
- PI-4 Investigation Spreadsheet

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.

Auditor comments: Per agency regulation 208 and 454, "Employees shall be subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies". Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment 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.

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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Specifically, the facility standard operating policy and procedure (454-01) details discipline for employees to include but not limited to termination for violating agency sexual abuse or sexual harassment policies. During the past 12 month period, the Hamilton Aged and Infirm Facility listed zero staff members on the pre-audit questionnaire from the facility who has violated agency and facility sexual abuse or sexual harassment policies.

Per agency regulation 454, "ADOC Hiring and Promotion: 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. b. Before hiring a new employee or contractor, the ADOC Personnel Division or designee shall: (1) Conduct a criminal background records check; (2) Make 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.above; (refer to AR 216, Background Investigations and ADOC Form 216-B, PREA Compliance; and (4) Apprise potential employees and contractors that false information or material omissions regarding such misconduct shall be grounds for termination and that they have a continuing duty to disclose such conduct. c. For all promotions and rehires, the I & I Director shall conduct a criminal background records check. d. If the employee has engaged in any conduct described in paragraph V.A.4.a. above, they shall be disqualified for promotion. Employees shall be subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies, as detailed in AR 208, Employee Standards of Conduct and Discipline. e. The ADOC shall consider any incidents of sexual harassment in deciding whether to hire or promote any employee or contractor. f. The ADOC Personnel Director shall conduct a criminal background records check every five (5) years on all current employees and contractors "

The auditor reviewed the Alabama Code of Laws, agency regulations and facility policies and procedures (Code of Alabama Title 14, 1975, as amended; Title 13A-6-65; Title 14-11-31: Sexual Misconduct; regulation 454; facility policy C-28; and regulation 208: Employee Standards of Conduct and Discipline); observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of the facility. Based on the listed information, the agency and facility meets the standard and complies with the standard for the relevant review period.

Alabama Code of Laws, Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Alabama Department of Corrections Regulation Number 208: Employee Standards of Conduct and Discipline dated August 17, 2005.
- Code of Alabama Title 14, 1975, as amended; Title 13A-6-65; and Title 14-11-31 (sexual misconduct) .
- Hamilton Aged and Infirm Facility Standard Operating Procedure 454-01: Inmate Sexual Abuse and Harassment Awareness dated January 27, 2016.

- Interviews with agency Prison Rape Elimination Act Coordinator, facility Warden, facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

PI-1 Disciplinary Sanctions for Sexual Misconduct

PI-2 Refer to HR for Letter of Dismissal

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.

Auditor comments: Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Appropriate steps are taken in reference to remedial measures, and consideration made whether to prohibit further contact with inmates, in the case of any other violation of agency and facility sexual abuse or sexual harassment policies by a contractor or volunteer. During the past 12 month period, the Hamilton Aged and Infirm Facility listed zero contractors or volunteers on the pre-audit questionnaire that were reported to law enforcement for engaging in sexual abuse of inmates.

Specifically, the facility standard operating policy and procedure (454-01) details contractor and volunteer corrective action to include but not limited to termination from facility and contact with inmates. Per agency regulation 454, “Once the I&I Investigator completes the investigation, the outcome will be submitted to the Assistant I&I Director. The Assistant I&I Director will submit the case to the appropriate District Attorney’s office, if applicable, for criminal prosecution”.

The auditor reviewed the agency regulation and facility policies and procedures (regulation 454 and facility policy 454-01); observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of the facility. Based on the listed information, the agency and facility does meet the standard and complies with the standard for the relevant review period.

Alabama Code of Laws, Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Alabama Department of Corrections Regulation Number 208: Employee Standards of Conduct and Discipline dated August 17, 2005.
- Code of Alabama Title 14, 1975, as amended; Title 13A-6-65; and Title 14-11-31 (sexual misconduct) .
- Hamilton Aged and Infirm Facility Standard Operating Procedure 454-01: Inmate Sexual Abuse and Harassment Awareness dated January 27, 2016.
- Interviews with agency Prison Rape Elimination Act Coordinator, facility Warden, facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

PI-1 Training Records

PI-2 Terminate Contact with Inmates Memo

PI-3 Incident Reports

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.

Auditor comments: The auditor reviewed the agency and facility inmate handbook. The rules are clearly listed with definitions along with references to Alabama Code of Laws 13A-6-60 through 13A-6-70 (1975) and 14-11-30 through 14-11-32. Sanctions are 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 considers whether a inmate's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed.

A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency and facility prohibits all sexual activity between inmates and may discipline inmates for such activity. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending inmate participation in such interventions.

Specifically, the facility standard operating policy and procedure (454-01) details inmate disciplinary sanctions in accordance with agency administrative regulation 403 to confirm compliance with the standard.

The auditor reviewed the Alabama Code of Laws, agency regulations, and facility policies and procedures (403, 454 and 318 along with facility policy 454-01); observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of the facility. Based on the listed information, the agency and facility meets the standard and complies with the standard for the relevant review period.

Alabama Code of Laws, Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Alabama Department of Corrections Regulation Number 318 and 403.
- Alabama Code of Laws 13A-6-60 through 13A-6-70 and 14-11-30 through 14-11-32 .
- Hamilton Aged and Infirm Facility Standard Operating Procedure 454-01: Inmate Sexual Abuse and Harassment Awareness dated January 27, 2016.
- Interviews with agency Prison Rape Elimination Act Coordinator, facility Warden, facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

- PI-1 Inmate Disciplinary Hearing Report
- PI-2 Inmate Handbook
- PI-3 Housing Unit Placement Form
- PI-4 Housing Designation Spreadsheet
- PI-5 Referral to Mental Health
- PI-6 Segregation Log

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.

Auditor comments: Per agency regulation 454, 433, and 435 along with Prison Rape Elimination Act standard 115.41, if the medical and mental health screening indicates that a inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, agency staff ensures that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening indicates that a inmate has previously perpetrated sexual abuse or sexual victimization, whether it occurred in an institutional setting or in the community, agency and facility staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake process.

Per agency regulation 454, “The Mental Health Professional shall meet with the inmate and review their screening information. If the screening indicates that the inmate has prior sexual victimization or sexual aggression in their history, the Mental Health Professional shall offer a follow-up meeting with Mental Health within 14 days of the intake screening. All inmates shall be reassessed for risk of sexual victimization and abusiveness within 30 days of intake. In addition, upon receipt of additional information that bears on an inmate’s risk of sexual victimization or abusiveness, an additional screening will be conducted. During the time of any of these assessments, the ADOC shall take no formal or informal disciplinary action should an inmate refuse to participate or answer any screening questions. There will be appropriate controls on the dissemination of screening information so as to ensure each inmates’ sensitive information is not exploited. PREA Mental Health Assessment: a. Inmates that have been identified as being at risk for potential sexual vulnerability or sexually aggressive behavior shall be referred to mental health staff utilizing ADOC Form 454-C, PREA Risk Factors. b. The mental health professional shall perform the mental health assessment and documented in the Mental Health section of the medical record. The assessment shall include, but not be limited to, a review of the inmate’s PREA Risk Factors Checklist and history of sexual victimization or sexually aggressive behavior. Any updates of an inmate’s history or risk of sexual aggression or victimization shall be noted by a mental health professional and notification shall be made to the IPCM, Classification Specialist, and Inmate Control Services (ICS). c. Any employee may make a mental health referral, utilizing ADOC Form MH-008, based on his/her observation of the inmate’s behavior or at the inmate’s request. This referral may be based on the concerns that the inmate has been a victim or is at risk of being a victim or sexual aggressor. d. Identification of sexual aggressors or victims information should be done discreetly”.

Alabama Code of Law 26-14-3, outlines mandatory reporting requirements. Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other agency staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, and program assignments, or as otherwise required by Federal, State, or local law. Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

The auditor interviewed the facility staff, counseling staff, and the inmate intake staff. The auditor reviewed the agency regulation and facility policies and procedures (454, 433, 435, and facility policy 454-01); observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of the facility. Based on the listed information, the agency and facility meets the standard for the relevant review period.

Alabama Code of Laws, Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Alabama Department of Corrections Regulation Number 433 and 435.
- Alabama Code of Law 26-14-3: Mandatory Reporting.
- Interviews with agency Prison Rape Elimination Act Coordinator, Facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.
- Referral to Mental Health Services Log and Forms; Risk Assessment/Reassessment; Medical Services Referral.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

- PI-1 Risk Assessment Checklist
- PI-2 Risk Reassessment Form
- PI-3 Mental Health Referral
- PI-4 Medical Referral

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.

Auditor comments: The Hamilton Aged and Infirm Facility has approximately 19 nursing staff and maintains a staff nurse on duty 24 hours per day along with inmate access to both medical and mental health services staff. Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. 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 take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services are 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.

The auditor reviewed agency regulation 454 to confirm compliance with the standard. The facility utilizes a multidisciplinary team investigation protocol for responding to abuse. The auditor confirmed with receipts of training certificates that the agency investigators completed the National Institute of Corrections investigations course which is a recognized compliance requirement to meet the standard as well as the evidence protocol from the United States Department of Justice, "A National Protocol for Sexual Assault Medical Forensic Examinations", dated April 2013. The local crisis center for the facility is the Shoals Crisis Center (256) 767-1100 and STAR (Standing

Together Against Rape), 530 South Lawrence Street, Montgomery, Alabama, (334) 213-1227. STAR has a written agreement with Correctional Medical Services, Inc. which is the recognized medical provider for the Alabama Department of Corrections to provide crisis services in accordance with the response protocol. They maintain a 24 hour hotline for an on-call Sexual Assault Nurse Examiner (SANE), (334) 571-0999. The agency has a memorandum of agreement with an outside the agency victim advocacy service, confidential and at no cost to the inmates, at 1-800-639-4357. The facility is next door to a local community-based hospital, North Mississippi Medical Center, as well as Shoals Hospital if needed. The facility and agency reported no forensic medical exams conducted during the past 12 months and meets the standard.

Specifically, per agency regulation 454, "Medical and Mental Health Care: a. 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. b. 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. c. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with an investigation arising out of the incident".

Auditor note: The National Center for Victims of Crime recently initiated and launched the Victim Connect Resource Center which is a resource for victims, to include but not limited to, providing critical, confidential assistance through phone, text, and chat along with interpreter services in over 200 languages. These services can be accessed at 1-855-4VICTIM or www.chat.victimconnect.org. The anti-sexual assault organization, RAINN, operates a national hotline at 1-800-656-4673 with access to a range of free services.

The auditor reviewed the agency regulation and facility policies and procedures (454 and Form MH-008: Referral to Mental Health); observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of the facility. The agency and facility meets and complies with the standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016 and Form MH-008: Referral to Mental Health.
- Hamilton Aged and Infirm Facility Standard Operating Procedure 454-01 dated January 27, 2016.
- Shoals Crisis Center, Shoals Medical Center, and Lighthouse Counseling Center.
- National Institute of Corrections investigations course certificate completions and continuing education credits.
- A National Protocol for Sexual Assault Medical Forensic Examinations.
- Memorandum of Understanding between STAR and Correctional Medical Services, Inc.
- Rape Crisis Centers listing.
- Interviews with agency Prison Rape Elimination Act Coordinator, facility Nurses, facility Compliance Manager, and Facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

PI-1 Rape Crisis Center/SANE Centers MOU

PI-2 Refer to SANE Centers/Rape Crisis Centers/ER for Verification of Visit

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.

Auditor comments: The Alabama Department of Corrections and the Hamilton Aged and Infirm Facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in the facility. The evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The agency and facility provides such victims with medical and mental health services consistent with the community level of care. Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Treatment services are 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.

Specifically, per agency regulation 454, “Medical and mental health evaluations and treatment shall be offered to all inmates who have been victimized by sexual abuse. e. 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. f. 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. g. 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”.

The auditor interviewed the facility staff during the on-site portion of the Prison Rape Elimination Act audit. The auditor reviewed the agency and facility policies and procedures (regulation 454, Form MH-008, and facility policy 454-01); observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of the facility. Based on the listed information, the agency and facility meets the standard and complies with the standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016 and Form MH-008: Referral to Mental Health.
- Hamilton Aged and Infirm Facility Standard Operating Procedure 454-01 dated January 27, 2016.
- Shoals Crisis Center, Shoals Medical Hospital, and Lighthouse Counseling Center.
- A National Protocol for Sexual Assault Medical Forensic Examinations.
- Memorandum of Agreement between STAR and Correctional Medical Services, Inc.
- Rape Crisis Centers listing.
- Interviews with agency Prison Rape Elimination Act Coordinator, facility nurse, facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

- PI-1 Rape Crisis Center/SANE Centers MOU
- PI-2 Refer to Rape Crisis Centers/SANE Centers/ER for Medical Information
- PI-3 Referral from Corizon Medical Staff to Transport Inmate to SANE/Rape Crisis Centers

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.

Auditor comments: The Alabama Department of Corrections and the Hamilton Aged and Infirm Facility conducts a sexual abuse incident review, per agency regulation 454, at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. This review ordinarily occurs within 30 days of the conclusion of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The agency and facility review team considers the following:

- 1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- 2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- 3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- 4) Assess the adequacy of staffing levels in that area during different shifts;
- 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- 6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to above paragraph numbers 1 to 5, and any recommendations for improvement, and submit such report to the facility head and Prison Rape Elimination Act compliance manager.

Specifically, per agency regulation 454, "Within thirty (30) days of the conclusion of the I&I investigation, the Warden/ Director shall convene a sexual abuse incident review team to review all substantiated and unsubstantiated PREA allegations. (1) This team shall be composed of the Warden/designee, medical or mental health representative, investigator, supervisor present at time of the allegation, and IPCM. (2) The IPCM shall take detailed meeting minutes to include the agenda, participants, date, name and number of the investigation, type of investigation and findings, and all meeting content, utilizing ADOC Form 454-E, Sexual Abuse Incident Review. (3) The team shall: (a) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (b) Consider whether the incident or allegation was motivated by race, ethnicity, gender identity; LGBTI identification, status, or perceived status or gang affiliation; or was motivated or otherwise caused by other group dynamics; (c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (d) Assess the adequacy of the staffing levels in that area during different shifts; (e) Assess whether monitoring technology would be deployed or augmented to supplement supervision by staff; and (f) Prepare a report of its findings including, but not necessarily limited to, determinations made pursuant to the preceding paragraphs and any recommendations for improvement. Such report shall be submitted to the Warden, IPCM, and PREA Director in a timely manner. (4) The Warden/designee shall implement the recommendations for improvement, or shall document the reasons for not doing so. (5) The Warden/Director, upon completion of the recommended improvement or upon providing the reason the improvement was not completed, shall submit ADOC Form 454-E, Sexual Abuse Incident Review, to the IPCM and PREA Director in a timely manner".

Facility staff provided the auditor with secondary documentation confirming compliance with the standard. Specifically, agency form 454-E: Sexual Abuse Incident Review. The auditor reviewed the agency regulation and facility policies and procedures (454, facility policy 454-01, and Form 454-E); observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of the facility. The auditor emphasized the importance of reviewing past incidents at the exit briefing during the on-site portion of the audit process for continued process improvements and staff training. Based on the listed information, the agency and facility meets the standard and complies with the standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Hamilton Aged and Infirm Facility Standard Operating Procedure 454-01 dated January 27, 2016.
- Alabama Department of Corrections Form 454-E: Sexual Abuse Incident Review.
- Interviews with agency Prison Rape Elimination Act Coordinator, facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

PI-1 Investigative Review Team Meeting Form

PI-2 Investigation Spreadsheet

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.

Auditor comments: The auditor interviewed the agency Prison Rape Elimination Act Coordinator and she confirmed the secure process of data collection in order to assess and improve the effectiveness of the agency’s sexual abuse prevention, detection, and response policies, and training. The agency and facility is completing the first year audit. The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The agency aggregates the incident-based sexual abuse data at least annually. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Upon request, the agency shall provide all such data from the previous calendar year to the United States Department of Justice no later than June 30.

Specifically, per agency regulation 454, “Data Collection: a. For the purpose of data collection tracking, the ADOC Form 302-A, alleging sexual abuse or sexual harassment, shall be forwarded to the I&I Division within seventy-two (72) hours of notification of a PREA related incident. b. The PREA Director shall compile the records and data from the previous calendar year necessary to fill out the requested data in the DOJ’s Survey of Sexual Violence (SSV) should it be requested. c. The PREA Director shall review data collected to assess and improve the effectiveness of appropriate ADOC policies and procedures. The PREA Director shall prepare a report on each institution for the Commissioner identifying problem areas, suggesting corrective action, and providing comparison from the previous year’s data and reports. d. The above referenced data shall be retained securely for ten (10) years. e. Criminal and administrative investigation records shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years”.

The agency utilizes a computer-based program to document and track agency wide data along with maintaining a website at www.doc.alabama.gov. The agency also tracks incidents at all of its facilities and maintains an annual report. The auditor reviewed the agency regulation and facility policies and procedures (454 and 302-A); observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed inmate and staff during an on-site visit and tour of the facility. Based on the listed information, the agency and facility meets the standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Department of Justice Survey Forms.
- Alabama Department of Corrections 302-A.
- Interviews with agency Prison Rape Elimination Act Coordinator, facility Compliance Manager, and Facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.
- United States Department of Justice Survey of Sexual Violence (SSV).

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

P-1 AR 454

Process Indicators:

PI-1 U.S. DOJ Form SSV-IJ Survey of Sexual Violence from 2015

PI-2 Annual Data Report

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.

Auditor comments: Based on agency regulation and facility policy and procedure along with staff interviews, the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, by:

- 1) Identifying problem areas;
- 2) Taking corrective action on an ongoing basis; and
- 3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Specifically, per agency regulation 454, "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. The ADOC shall publish the auditor's final report on the agency website to ensure it is available to the public".

The agency is in its second cycle audit review and will compare the current year's data and corrective action with those from next years and shall provide an assessment of the agency's progress in addressing sexual abuse. The agency's report is reviewed by the agency leadership and makes certain reports readily available to the public through its website at www.doc.alabama.gov. The agency redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. The auditor was impressed with the agency website. It is user friendly and easily accessed. The agency and facility meet the standard and is in compliance with the standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Department of Justice Survey Forms.
- Alabama Department of Corrections website: www.doc.alabama.gov.
- Interviews with agency Prison Rape Elimination Act Coordinator, facility Compliance Manager, and facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

PREA Audit Report

Process Indicators:

- PI-1 Website Publication
- PI-2 Annual Data Report
- PI-3 U.S. DOJ Form SSV-IJ Survey of Sexual Violence from 2014
- PI-4 U.S. DOJ Form SSV-IJ Survey of Sexual Violence from 2015

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.

Auditor comments: Based on a review of documents, agency regulation (454), facility policy (454-01), and procedure along with interviewing the agency Prison Rape Elimination Act coordinator, the agency should ensure that data is collected and securely retained. The agency makes all aggregated sexual abuse data, from facilities under its direct control, readily available to the public at least annually through its website. The auditor thoroughly reviewed the updated agency website and was impressed with the sections addressing the Prison Rape Elimination Act, www.doc.alabama.gov. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected for at least 10 years after the date of the initial collection.

Specifically, per agency regulation 454, “Data Collection: a. For the purpose of data collection tracking, the ADOC Form 302-A, alleging sexual abuse or sexual harassment, shall be forwarded to the I&I Division within seventy-two (72) hours of notification of a PREA related incident. b. The PREA Director shall compile the records and data from the previous calendar year necessary to fill out the requested data in the DOJ’s Survey of Sexual Violence (SSV) should it be requested. c. The PREA Director shall review data collected to assess and improve the effectiveness of appropriate ADOC policies and procedures. The PREA Director shall prepare a report on each institution for the Commissioner identifying problem areas, suggesting corrective action, and providing comparison from the previous year’s data and reports. d. The above referenced data shall be retained securely for ten (10) years. e. Criminal and administrative investigation records shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years”.

The Alabama Department of Corrections actively maintains a website and secure system for data storage. The auditor determination is that the agency and facility exceeds the standard due in part to the well organized and user friendly agency website.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alabama Department of Corrections Administrative Regulation Number 454: Inmate Sexual Abuse and Harassment dated January 4, 2016.
- Department of Justice Survey Forms.
- Alabama Department of Corrections website: www.doc.alabama.gov.
- Interviews with agency Prison Rape Elimination Act Coordinator, facility Compliance Manager, and Facility Staff.
- Alabama Department of Corrections submitted Pre-Audit Questionnaire.
- United States Department of Justice Survey of Sexual Violence (SSV).

Alabama Department of Corrections Compliance Evidence Provided to Auditor:

Protocols:

Process Indicators:

PI-1 Website Publication

PI-2 U.S. DOJ Form SSV-IJ Survey of Sexual Violence from 2015

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.

Walter Sipple

July 10, 2017

Auditor Signature

Date