

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: August 19, 2017

Auditor Information			
Auditor name: Ronny Taylor			
Address: PO Box 2781 Houston, TX 77252			
Email: Ronny@preaauditing.com			
Telephone number: 281-330-3733			
Date of facility visit: August 4-5, 2017			
Facility Information			
Facility name: Holman Correctional Facility			
Facility physical address: 866 Ross Rd. Atmore, AL 36502			
Facility mailing address: <i>(if different from above)</i> 3700 Holman Atmore, AL 36503			
Facility telephone number: 251-368-8173			
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: Warden Cynthia D. Stewart			
Number of staff assigned to the facility in the last 12 months: 167			
Designed facility capacity: 978			
Current population of facility: 863			
Facility security levels/inmate custody levels: Minimum to Maximum/Death Row			
Age range of the population: 19-82			
Name of PREA Compliance Manager: Sharon Langham		Title: Correctional Lieutenant	
Email address: Sharon.langham@doc.alabama.gov		Telephone number: 251-368-8173 Ext. 630	
Agency Information			
Name of agency: Alabama Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Alabama			
Physical address: 301 S. Ripley Street Montgomery, AL 36130			
Mailing address: <i>(if different from above)</i> P.O. Box 301501 Montgomery, AL 36130			
Telephone number: 334-353-3883 (Central Office Switchboard)			
Agency Chief Executive Officer			
Name: Jefferson Dunn		Title: ADOC Commissioner	
Email address: Jefferson.Dunn@DOC.Alabama.gov		Telephone number: 334-353-3870	
Agency-Wide PREA Coordinator			
Name: Christy Vincent		Title: ADOC PREA Director	
Email address: Christy.Vincent@DOC.Alabama.gov		Telephone number: 334-353-2501	

AUDIT FINDINGS

NARRATIVE

A Prison Rape Elimination Act Audit of Holman Correctional Facility was conducted from August 4-5, 2017. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012.

An entrance meeting was held August 4, 2017 the first morning of the onsite audit with Warden Cynthia Stewart, Warden Terry Raybon, Warden Phillip Mitchell, Captain Vincini Smith, Captain Jeff Emberton, PREA Compliance Manager- Lieutenant Sharon Langham, and the auditing team: (Ronny Taylor - Primary Auditor, and Mr. Jeff Kovar, who assisted with document collection, paperwork review, as well as staff and inmate interviews).

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

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

After the entrance meeting, the audit team was given a tour of all areas of the facility, including; all general population housing units, segregated housing units, and death row. During the tour of the housing areas, signs (English and Spanish) advising inmates of their right to be free of sexual abuse and telling inmates how to report sexual abuse were observed in communal areas. Camera technology was minimal; however, the facility is working with stakeholders to supplement digital technology. The direct observation cell blocks are equipped with large convex mirrors to reduce blind spots, and security personnel were observed in all areas toured. At no time during the tour were inmates observed to be in a position of authority over other inmates. During the tour, inmates in all housing areas, to include segregation and death row, were asked, "Do you know how to report an incident of sexual abuse? Do supervisory staff walk through this unit? How often? Do staff/officers of the opposite gender knock and announce when they enter the housing unit? Can you change your clothes, use the toilet, and shower without staff/officers of the opposite gender watching you?" All responses confirmed compliance with PREA standards. In addition, staff were asked: "Do supervisory staff perform unannounced rounds? Do staff/officers of the opposite gender knock and announce when they enter the housing unit? Do transgender and intersex inmates shower separately from other inmates?" All responses confirmed compliance with PREA standards.

The tour also included the intake/reception areas, where the auditor was provided copies of PREA intake education, "PREA-What You Should Know About Sexual Abuse and Sexual Assault," which is provided to all inmates upon arrival at the facility. In addition, the auditor was provided the complementary acknowledgement forms. As part of the intake process, classification personnel were also interviewed and asked, "What questions do you ask inmates/detainees to determine whether they are at risk for sexual abuse or predatory behavior? Where are screening forms kept and who has access to them? When does initial screening take place? What do you do with the information you receive during screening that suggests an inmate/detainee might be at risk for sexual abuse or for abusing other inmates/detainees?" The responses received and documentation provided (Risk Factors Worksheet & Mental Health Referral form) indicate a clear understanding and compliance with PREA standards.

Other areas toured included the Tag plant, dining room, kitchen, maintenance area, library, chapel, classrooms, commissary, laundry, administrative offices, visitation areas, as well as the infirmary. During the tour of the infirmary, areas facilitating privacy were observed, and health records were stored in an area with restricted access. Health Services staff were asked: "Can you see inmates/detainees privately (i.e., without an officer present)? Who has access to inmates'/detainees' medical and mental health care files? What is the protocol in the event that someone reports an incident of sexual abuse to you— whether it took place at this facility, recently or in the past, or elsewhere in the past? What is the protocol for conducting a sexual abuse forensic medical examination? Have you received special training to treat victims of sexual abuse? If so, what comprised that training?" Staff provided responses indicating an understanding of, and compliance with, the PREA Standards.

A total of 37 staff interviews were conducted with at least one staff member interviewed from each interview category, with the exception of education and program staff who work with youthful inmates, line staff who supervise youthful inmates, and the interviews related to non-medical staff involved in cross-gender searches (these interview types were not applicable to this facility), staff interviews were conducted with staff from both shifts (12-hour shifts). Random staff were selected from personnel rosters provided by the PREA Compliance Manager.

A total of 34 inmate interviews were conducted with at least one inmate interviewed from each interview category, except for youthful inmates (these interview types were not applicable to this facility). Inmates were selected at random from a housing census provided by the PREA Compliance Manager.

Interview notes from previous audits were used for the PREA Coordinator, Agency Head, Investigators, and Agency Contract Administrator.

A telephone interview was conducted with the SAFE/SANE staff from USA Women and Children's Hospital in Mobile, AL.

The count on the first day of the audit was 855. The count on the final day of the audit was 860.

The auditor provided a Notification Letter to be posted in all housing units and throughout other areas of the Prison prior to the site visit. This Notification Letter was dated June 23, 2017 and was posted the same day (allowing for at least 6 weeks of notification for the audit). The notification contained information on the upcoming audit and stated that any inmate with pertinent information should send a letter containing this information to the auditor at least 10 days prior to the onsite audit date. Prior to the site visit, no correspondence was received from any inmate incarcerated at Holman Correctional Facility. During the site visit, the notification was observed posted and was also published in the inmate newsletter. The Institutional PREA Compliance Manager submitted the Pre-audit Questionnaire to the audit team, which was received on July 26, 2017, thus allowing ample time for review prior to the site visit. Throughout the pre-audit and onsite audit, open and positive communication was established between the auditor and facility staff. During this time, the auditor discussed any initial concerns with the Agency PREA Coordinator and Institutional PREA Compliance Manager. During the site visit, the auditor conducted several informal interviews with inmates and staff during the tour of the facility. Both formal and informal interviews revealed a good general knowledge of PREA, the facility's policies/procedures, and the retention of training by both staff and inmates that were spoken to.

When the audit was completed, the auditor conducted an exit briefing on August 5, 2017. The auditor gave an overview of the audit and thanked the staff for all their hard work and commitment to the Prison Rape Elimination Act. Present during the exit briefing were the following: Warden Cynthia Stewart, Warden Terry Raybon, Warden Phillip Mitchell, Captain Jeff Emberton, PREA Compliance Manager-Lieutenant Sharon Langham, and the audit team.

DESCRIPTION OF FACILITY CHARACTERISTICS

The William C. Holman Correctional Facility was constructed in 1968 and 1969. The facility was officially opened in December 1969, at a cost of five million dollars. The first prisoner was received on December 15, 1969. The Holman Correctional Facility houses death row inmates and is the only facility in the state that carries out executions.

The present population of Holman Correctional Facility consists of minimum through closed custody inmates, including life without parole and Death Row inmates. The living quarters have a total capacity of 978 available beds. There are 200 segregation unit beds and Death Row has a capacity of 194.

Holman is located ten miles north of Atmore, Alabama, just east of Highway 21 on Ross Road. The perimeter of the security compound is surrounded by two fences. The inner fence is taut wire fence with the outer fence being chain link. The compound has six towers and two perimeter vehicles, which operate twenty-four hours a day. During the hours of darkness, the perimeter is fully lighted. The countryside near Holman prison is farm and timberland. The main crops are cotton and peanuts.

Located directly behind the facility within the security compound is an industrial area consisting of a Tag Plant where all of the State's motor vehicle tags are manufactured and a Sewing Factory which makes sheets and pillow cases that are distributed to other state prisons.

In 1991, a new Administrative building was built onto the front of the main prison within the security compound to provide needed Administrative Offices. In the latter part of 1995, the entire kitchen and dining area was remodeled and updated. In 2000, a newly constructed, 200 bed single cell segregation unit was put online. In 2007, the housing units in general population were remodeled with single beds and an updated bath room area. Jeff Davis Community College offers educational courses at Holman consisting of ABE and GED courses.

SUMMARY OF AUDIT FINDINGS

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

Number of standards exceeded: 2 (115.11 and 115.22)

Number of standards met: 41 (115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89)

Number of standards not met: 0

Number of standards not applicable:

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 1):

"It is the policy of the ADOC to maintain a zero-tolerance policy against inmate sexual abuse and sexual harassment and custodial sexual misconduct. Any sexual conduct, whether inmate-on-inmate or employee-on-inmate, and whether consensual or forced, is strictly prohibited."

The above policy outlines how the facility will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

The above policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment.

The above policy includes sanctions for those found to have participated in prohibited behaviors.

Additional Documentation/Observations from Facility Tour

The agency has designated an upper-level, agency-wide PREA Coordinator, whose title is PREA Director. This was confirmed by a review of the agency's organizational chart. The PREA Director is responsible for developing, implementing and overseeing agency efforts to comply with the federal PREA Standards within the Prison. The PREA Director has the authority to make necessary decisions to ensure compliance, and she falls under the General Counsel in the agency's organizational structure. The PREA Coordinator is also a DOJ certified PREA Auditor, thus adding to her knowledge of the Standards and compliance requirements.

Holman Correctional Facility has designated one of their Lieutenants as the PREA Compliance Manager (IPCM: Institutional PREA Compliance Manager) and she has been given sufficient time and authority to coordinate that facility's compliance with department policy and federal PREA Standards. The IPCM reports to the PREA Director and the Prison Warden III. This was confirmed by a review of the facility's organizational chart. Holman Correctional Facility has another Lieutenant designated as the "Back-up" IPCM for the facility.

Staff and Inmate Interviews

During the interview with the PREA Director indicates she is allotted ample time to oversee the agency's efforts to ensure PREA compliance within the Prison. She has 27 Institutional PREA Compliance Managers that report to her (one for each facility). In addition, there has been designated 27 "Back-up" Institutional PREA Compliance Managers (one for each facility). These Back-up IPCMs work closely with the IPCMs so they are kept abreast of all facility PREA information and will be able and available to fill in for the IPCM in the event the IPCM is out for any extended leave of absence.

During the interview with the Institutional PREA Compliance Manager, the auditor confirmed this staff member has sufficient time to manage all of her PREA related responsibilities.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the agency/facility exceeds the above standard. This determination was made due to the following reasons:

- The Agency employed a PREA Coordinator who is also a DOJ Certified PREA Auditor.
- The Agency has designated “back-up” IPCMS for each facility who work closely with the IPCMs and are kept abreast of all facility PREA information and will be able and available to fill in for the IPCM in the event the IPCM is out for any extended leave of absence.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 7):

“D. The ADOC General Counsel shall be responsible for:

1. Ensuring that contracts for confinement of inmates include a provision indicating to the contracting entity its obligation to comply with the PREA standards and the ADOC’s monitoring of such compliance.”

Additional Documentation/Observations from Facility Tour

There is one contract for confinement that has been established through the agency (ADOC) with Talladega County Jail. This contract has language specific to complying with PREA Standards as an obligation of the contract. The original contract and the signed renewal were both provided and reviewed during the pre-audit. The contract is renewable each year and the renewal is based on the original contract and the wording within the original contract specific to PREA compliance. This contract only applies to the inmates housed at the Julia Tutwiler Prison for Women.

Staff and Inmate Interviews

During the interview with the Agency Contract Monitor, she stated that the County facility they have the contract established with does have to maintain compliance with PREA standards. The Agency Contract Monitor also advised that the PREA Director and I&I investigators make routine, periodic visits (or more often if necessary) to the facility in order to ensure the inmates are being treated as they should, are well cared for and are maintaining compliance under the obligations set forth in the contract. It should be noted that this contract is not specific to this facility (Holman Correctional Facility), but is utilized for other facility(s) within the Alabama Department of Corrections. Interview with the Agency Contract Monitor verified this with the auditor.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Standard Operating Procedure 004-001 states (Page 2):

“A staffing plan will be developed and maintained according to PREA Standard 115.13. The staffing plan will address adequate staffing levels and the need for video monitoring to protect inmates from sexual abuse. The following considerations will be taken:

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 inadequacies from internal or external oversight bodies;
5. All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated.
6. The composition of the inmate population;
7. The number and placement of supervisory staff;
8. Institution programs occurring on a particular shift;
9. Any applicable State or local laws, regulations or standards;
10. The prevalence of substantiated incidents of sexual abuse; and
11. Any other relevant factors.”

Alabama Department of Corrections Administrative Policy 454 states (Page 14):

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

D. Staffing Plans

1. The Warden will assist in the development and documentation of the facility staffing plan and will make his/her best effort to comply with the staffing plan. The plan will provide for adequate levels of staffing and, where applicable, video monitoring to protect inmates against sexual abuse.
2. The PREA Director shall meet with the Warden annually to assess and document if any adjustments are needed to the staffing plan, video monitoring systems and other monitoring technologies. Facilities will document the review utilizing ADOC Form 454-J, Annual PREA Staffing Plan Review.”

Additional Documentation/Observations from Facility Tour

The auditor was provided with documentation of the most recent staffing plan dated March 9, 2017. This staffing plan includes a breakdown of all staff allocated for the facility, and specifically outlines critical posts.

Since the last PREA audit, the average daily number of inmates was 903; which is the same number in which the staffing plan was predicated.

Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The auditor was provided with a “Closing of Post Notification/Deviation Form” used to document deviations from the staffing plan.

The most common reasons for deviating from the staffing plan in the past 12 months, include free world hospital transports and medical transports.

The auditor was provided with documentation of unannounced supervisor rounds. On this log, the supervisor also documents that they check PREA Audit Report

the PREA hotline and video monitor. The documentation provided documents unannounced supervisor rounds on all shifts (Days/Nights).

The auditor was provided with a Secure Facility Vulnerability Assessment Form that was completed by the PREA Director on March 2, 2017. The auditor was advised these assessments occur at each facility, annually. This form is a checklist used to identify any potential areas of vulnerability and shows a proactive approach to combating sexual abuse and sexual harassment.

Staff and Inmate Interviews

Staff interviews indicate the facility has developed a staffing plan based on the requirements under PREA. The PREA Director and Institutional PREA Compliance Manager are consulted regarding assessments and/or adjustments to the staffing plan. Interviews further indicate unannounced rounds are being conducted by intermediate-level and higher-level facility staff on a regular basis. These rounds are occurring daily on all shifts. Unannounced rounds are documented in the Shift Logs/PREA round log books. Supervisors stress to staff they are prohibited from alerting other staff of the unannounced rounds being conducted. Failure to comply with this directive may result in disciplinary action.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Pages 16-17):

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

Additional Documentation/Observations from Facility Tour

In the past 12 months, there has been no youthful inmates housed at Holman Correctional Facility. There is an agency-wide directive stating that all youthful inmates are housed at Draper Correctional Facility.

Staff and Inmate Interviews

Interviews with staff indicate youthful inmates are never housed at Holman Correctional Facility.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Pages 14-15):

E. Cross-gender Searches

1. Employees/staff members shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The institution shall not conduct cross-gender pat-down searches of female inmates, except in exigent circumstances.
2. Employees/staff members shall document on the shift log and ADOC Form 302- A, Incident Report, all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches of female inmates. The institution shall give justification on ADOC Form 302-A as to what exigent circumstances prompted the search.
3. The ADOC’s policy is that each facility shall implement procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitals, except in exigent circumstances or when such viewing is incidental to routine cell and/or dorm checks. Such procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.
4. 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 inmate’s genital status is unknown, it may be determined during conversation with the inmate, by reviewing medical records, or if, necessary, by learning that information as part of the broader medical examination conducted in private by a medical practitioner.
5. 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.”

Additional Documentation/Observations from Facility Tour

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

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

There have not been any searches conducted of transgender or intersex inmates that were conducted for the sole purpose of determining the inmate’s genital status.

A review of the training curricula confirms compliance with 115.15.

The auditor was advised that 100% of all staff have received training on the policy mentioned above. The auditor was provided with documentation of staff training logs, documenting this training.

Staff and Inmate Interviews

During the site visit, there were not any transgender or intersex inmates housed at Holman Correctional Facility.

Interviews with random staff indicated they were unfamiliar with policy regarding conducting strip searches on transgender inmates. This was discussed with the facility staff during the close out meeting. The auditor required the facility to provide refresher training to all staff in the form of a review of the agency's policy regarding searching transgender and intersex inmates. Prior to the completion of the Final Report, the auditor was provided with a copy required training regarding transgender searches, as well as signed signature sheets from staff documenting the training. Since this issue was corrected immediately after the onsite audit, the auditor has determined the facility meets this standard.

Interviews with both staff and inmates indicate when female staff enter the male housing units an announcement is made of their presence and the inmates are rarely naked in full view of the opposite gender staff (when this occurs it appears to be completely accidental and extremely rare). During the tour, it was also requested additional shower curtains be installed to reduce the possibility of cross gender observation incidental to routine cell checks (this was achieved and photographs provided prior to the issuance of the final report).

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Pages 13):

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

Additional Documentation/Observations from Facility Tour

The auditor was provided with documentation stating Holman Correctional Facility did not receive any inmates with disabilities and/or those who are limited English proficiency which required accommodations for the benefit of PREA education during this audit period.

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

PREA information in Spanish is available and is given to Spanish speaking inmates, when needed. This is included in the inmate training/orientation.

Several informative brochures are posted in the housing units in Spanish in order to inform the inmates of PREA policies and reporting information. During the pre-audit, the auditor was provided examples of the Facility’s “ADOC PREA General Information” which is provided to all inmates during intake.

The TV monitors in the facility also play “PREA: What You Need to Know” (from the National PREA Resource Center) with closed captioning. Holman Correctional Facility utilizes Google Translate for its translation services. This translation service was verified as being available during the site visit to conduct an interview with a Limited English Proficient inmate if needed (all inmates housed in Holman Correctional Facility at the time of the site visit could understand/speak English). This translation tool was user friendly, easy to operate, and satisfies requirements set forth in this standard.

Staff and Inmate Interviews

During interviews with disabled inmates, the auditor confirmed the facility has made accommodations to provide PREA education to inmates with disabilities. A magnifying glass was provided to an inmate who was visually impaired, and this information was also read to the inmate. A hearing-aid was provided to the inmate who was hearing impaired. Both inmates stated they understood their rights under PREA.

At the time of the onsite audit, there were no inmates housed who were limited English proficient.

The interview with the Agency Head indicates the Prison has access to the TTY phone for the hearing impaired, a translation service for non-English speaking inmates, and provides handouts and inmate handbooks in both English and Spanish.

Interviews with random staff indicated staff were agency policy prohibits using an inmate interpreter to assist with a sexual abuse investigation. Staff advised they would notify a supervisor, and the supervisor would locate a staff interpreter, or contact a language hotline.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Pages 12-13):

“4. ADOC Hiring and Promotion

- a. 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, or other correctional institution;
 - 2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse;

- 3) has been civilly or administratively adjudicated to have engaged in the activity described above;
- 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 4a above.
 - 4) Apprise potential employees and contractors that false information or material omission 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 the paragraph 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 or 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.”

Additional Documentation/Observations from Facility Tour

In the past 12 months, there have been 20 persons hired who may have contact with inmates. All 20 of these people went through a criminal background records check prior to employment.

In the past 12 months, there have been 3 contracts for services for contractors who may have contact with inmates. All staff under these 3 contracts went through a criminal background records check prior to employment.

All applicants are required, during the application process, to complete form 216-B (PREA Compliance) in which the applicants are asked specifically:

- 1) Have you ever been accused or charged with inappropriate sexual activity, sexual abuse, or sexual harassment (if yes, explain)
- 2) Have you ever been employed at such an institution (business such as nursing homes and child care facilities would be among the employers of note)?
- 3) While employed, were you the subject of a sexual misconduct investigation of any kind?
- 4) Have you ever been accused or charged with inappropriate sexual activity, sexual abuse and sexual harassment?

ADOC Form 216-B is specific for application and promotional processes regarding the Prison Rape Elimination Act and questions specific to this standard. This form asks the following questions:

- 1) Have you ever been accused or charged with inappropriate sexual activity, sexual abuse or harassment?
- 2) Have you ever been employed at such an institution (businesses such as nursing homes and child care facilities would be among the employers of note)?
- 3) While employed, were you the subject of a sexual misconduct investigation of any kind?

The application contains a certification statement that all applicants are required to sign. The certification statements states:

“I hereby certify, under penalty of perjury, that all statements on or attached to this application are true, correct, and complete. I further agree and understand that any false or deceptive information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the State of Alabama and may prohibit me from being considered for future employment. I understand that all information on this application is subject to verification, and I consent to criminal history background, military service, and employment checks. I agree to allow my employer/prospective employer to receive a copy of my Alabama Background Check report through ACJIC. If employed, I agree to electronic deposits of my payroll check and other state payments; consistent with applicable laws, to receive compensatory time off in lieu of overtime compensation for any overtime hours worked.”

Staff and Inmate Interviews

Interviews with the Human Resources staff indicate criminal background checks are conducted on all newly hired employees, contractors, and volunteers and on all employees at least once every five years. I&I conducts the criminal background checks on all contractors, volunteers, and promotional candidates. I&I submits a monthly report to Human Resource Personnel in order for them to enter that information into their database. Included in the information entered is: date of criminal background check, name of employee, reason for the check (contractor/volunteer/promotion, etc.)

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 7):

"E. The PREA Director shall be responsible for:

2. Consulting with the Associate Commissioner of Operations and/or Deputy Commissioner of Women's Services and the facility Warden to provide input on the institutional staffing plans and surveillance monitoring equipment additions or changes as it relates to PREA.

Additional Documentation/Observations from Facility Tour

The agency/facility has not acquired any new facilities or made any substantial expansions or modifications since the last PREA audit.

The agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

Staff and Inmate Interviews

During the interview with the Warden, the auditor confirmed the facility has not made any substantial expansions or modifications to the facility since August 20, 2012. When camera monitoring technology is installed, cameras are positioned in an effort to deter harmful inmate activity, as well as to monitor both inmates and staff.

During the interview with the Agency Head, the auditor was advised the PREA Director, as well as PREA guidelines would be considered when determining staffing and the installation of video technology. For facilities that have cameras, the agency attempts to place the cameras in strategic locations in order to reduce blindspots. Security audits assist with placement of cameras. The agency also upgrades their DVRs as needed in order to get the maximum video retention.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

N/A

Additional Documentation/Observations from Facility Tour

The Agency's I&I Division is responsible for conducting Criminal Investigations and the facility, along with I&I, is responsible for conducting Administrative Investigations. There are 21 employees within the Agency whom have received specialized training for conducting sexual assault investigations in a confinement setting. When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol based on the most recent edition of the Department of Justice's Office on Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents", or similarly comprehensive and authoritative protocols developed after 2011. During the pre-audit, several certificates were presented indicating completion of "Investigating Sexual Abuse in a Confinement Setting" by I&I investigators.

The agency has an MOU with Alabama Coalition Against Rape (ACAR) for emotional support services. This MOU was signed May 18, 2016, and renews automatically, annually. Contact information for these services are made available to the inmates through posters that are posted in all housing units, and in the daily newsletter available for the inmates. Treatment services shall be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Forensic examinations for inmates housed at Holman Correctional Facility would occur at USA Women's and Children's Hospital.

The auditor was provided with documentation of investigator training certificates, showing completion specialized training.

The auditor was provided with a list of Alabama Coalition Against Rape Member Rape Crisis Centers. Light House, Inc. would provide services to inmates at Holman Correctional Facility.

In the past 12 months, there have not been any forensic medical examinations conducted.

Staff and Inmate Interviews

The auditor conducted a phone interview with the SAFE/SANE representative for the hospital and was advised any inmate brought to USA Women's and Children's Hospital, and in need of a forensic exam, would receive such exam.

During an interview with the PREA Compliance Manager, the audit team confirmed the agency has a MOU with Light House who would provide victim advocate services to inmate victims of sexual abuse. The hotline number for Light House and mailing address is posted in all housing units. This information is also posted in the Inmate Newsletter. The victim advocates qualifications are screened and monitored by the ADOC.

Interviews with inmates who reported sexual abuse indicated such inmates are provided with the phone number and mailing address to Light House and are afforded the opportunity to correspond with them.

Interviews with a random sample of staff indicated the majority of staff remembered receiving training regarding preservation of evidence. Random staff also were familiar that only staff who received specialized training, could conduct sexual abuse investigations (I&I, IPCM, Institutional Investigator).

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 20):

“i. In order to remain informed of the progress of every sexual abuse investigation, the IPCM shall contact I&I twice monthly and ask about progress and completion. I&I shall contact the facility Warden when an investigation is completed.

j. 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.”

Alabama Department of Corrections Administrative Policy 454 states (Page 22):

“d. All 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.”

Additional Documentation/Observations from Facility Tour

During the past 12 months, the facility received 15 allegations of sexual abuse and/or sexual harassment. All 15 of these allegations were investigated administratively. Two of these allegations were also investigated criminally.

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

Staff and Inmate Interviews

During an interview with the Agency Head, the auditor confirmed I&I investigates all allegations criminally. If criminal charges exist, the District Attorney would consult with the Grand Jury.

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

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the agency/facility exceeds the above standard. This determination was made due to the following reasons:

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

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 11):

“A. Prevention of Sexual Abuse and Sexual Harassment

1. Employee Education and Training states employees shall receive training to include, but not be limited to, the prevention, detection, response, and reporting of allegations of inmate sexual abuse, sexual harassment, and custodial sexual misconduct. Such training shall encompass all required areas employees need to know to ensure compliance with PREA standards requirements. Employee instruction shall be accomplished during initial training, annual 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.”

Additional Documentation/Observations from Facility Tour

During the pre-audit, the training curriculum was provided to the auditor and the auditor verified that the following was included in the training:

- 1) The zero-tolerance policy against sexual abuse and sexual harassment within the Department;
- 2) How staff are to fulfill their responsibilities under the Department’s sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures as defined in this policy;

- 3) Inmates' right to be free from sexual abuse and sexual harassment;
- 4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- 5) The dynamics of sexual abuse and sexual harassment in confinement;
- 6) The common reactions of sexual abuse and sexual harassment victims;
- 7) How to detect and respond to signs of threatened and actual sexual abuse;
- 8) How to avoid inappropriate relationships with inmates;
- 9) How to communicate effectively and professionally with inmates, including LGBTI or gender nonconforming inmates; and
- 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Training is tailored to the gender of the inmates at the facility (male inmate population and female/male staff).

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

Annually, staff will receive refresher training and during the interim, employees are notified of procedure or training updates via memorandum, update policy/procedure manuals, and/or other means. Employees are required to sign an acknowledgement that they have read and understand for any updates or changes during the interim. Training curriculum was provided for 2016 in-service training titled PREA and for another training titled PREA/LGBTI. Training rosters were provided during the pre-audit as supporting documentation.

Additionally, the auditor was presented during the pre-audit, a brochure from the ADOC for the employees titled "PREA- What Staff Should Know About Sexual Misconduct With Inmates". This brochure was very informative providing information on sexual abuse and harassment, inmate rights, possible consequences and contact information to report to ADOC I&I, AL PREA Director and the third-party reporting hotline.

The auditor was advised that 100% of all staff have received PREA training within the past 12 months. The auditor reviewed a sample of staff training during the onsite audit and confirmed staff are receiving PREA training.

Staff and Inmate Interviews

Interviews with Random Staff indicated staff have been trained regarding the agency's PREA policies and procedures. Staff stated they receive training annually during in-service. Annual PREA training lasts a few hours and consists of classroom training, PowerPoints, and videos.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Pages 10-11):

“K. Institutional PREA Compliance Manager (IPCM) shall be responsible for:

8. Ensuring all volunteers and contractors at their facility have been trained.”

Additional Documentation/Observations from Facility Tour

There have been 270 volunteers and individual contractors, who have contact with inmates, who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response. This is 100% of all contractors and volunteers.

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

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

The auditor was provided with signature sheets from contractors and volunteers, documenting their PREA education.

Staff and Inmate Interviews

Interviews with contractors indicate they are provided with PREA education including the agency’s zero tolerance policy as well as to whom they would forward any sexual abuse reports. This training is provided annually.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Pages 13-14):

“B. Inmate Education

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.

- b. Receive comprehensive educational orientation by an IPCM in the ADOC’s zero tolerance PREA policy and how to report sexual abuse and harassment within 30 days of their arrival.
 - c. Be provided accessible educational formats if an inmate has special needs (language barriers, visually impaired, deaf, limited reading skills, or otherwise disabled), not relying on inmates for this service.
 - d. Be given verbal, visual, and written information regarding PREA during orientation upon transfer to any ADOC institution.
2. Inmate PREA educational information shall include:
- 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.
 - b. Receive comprehensive educational orientation by an IPCM in the ADOC’s zero tolerance PREA policy and how to report sexual abuse and harassment within 30 days of their arrival.
 - c. Be provided accessible educational formats if an inmate has special needs (language barriers, visually impaired, deaf, limited reading skills, or otherwise disabled), not relying on inmates for this service.
 - d. Be given verbal, visual, and written information regarding PREA during orientation upon transfer to any ADOC institution.
3. Upon completion of an inmate’s PREA orientation, the inmate shall sign ADOC Form 454-A, Inmate Awareness Acknowledgement.
- 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.
 - b. Receive comprehensive educational orientation by an IPCM in the ADOC’s zero tolerance PREA policy and how to report sexual abuse and harassment within 30 days of their arrival.
 - c. Be provided accessible educational formats if an inmate has special needs (language barriers, visually impaired, deaf, limited reading skills, or otherwise disabled), not relying on inmates for this service.
 - d. Be given verbal, visual, and written information regarding PREA during orientation upon transfer to any ADOC institution.”

Additional Documentation/Observations from Facility Tour

During the pre-audit, the auditor was provided with a copy of Holman’s General PREA Information Orientation sheet. This information is provided to inmates in English and Spanish. Inmates are also shown the PREA “What you need to Know” video upon intake. This video is available in English and Spanish. The auditor was also provided with a copy of the Inmate Handbook, which contains information on how inmates can report sexual abuse. Inmates also have regular access to PREA education through posters and pamphlets. Note: In addition, a recommendation was made to place additional posters next to showers and above the numerous PREA boxes located throughout the facility, which was achieved prior to the issuance of the final report.

The auditor was advised that 100% of all inmates have received comprehensive PREA education.

During the pre-audit, the auditor was provided with signed acknowledgements, documenting inmate PREA education.

“Google Translate” is used to communicate with inmates who are limited English proficient.

Staff and Inmate Interviews

During an interview with a member of the intake staff, it was discovered all incoming inmates are provided with PREA education through the inmate handbook, immediately upon intake. All inmates also receive comprehensive PREA education during the inmate’s orientation. This is typically provided during intake as well (the same day the inmate arrives at the facility).

During interviews with random inmates, the auditor was able to verify the inmates have been receiving PREA training and are knowledgeable on reporting and the services available to them. Inmate interviews also indicated the information is being provided upon intake with additional PREA information provided within a few weeks. Inmates stated they have seen a PREA video and receive PREA education on a regular basis through the Inmate Newsletter. A sampling of inmate files reflects all inmates received during this audit period received required training.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Pages 11):

“A. Prevention of Sexual Abuse and Sexual Harassment

2. 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 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.”

Additional Documentation/Observations from Facility Tour

The agency has 22 investigators currently employed who have completed the required training for investigating sexual assaults/abuse in a confinement setting. During the pre-audit, the auditor was presented supporting documentation in the form of training certificates from the course “PREA: Investigating Sexual Abuse in a Confinement Setting” that was presented by the National Institute of Corrections.

Staff and Inmate Interviews

During interviews with investigators, the investigators acknowledged receiving the training specific to PREA requirements. Investigators were knowledgeable that any case that appeared to be criminal would be referred for criminal prosecution. Investigators also acknowledged using a preponderance of evidence as the standard of evidence used to substantiate allegations of sexual abuse and sexual harassment. They described the investigation process (from time of notification of the incident, through closing the case) and were knowledgeable regarding agency policies and the investigation process.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 12):

“3. Specialized Training- Medical and Mental Health Care. Medical and mental health employees, shall receive additional training to include, but not limited to:

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

Additional Documentation/Observations from Facility Tour

All 39 medical and mental health care practitioners who work regularly at the facility have received the training required by agency policy.

Forensic examinations are not conducted by facility staff. If needed, such examinations would be conducted by training forensic examiners at an outside hospital.

Staff and Inmate Interviews

Interviews with medical and mental health indicated such staff have received training in:

- a. How to detect and assess signs of sexual abuse and harassment;
- b. How to preserve physical evidence of sexual abuse;
- c. How to respond effectively and professionally to victims of sexual abuse and harassment; and
- d. How and to whom to report allegations or suspicions of sexual abuse and harassment.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Pages 15-16):

“F. Intake Procedures. All ADOC facilities shall adhere to the following intake procedures when processing all inmates into all ADOC facilities:

1. All inmates, at initial intake, shall be screened within 72 hours utilizing ADOC Form 454-C, PREA Risk Factors Checklist, for potential risk of sexual vulnerability and potential risk of sexual aggression.
2. Upon transfer to another facility, all inmates shall be screened within 72 hours utilizing ADOC Form 454-C, PREA Risk Factors Checklist, for potential risk of sexual vulnerability and potential risk of sexual aggression.
3. A Classification Specialist shall complete the ADOC Form 454-C, PREA Risk Factors Checklist:
 - a. This will include an interview with the inmate and review of prior known information in order to determine the inmate’s potential risk of sexual vulnerability and/or sexually aggressive behavior.
 - b. If the Checklist, interview or prior known information reflects that the inmate is at high risk to be victimized or screens as sexually aggressive, the Specialist will recommend further review by a Mental Health Professional prior to assigning permanent housing.
 - c. At those institutions without a Classification Specialist permanently assigned, the IPCM will be charged with completing ADOC Form 454-C, PREA Risk Factors Checklist.
4. 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.
5. 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.

Additional Documentation/Observations from Facility Tour

The auditor was advised that 100% of all inmates have received an initial risk assessment within 72 hours of intake, as well as an additional risk assessment within 30 days of intake.

During the onsite audit, the auditor requested a random sample of 72 hour and 30 day risk assessments and determined 72 hour and 30 day risk assessments are being conducted consistently within the required time limits.

The auditor verified the form as being an objective screening instrument and contained the following the questions required under 115.41. The objective screening instrument consists of “yes” or “no” questions. At the bottom of the form, the screener adds up the number of affirmative responses and uses the scale to determine the inmate’s risk level.

Staff and Inmate Interviews

Interviews with the PREA Coordinator, PREA Compliance Manager, and staff responsible for risk screenings indicate any inmate scoring affirmatively as a potential victim and/or potential institutional sexual predator would be addressed through classification. Staff would have access to see the classification in the computer; however, they would not have any access to the actual results of the screenings. Modifications to the scoring during the last audit cycle went into effect prior to this audit cycle beginning. Those changes modified the prior instrument to the one in current use so that the facility may better identify inmates that are truly at risk for victimization or sexual abusiveness, thus being better able to provide separation and follow-up care to those identified inmates. The auditor was satisfied that it is common practice to complete the initial assessment and 30-day reassessment within the timeframes indicated in the standard.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 16):

“10. Use of Screening Information

- a. All information obtained during the screening process and PREA Mental Health Assessment shall be used to assist in the initial classification and institutional assignment of the inmate as well as determine work, education, and programs, in accordance with the ADOC Classification Manual, AR 433, Administrative Segregation and Housing for Close or Maximum Custody, and AR 435, Protective Custody, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.
- b. Youthful inmates shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through the use of a shared dayroom or other common space, shower area, or sleeping quarters. In areas outside the housing unit, if sight and sound separation cannot be maintained, direct staff supervision shall be provided. ADOC shall not place LGBTI inmates in a dedicated facility, unit or dorm solely on the basis of such identification or status. Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year by the IPCM to review any threats to safety experienced by the inmate. A transgender or intersex inmate’s own views with respect to his or her own safety shall be given serious consideration. In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, ADOC shall consider on a case-by-case basis whether the placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

Alabama Department of Corrections Administrative Policy 454 states (Page 17):

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

Alabama Department of Corrections Standard Operating Procedure Number 009-027 states:

“G. The IPCM will notify ICS if an inmate has been designated as a predator or a victim.

H. ICS will move all inmates designated as predators to the housing unit(s) designated by the Warden for housing designated predator inmates.

- 1. If an inmat designated as a predator is currently assigned in a single segregation housing unit, the inmate may remain in that housing unit.
- 2. If a designated predator is released from segregation, that inmate can only be assigned to a housing unit designated for predators.
- 3. Inmates that are designated as victims shall not be assigned to housing units designated for predatory inmates.
- 4. The IPCM shall be notified immediately of all housing unit assignments of inmates who are designated as predators or victims.”

Additional Documentation/Observations from Facility Tour

During the site visit, the auditor requested a copy of all inmates designated as victims, as well as those designated as predators. The auditor was provided with a list showing 10 inmates designated as victims, and 8 inmates designated as predators. The auditor cross-checked their housing units, and discovered no designated victims were housed with any designated predators. The auditor was advised that designated victims are housed in any housing unit, except for Housing Unit C. Designated Predators cannot be housed in any housing unit except Housing Unit C, or a single segregation cell.

Staff and Inmate Interviews

Interviews with administrative staff indicated when deciding whether to assign a transgender/intersex inmate to a facility for male/female inmates, and in making other housing and programming assignments, the agency does consider, on a case by case basis, whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. A transgender/intersex inmate's own views, with respect to his/her own safety shall be given serious consideration. All pertinent information regarding the transgender/intersex individual should be discussed on a need-to-know basis and shared only with the appropriate staff to provide necessary services. A transgender inmate's views in respect to his safety is given serious consideration in determining placement and program assignments. A transgender inmate's placement and programming assignments are reassessed every six months.

Interviews with staff indicated housing assignments are designated based on the results of the risk assessments. Those inmates that are identified as victims are housed in any housing unit except housing unit "C." Those inmates that are identified as predators cannot be housed in any housing unit except "C," or a single segregation cell.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.43 Protective custody

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

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

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 23):

"J. Protective Custody

1. Inmates at high risk for sexual victimization or those who reported sexual victimization shall not be placed in involuntary administrative or punitive segregation unless there has been an assessment of all other available alternatives and 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."

Additional Documentation/Observations from Facility Tour

Within the past 12 months, there have not been any inmates who were held in involuntary segregated housing for being at risk of sexual

victimization.

Staff and Inmate Interviews

Through staff interviews it was determined inmates at high risk of sexual victimization are not generally placed in involuntary segregated housing. The auditor was advised these inmates would be placed in other housing units, if possible. In the event an inmate at high risk of sexual victimization was placed in segregated housing, the inmate would have access to privileges and programs when at all possible. If these privileges and programs had to be restricted, the facility would document the activities restricted and the reason for the restriction. Interviews with staff who supervise inmates in segregated housing confirmed that no inmate has been housed in involuntary segregated housing for risk of sexual victimization, within the past 12 months.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 21):

"2. Inmate Reporting

- a. Inmates may report abuse or harassment verbally, in writing, through third party or anonymously. They may file a grievance, call the PREA hotline, deposit a complaint in the PREA drop box (a secured receptacle located at each facility), tell the IPCM, contact I&I (Investigations and Intelligence) via use of a pre-addressed I&I envelope, or they may tell any staff, contractor or volunteer and expect the information to be reported immediately and thoroughly investigated as indicated in this policy.
- b. Disciplinary action may be taken when an investigation by the IPCM and/or I&I Investigator determines that an inmate made a false report of sexual abuse or sexual harassment.
- c. However, an inmate reporting sexual abuse or sexual harassment, shall not be issued a disciplinary report for lying based solely on the fact that their allegations were unfounded or that the inmate later decides to withdraw his/her allegation.
- d. Allegations of sexual abuse or sexual harassment will be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior."

Alabama Department of Corrections Administrative Policy 454 states (Page 21):

"h. PREA related complaints may be deposited in the PREA drop box, a secure receptacle located at each facility, and employees and staff may make reports privately."

Additional Documentation/Observations from Facility Tour

During the pre-audit, the auditor was provided with a copy of an MOU with Alabama Department of Corrections (ADOC) and the Alabama Department of Economic and Community Affairs (ADECA). This MOU states ADECA will provide a third-party reporting hotline for the

purpose of reporting sexual abuse or sexual harassment. The hotline shall:

- a) provide instructions as to how that inmate caller may leave a message for ADECA'
- b) allow an inmate to leave a detailed recorded message up to two minutes;
- c) forward the recorded message to prea@adeca.alabama.gov, a remote e-mail system; and,
- d) allow calls to be made anonymously.

During the pre-audit, the auditor was provided with PREA posters that contained reporting information. These posters were in both English and Spanish.

During the pre-audit, the auditor was provided with I&I envelopes that inmates can use to correspond directly with I&I. These envelopes are stamped "Inmate Legal Mail" and are handled as such.

Staff and Inmate Interviews

Ransom staff interviews indicated inmates and staff may make a private report to any supervisor, the PREA Compliance Manager, or by calling the PREA hotline. Inmates are able to make private reports by contacting the PREA hotline. Staff confirmed an inmate can make reports verbally, in writing, anonymously, or through a third party. Any verbal report received would be documented immediately.

During the interview with the PREA Compliance Manager, the auditor confirmed the agency uses the PREA Hotline as a means for inmates to report to an outside entity. This organization is able to forward the information back to the facility in a timely manner. In addition, during the tour the auditor placed a call to the toll-free number requesting confirmation of call. Within 24 hours, via text, the auditor received confirmation via text message.

Inmate interviews indicated that the inmate population is aware of several different avenues to report (any staff, the PREA hot line, inmate request form/grievance form, through a family member or friend, or in writing to I&I) The auditor was advised by random staff that all reports; including verbal, written, anonymous, and third-party reports would be investigated. Verbal reports would be documented by the staff almost immediately upon receipt of such information. Informal and formal inmate interviews reflected inmates are aware of the various reporting methods available to them and where the information is located in the housing units if they need access to addresses/phone numbers.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 21):

"2. Inmate Reporting

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

Additional Documentation/Observations from Facility Tour

During the pre-audit, the auditor was provided with a memo from the Associate Commissioner of Operations that stated the ADOC does not have a grievance procedure in place for reporting allegations of sexual abuse or sexual harassment.

Staff and Inmate Interviews

Staff interviews confirmed Holman Correctional Facility does not have a Grievance System to report an allegation of sexual abuse or sexual harassment.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 18):

“3. 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.”

Additional Documentation/Observations from Facility Tour

During the pre-audit, the auditor was provided with a copy of an MOU with Alabama Department of Corrections (ADOC) and the Alabama Department of Economic and Community Affairs (ADECA). This MOU states ADECA will provide a third-party reporting hotline for the purpose of reporting sexual abuse or sexual harassment. The hotline shall:

- e) provide instructions as to how that inmate caller may leave a message for ADECA’
- f) allow an inmate to leave a detailed recorded message up to two minutes;
- g) forward the recorded message to prea@adeca.alabama.gov, a remote e-mail system; and,
- h) allow calls to be made anonymously.

During the pre-audit, the auditor was provided with a poster for that contains the confidential emotional support hotline number. The posters state “this is a free confidential call.”

Inmate Phones: inmates have a direct two-digit number to call from the housing units. Inmates can dial #66 from any housing unit or inmate phone and speak to an outside person. In addition, the inmates receive a daily newsletter that provided them with contact information for the victim advocate services available to them along with other PREA information. A sample of this newsletter was provided to the audit team during the site visit.

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

During the pre-audit, the auditor was provided with documentation for victim advocate services with Light House. During the tour/site visit, the auditor verified the information being accessible to the inmates by observing the information posted in all housing units and general areas. A representative was contacted from Light House and they indicated they do assist with victim advocacy services for inmates housed at Holman Correctional Facility.

Staff and Inmate Interviews

Interviews with random inmates indicated inmates recognized advocate services were available, but many were unfamiliar with which services were available. This was discussed with the facility staff immediately after the onsite audit. The auditor acknowledged posters were hung in the housing units which discussed outside victim advocate services. These posters included contact information for Light House. The facility acknowledged they would include victim advocate services information in the Inmate Newsletter in the future as a means of reinforcing this education. The auditor was provided with a revised inmate newsletter which more prominently displays the available information.

Interviews with inmates who reported sexual abuse indicated they were provided with contact information to Light House and were afforded the opportunity to contact an outside victim advocate.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.54 Third-party reporting

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

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

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 19):

“H. Reporting and Investigating Sexual Abuse and Sexual Harassment

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

Additional Documentation/Observations from Facility Tour

The agency provides a method for the public to file third-party reports of inmate sexual abuse or sexual harassment through its agency website (<http://www.doc.state.al.us/InvestigationRequest.aspx>)

I&I envelopes provide a means for inmates to file third-party reports of inmate sexual abuse or sexual harassment.

During the site visit, PREA posters were observed in the housing units and common inmate areas. These posters were also observed in the public visitation area and throughout the facility.

Third-party reporting information is also available to inmates in the Inmate Newsletter.

Staff and Inmate Interviews

N/A

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Pages 19-20):

"H. Reporting and Investigating Sexual Abuse and Sexual Harassment

1. Employee/Staff Reporting
 - a. ADOC employees/staff who receive any information, including verbal, written, third-party reports and anonymous complaints, concerning inmate sexual abuse, sexual harassment, and custodial sexual misconduct; retaliation against inmates or staff who report such an incident; or any staff neglect or violation of responsibilities that may have contributed to an incident or violation, shall immediately report the incident through their chain of command.
 - b. Any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, and custodial sexual misconduct shall be reported to the IPCM, PREA Director, and the I&I Investigator immediately, in accordance with AR 302, Incident Reporting.
 - c. An employee/staff shall not reveal any information related to the incident to anyone other than to the extent necessary to make treatment, investigation, and management decisions. Initial interviews of potential sexual abuse victims should be limited to only that information necessary to protect the victim from immediate harm until an Investigator arrives for a more detailed interview.
 - d. The Warden, upon receiving an allegation that an inmate was sexually abused while confined in another facility, shall notify the head of the other facility of the alleged abuse as soon as possible, but no later than 72 hours from receiving the allegation.

Additional Documentation/Observations from Facility Tour

During the pre-audit, the auditor was provided with a sample of reports of allegations of sexual abuse and sexual harassment that staff reported.

Staff and Inmate Interviews

During an interview with the Warden, the auditor was advised all allegations of sexual abuse and sexual harassment are reported directly to facility investigators and are conducted by trained investigators (Lt. Langham and I&I). The auditor confirmed inmates under the age of 18 are never housed at the facility.

Random staff interviews indicate staff are aware that the agency policy requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment that occurred in a facility; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Medical and mental health staff interviews indicate they disclose the limitations of confidentiality and their duty to report prior to initiation of services to an inmate. Medical and mental health staff also indicate they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 23):

J. 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)"

Additional Documentation/Observations from Facility Tour

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

Staff and Inmate Interviews

Through interviews with staff, it was determined staff take immediate action to separate the alleged victim and abuser whenever it is determined an inmate may be at risk for imminent sexual abuse. A supervisor is called immediately to ensure proper retention and evidence preservation

in the case of an actual incident. The investigation would begin immediately, and notes would be entered in the computer (IPCM spreadsheet) to prevent contact between the alleged victim and abuser. Classification assignments would determine future housing, and the prison would take all appropriate measures to ensure the safety and protection of any inmate involved.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 20):

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

Additional Documentation/Observations from Facility Tour

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

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

The agency or facility documents that it has provided such notifications within 72 hours of receiving the allegation.

Staff and Inmate Interviews

Through staff interviews, it was determined when Holman Correctional Facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred within their facility, the allegation would immediately be assigned to an investigator and would be investigated. Any allegations they receive for sexual abuse that occurred at other facilities would be referred to the head of that outside facility. Holman Correctional Facility would collect statements from any inmate involved who was housed at their facility and forward these statements to the outside facility to be a part of their investigation. The designated points of contact in both instances would be the IPCM. These designated contacts would maintain constant communication with the other agency or investigating bodies in order to assist in any way necessary with the investigation and keep the Warden abreast of the progress.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 20):

“G. 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)”

Additional Documentation/Observations from Facility Tour

During the past 12 months, there have been 9 allegations that an inmate was sexually abused. Of these allegations, the first security staff member to respond to the report separated the alleged victim from the abuser in all 9 instances. For all 9 instances, the first security staff member to respond to the report:

- 1) Preserved and protected any crime scene until appropriate steps could be taken to collect any evidence;
- 2) Requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- 3) Ensured that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

During the past 12 months, there have not been any instances where a non-security staff member was the first responder.

During the pre-audit, the auditor was provided with a PREA First Responder Checklist Card. The auditor was advised that these cards have been provided to all staff.

Staff and Inmate Interviews

Through interviews with inmates and staff, it was determined staff have responded promptly to outcries of sexual abuse. Staff know to separate the victim from the abuser as well as how to preserve evidence. Staff are aware to keep information related to sexual abuse investigations confidential. Security Staff are provided a “PREA Immediate Response Card” in the form of a pocket card to keep with them in order to have a readily available reference in order to ensure first responder duties are handled properly for an incident of sexual abuse/harassment. Several staff members (security, volunteers, and contractors) displayed this card to the audit team during interviews. Staff did indicate a supervisor would be contacted immediately and would be the responsible party for collection, retention, and storage of any evidence and they would be available at once to perform these tasks.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 17-18):

G. 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)
2. Shift Commander shall:
 - a) Ensure first responder staff secure the crime scene
 - b) Ensure that the IPCM has been notified
 - c) Ensure I&I is contacted
 - d) Ensure that the collection of evidence is only accomplished by trained and qualified staff in accordance with AR 306, Contraband and Evidence Management.
 - e) Take the 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 conduct at an authorized SANE or SAFE center.
 - 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 Investigators. 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.
3. 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 mad 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 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 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.”

Standard Operating Procedure Number 009-026 is the facilities Coordinate Response to Sexual Abuse plan. This plan outlines specific responsibilities for first responders, medical and mental health, investigators, and facility leadership.

Additional Documentation/Observations from Facility Tour

There is also an Agency-wide instruction titled “Investigations Mapping.” This instructional information outlines a facilities responsibility and provided step-by-step instructions for proceeding through an investigative process (to include the initial response and the actions to be taken during the initial stages of the incident).

Staff and Inmate Interviews

Through interviews with staff, it was determined the facility follows a statewide DOC coordinated response plan for allegations of sexual abuse that involves a checklist of responsibilities. Staff indicated that this plan includes a tool titled “Investigations Mapping”. This tool can be used during the coordinated response to guide the investigation and can be adapted to different scenarios. The auditor was able to view this document during the pre-audit.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

N/A

Additional Documentation/Observations from Facility Tour

Holman Correctional Facility/ADOC does not operate under any collective bargaining agreements.

Staff and Inmate Interviews

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

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 23-24):

"K. Retaliation

1. Retaliation in any form for the reporting of, or cooperation with, sexual abuse or harassment allegations is strictly prohibited.
2. 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."

Additional Documentation/Observations from Facility Tour

The PREA Compliance Manager is the designated staff member charged with monitoring retaliation.

The agency/facility acts promptly to remedy any such retaliation.

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

During the pre-audit, the auditor was provided with samples of the ADOC Form 454-D “Prison Rape Elimination Act (PREA) Sexual Abuse/Harassment Retaliation Monitoring,” which were completed, indicating this form is also consistently being used to monitor for retaliation after an allegation of sexual abuse or sexual harassment.

Staff and Inmate Interviews

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

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 23):

“J. 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.

Additional Documentation/Observations from Facility Tour

During the past 12 months, there have not been any inmates who alleged to have suffered sexual abuse who were held in involuntary segregated housing.

If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

Staff and Inmate Interviews

Through interviews with staff, it was discovered if an inmate were to be placed in involuntary segregated housing for any reason, they would still have access to programs, privileges, education, and work opportunities to the extent possible. If any activities are restricted, the staff would document the opportunities limited, the duration of the limitation, and the reason for the limitation.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 82):

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

Additional Documentation/Observations from Facility Tour

The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Staff and Inmate Interviews

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

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

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 22):

"I. Sexual Abuse and Sexual Harassment Investigations: The standard of proof in all investigations of sexual abuse and harassment is a preponderance of the evidence."

Additional Documentation/Observations from Facility Tour

During the onsite audit, the auditor reviewed a sample of investigations and determined a preponderance of evidence standard is being used when determined whether or not cases are substantiated, unsubstantiated, or unfounded.

Staff and Inmate Interviews

Interviews with investigative staff indicate a preponderance of evidence is the evidentiary standard used when determining whether to substantiate allegations of sexual abuse or sexual harassment.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 22):

“f. 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.”

Alabama Department of Corrections Administrative Policy 454 states (Page 6):

“6. Informing the inmate of the following information when an inmate alleges that the employee/staff member committed sexual abuse against the inmate: 1) the employee/staff is no longer with the ADOC; 2) the employee/staff is no longer employed at the institution; 3) the employee/staff has been indicted on a charge related to the sexual abuse; or 4) the employee/staff has been convicted on a charge related to the sexual abuse. This notification shall be documented.”

Additional Documentation/Observations from Facility Tour

During the pre-audit, the auditor was provided with sample of an investigation and the notification to the inmate, documenting the outcome of the investigation.

During the past 12 months, there were 8 allegations that resulted in an administrative investigation. These allegations were also investigated criminally. The auditor reviewed a sample of notifications and determined notifications back to the inmate victim are being provided, and documented, consistently.

During the past 12 months, there have not been any allegations completed by an outside agency.

During the past 12 months, there have not been any substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against an inmate.

Staff and Inmate Interviews

Through interviews with various staff and inmates, it was determined I&I is responsible for notifying the inmate in writing with an inmate signature line, as to whether the allegation was substantiated, unsubstantiated, or unfounded. Inmates interviewed (specifically those whom had alleged a sexual abuse/harassment) indicated they had been notified of the outcome of the investigation or where the investigation is (as far as the process).

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 13):

“d. If the employee has engaged in any conduct described in paragraph V.A.4. 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.”

Additional Documentation/Observations from Facility Tour

During the pre-audit, the auditor was provided with the Alabama Department of Corrections “Table of Infractions and Level of Discipline” form, which states Violations of Code of Alabama Title 13A-6-65 or Title 14-11-31 (Sexual Misconduct) are punishable by dismissal on the first offense.

In the event that a staff member is terminated, or resigns in lieu of discharge, for violation of this procedures manual, The I&I Division will determine if a potential criminal violation exists. If the violation meets criminal standards, the I&I will seek prosecution.

In the past 12 months, there have not been any staff from the facility who have violated agency sexual abuse or sexual harassment policies.

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

During the past 12 months, there has been no staff member from the facility who has been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

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

During the past 12 months, there has been no staff member from the facility that has been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

Staff and Inmate Interviews

N/A

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Regulation Number 208 states a first offense violation of the agency's Sexual Misconduct policy will result in dismissal.

Additional Documentation/Observations from Facility Tour

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

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

Staff and Inmate Interviews

Through interviews with the Warden, it was determined that any contractor or volunteer suspected of sexual abuse would be removed from the facility and prohibited from contact with inmates pending results of the investigation. Remedial disciplinary measures would be considered for minor policy violations, depending on the circumstances. If deemed necessary, the contractor/volunteer could be removed permanently from the facility and criminal charges would be filed as well if warranted.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Disciplinary Sanctions are outlined in Number 501: Schedule of Rule Violations.

Additional Documentation/Observations from Facility Tour

Inmates shall be subject to disciplinary sanctions pursuant to the formal disciplinary process, following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

In the past 12 months, there has been one administrative finding of inmate-on-inmate sexual abuse that has occurred at the facility.

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

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

The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct
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occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The agency prohibits all sexual activity between inmates. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Staff and Inmate Interviews

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

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Pages 15):

"4. 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.

6. 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.

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

Additional Documentation/Observations from Facility Tour

In the past 12 months, 100% of all inmates who disclosed prior victimization during screening were offered a follow up meeting with a medical or mental health practitioner.

In the past 12 months, 100% of all inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up with mental health practitioners.

During the pre-audit, the auditor was provided with a sample of mental health logs, documenting the mental health referrals.

Staff and Inmate Interviews

Through various interviews with staff and inmates, the auditor is satisfied that inmates who disclose victimization and inmates who have

previously perpetrated sexual abuse are offered a follow-up meeting with medical and mental health staff.

Medical and mental health staff were unfamiliar about the agency's policy which requires such staff to obtain informed consent prior to reporting about prior sex victimization that did not occur in an institutional setting. Prior to the completion of the final report, the auditor was provided with refresher training to medical and mental health staff regarding this matter. Since this issue was immediately addressed and corrected prior to the completion of the final report, the auditor has determined the facility meets this standard.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Pages 18-19):

"3. 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.
- 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."

Additional Documentation/Observations from Facility Tour

During the pre-audit, the auditor was provided with a copy of an MOU between the Alabama Department of Corrections (ADOC) and the Alabama Coalition Against Rape (ACAR). The MOU states ACAR has fifteen (15) rape crisis centers throughout the state, and is able to provide confidential support services related to sexual abuse.

Staff and Inmate Interviews

Through various staff and inmate interviews, it was discovered inmate victims of sexual abuse receive timely and unimpeded access to emergency treatment and crisis intervention services. If the abuse occurred within 72 hours, the inmate would immediately be taken to medical to receive stabilization treatment and would then be referred to USA Women's and Children's Hospital for a forensic exam. Inmates receive treatment based on the medical and/or mental health staff's professional opinion. Victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. These services are provided at no charge to the inmate.

During interviews with medical and mental health staff, it was determined inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. These services are provided immediately upon receipt of the allegation. The nature and scope of the treatment provided is determined according to the professional judgement of the medical and mental health staff. Staff acknowledged victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. All services are provided to the inmates at no cost to the inmate.

During interviews with inmates who alleged sexual abuse, it was determined inmates are seen by medical and mental health staff upon reporting sexual abuse, as appropriate. These inmates indicated they were not charged for any treatment services they received.

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Pages 18-19):

“3. Medical and Mental Health Care

- h. 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.
- i. 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.
- j. 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.
- k. Medical and mental health evaluations and treatment shall be offered to all inmates who have been victimized by sexual abuse.
- l. 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.
- m. 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.
- n. 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.”

Additional Documentation/Observations from Facility Tour

During the pre-audit, the auditor was provided with a copy of an MOU between the Alabama Department of Corrections (ADOC) and the Alabama Coalition Against Rape (ACAR). The MOU states ACAR has fifteen (15) rape crisis centers throughout the state, and is able to provide confidential support services related to sexual abuse.

There are no female inmates housed at Holman Correctional Facility; therefore, 115.83(d)-1 and 115.83(e)-1 are not applicable.

Staff and Inmate Interviews

Through various staff and inmate interviews, it was determined medical treatment for sexual abuse victims would include a medical evaluation from one of the Registered Nurses working at the facility. If warranted, the inmate would be taken to the hospital for treatment. If the abuse occurred within 72 hours, physical evidence may still be collected and the inmate would be sent to USA Women’s and Children’s Hospital for an evaluation and evidence collection (SAFE/SANE exam). These services will be provided at no cost to the victim. Mental Health staff would respond and provide treatment within the next business day. However, mental health staff were unfamiliar with 115.83(h) “Prisons shall attempt to conduct a mental health evaluation on all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.” Prior to the completion of the final report, the auditor was provided with refresher training to medical and mental health staff regarding this matter. Since this issue was immediately addressed and corrected prior to the completion of the final report, the auditor has determined the facility meets this standard

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Pages 20-21):

“k. 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.”

Additional Documentation/Observations from Facility Tour

During the pre-audit, the auditor was provided with a sample of sexual abuse incident reviews which followed the policy mentioned above.

In the past 12 months, there have been 4 criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents. All 4 of these resulted in a sexual abuse incident review within 30 days of the completion of the investigation.

Staff and Inmate Interviews

During interviews with the Warden, PREA Compliance Manager, and incident review team member, the auditor confirmed the facility has an incident review team that meets and reviews all incidents of sexual abuse. The information is used to identify preventative measures, assess staffing, and consider policy revisions. The review team considers:

- a. Whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; and/or other group dynamics;
- b. Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- c. Assesses the adequacy of staffing levels in that area during different shifts; and,
- d. Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 24):

“L. Data Collection

1. Data Collection

- a. For 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.”

Additional Documentation/Observations from Facility Tour

The DOJ SSV-2 Form Survey of Sexual Victimization State Prisons Summary Form is used to collect statistical information.

Staff and Inmate Interviews

N/A

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 24):

“L. Data Collection

2. Data Collection

- f. 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.
- g. 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.
- h. 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.
 - i. The above referenced data shall be retained securely for ten (10) years.
 - j. 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."

Additional Documentation/Observations from Facility Tour

Annual reports for 2013, 2014, and 2015 are published on the agency website (<http://www.doc.state.al.us/PREA.aspx>).

The annual report includes a comparison of the current year's data and corrective actions with those from prior years.

The annual report provides an assessment of the agency's progress in addressing sexual abuse.

The annual reports are approved and signed off on by the agency head.

When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility, and the agency indicates the nature of the material redacted.

Staff and Inmate Interviews

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

Final Determination

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

Standard 115.89 Data storage, publication, and destruction

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

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

Supporting Policies

Alabama Department of Corrections Administrative Policy 454 states (Page 24):

"L. Data Collection

1. Data Collection

- a. For the purpose of data collection tracking, the ADOC Form 302-A, alleging sexual abuse or sexual harassment, shall be forwarded to the I&I Division within seventy-two (72) hours of notification of a PREA related incident.
- b. The PREA Director shall compile the records and data from the previous calendar year necessary to fill out the requested data in the DOJ’s Survey of Sexual Violence (SSV) should it be requested.
- c. The PREA Director shall review data collected to assess and improve the effectiveness and 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.”

Additional Documentation/Observations from Facility Tour

Holman Correctional Facility aggregates data annually and provides the information to the Alabama Department of Corrections and the Department of Justice. This data is saved for a period of ten years and then destroyed. No personal identifiers may be divulged to the public in any report, unless through Court order.

Staff and Inmate Interviews

Through various staff interviews, it was determined sexual abuse data is submitted to the agency regularly. If a problem or trend is noticed, a plan of action would be drafted to rectify the problem. Data is retained on secure servers that are backed up. Information is published on the agency website: (<http://www.doc.alabama.gov/>). The direct link to the information provided is <http://www.doc.state.al.us/PREA.aspx>

Final Determination

Based on the information discovered in the agency’s policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

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.

Ronny Taylor

August 19, 2017

Auditor Signature

Date