

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: June 8, 2016

Auditor Information			
Auditor name: William Boehnemann			
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Email: William@preaauditing.com			
Telephone number: 281-633-1948			
Date of facility visit: May 9-12, 2016			
Facility Information			
Facility name: Julia Tutwiler Prison for Women			
Facility physical address: 8966 US Hwy 231 Wetumpka, AL 36092			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 334-567-4369			
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: Bobby Barrett			
Number of staff assigned to the facility in the last 12 months: 168			
Designed facility capacity: 550			
Current population of facility: 947			
Facility security levels/inmate custody levels: all levels including death row			
Age range of the population: 18-85			
Name of PREA Compliance Manager: Yvette Young		Title: Lieutenant	
Email address: Yvette.Young@doc.alabama.gov		Telephone number: 334-567-4369	
Agency Information			
Name of agency: Julia Tutwiler Prison			
Governing authority or parent agency: <i>(if applicable)</i> Alabama Department of Corrections			
Physical address: 8966 US Hwy 231 Wetumpka, AL 36092			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 334-567-4369			
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 Julia Tutwiler Prison for Women was conducted from May 9, 2016 to May 12, 2016. 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 May 9, 2016 (the first morning of the onsite audit) with Deputy Commissioner Dr. Williams, Warden Barrett, Warden Wright, Warden Givens, and Institutional PREA Compliance Manager Lieutenant Young.

The auditor wishes to extend its appreciation to Dr. Williams, Warden Barrett, and thier staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor.

The auditor would also like to recognize PREA Coordinator (PREA Director) Christy Vincent and Institutional PREA Compliance Manager Lieutenant Yvette Young for their hard work and dedication to ensure the facility is compliant with all PREA standards.

After the entrance meeting, the auditor was given a tour of all areas of the facility, including: all general population housing units, segregated housing units, control centers, intake area, medical services and infirmary, officer dining room, kitchen, maintenance area, library, chapel, classrooms, commissary (Canteen and Sandwich Line), laundry, administrative offices, old dining room (now utilized for classes, programs, and eye doctor visits), the Factory (garment factory in where all uniforms for ADOC inmates are made [and for other county facilities]), the future "Youthful Inmate Housing unit" (office trailer currently being remodeled) and all visitation areas. Work release areas were also toured and these included the Welding Shop, Automotive Shop, Cosmetology, Secretarial and Logistics. Several other classrooms were included in this area for GED and other classes. During the tour, numerous informal interviews were conducted with inmates and staff throughout the facility. All inmates and staff spoken to during the tour were knowledgeable regarding the PREA questions asked.

A total of 40 staff were interviewed 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; days and nights).

A total of 26 inmates were interviewed with at least one inmate interviewed from each interview category, with the exception of the interviews related to inmates placed in segregated housing for risk of sexual victimization and Youthful Inmates (these interview types were not applicable to this facility).

A telephone interview was conducted with the SAFE/SANE staff from One Place Family Justice Center, the Agency Wide PREA Coordinator/Director, Administrative (Human Resources) Staff, a Victim Advocate Representative from Light House Counseling Center, Inc./STAR, and the Agency MS/HSEM Director of Investigations and Intelligence Division..

The count on the first day of the audit was 928. The count on the final day of the audit was 929.

The auditor provided a PREA Audit Notification to be posted in all housing units and throughout other areas of the Prison prior to the site visit. This Notification Letter was dated March 7, 2016 and was posted by March 28, 2016 (allowing for at least 6 weeks of notification prior to the audit site visit). The notification contained information on the upcoming audit and stated that any inmate with relevant information related to the facility's compliance with the U.S. Department of Justice PREA standards should mail a letter to the auditor at least 10 business days prior to the onsite audit date (May 9, 2016) to ensure receipt by the auditor prior to the site visit. The auditor instructed the facility to post this notification in all housing units and throughout the facility at least six weeks prior to the onsite audit. During this time period, the auditor did receive correspondence from one inmate at the facility. During the facility tour, the auditor observed these Notification Letters posted in all housing units and other common areas. The Prison's Institutional PREA Compliance Manager submitted the Pre-audit Questionnaire to the auditor, which was received on March 24, 2016, 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 his concerns with the Agency PREA Director and Institutional PREA Compliance Manager. During the site visit, the auditor conducted numerous informal interviews with inmates and staff during the tour of the facility. 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. All concerns were addressed to the auditor's satisfaction prior to the completion of the Final Report.

When the audit was completed, the auditor conducted an exit briefing on May 12, 2016. The auditor gave an overview of the audit and thanked the staff for all their hard work and commitment to the Prison Rape Elimination Act. Present during the exit briefing were the following: Deputy Commissioner Dr. Williams, Warden Barrett, PREA Director Christy Vincent, Warden Givens, Captain McClain, Captain Floyd, and Institutional PREA Compliance Manager Lieutenant Young.

DESCRIPTION OF FACILITY CHARACTERISTICS

Julia Tutwiler Prison for Women is a State Prison located in Wetumpka, Alabama. The Facility's current Warden III is Bobby Barrett. There are approximately 950 inmates housed in the facility. The original Julia Tutwiler Prison was built in 1942, and had a capacity for 400 female inmates. The newer Tutwiler Prison replaced the older Tutwiler for Women, which had been the State's first female prison, "The Wetumpka Prison." The Facility was named in the honor of Julia S. Tutwiler, a noted Alabama educator and crusader for inmate education, classification, and improvement of prison conditions.

Tutwiler Prison is Alabama's intake facility for women. Tutwiler is the only major female facility that houses all custody levels. The inmates are not separated by custody or crime with the exception of Death Row inmates. Tutwiler is located on 268 acres of land consisting of Dormitories A-M at the Main Camp and Dormitories N-O at Tutwiler's Annex. There have been multiple projects throughout the years to include a new Mental Health Unit. This expansion was completed in 2008. Some of the security features in this facility include security cameras, electronic detection at the Annex, and reinforced fencing topped with razor wire and razor wire at the main camp. Tutwiler Prison has two Towers that are armed 24 hours with Correctional Officers and an armed perimeter rover making 30 minute rounds along the prison perimeter. Alabama Department of Corrections' mission is to "confine, manage, and provide rehabilitative programs for convicted felons in a safe, secure and humane environment, utilizing professionals who are committed to public safety and to the positive re-entry of offenders into society."

Since Tutwiler has a death row, it is a closed-security prison. The prison has twelve (12) dormitories, segregation, a medical infirmary, and units for inmates who are pregnant or aged and /or infirmed. In addition, Tutwiler has a multipurpose room, a chapel, substance-abuse treatment, and administrative ancillary services.

Tutwiler Prison for Women incorporates several different housing unit types into the facility design. This includes direct supervision and dormitory housing units. There are 34 single cell units, 12 dormitory style housing units, 22 administrative and disciplinary cells and 2 multiple occupancy housing units.

The Women housed at Tutwiler Prison are fed three meals a day except on holidays and Sunday's; except wellness inmates, who receive three meals a day. The inmates are allowed access to phones to contact friends and family members, are allowed at least one hour a day for exercise, have access to books, bathroom and shower facilities. The inmates are allowed mail to be delivered to them as well as news papers and magazines from trusted outside publishers. Tutwiler Prison for Women helps inmates prepare themselves to rejoin the community by offering Academic and Vocational Education programs.

Inmate Population: 929 (May 12, 2016)

Number of Employees (Officers and Staff): 272

Drug Treatment

- Matrix
- SAP
- Crime Bill
- Drug and Alcohol Services
- Alcoholic Anonymous

Education Programs (JF Ingram)

- GED
- Welding
- Mechanic
- Cosmetology
- Clerical

Psychological Services

- Anger Management
- ACT-Alternatives to Criminal Thinking
- Domestic Violence
- Grief
- Personal Development
- Parenting
- Stress Management
- Self Esteem

Trauma

Re-entry

Relationships

Medicaid/Medicare services

Health Department services

Social Security services

Family Guidance services

Food Services Department

Classification Section

Business Office

Mental Health Care Services

Chapel Services

Social Services

Medical/Dental Services (Corizon)

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: 3

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 1

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.

Julia Tutwiler Prison for Women (Tutwiler Prison) has a zero tolerance standard for incidents of sexual harassment and sexual assault. The allegations of sexual harassment and sexual assault will be investigated thoroughly in order to provide prompt health intervention to those involved, prosecution or disciplinary action against the perpetrators, while being sensitive to the needs of the victim. The Prison has implemented federal Prison Rape Elimination Act (PREA) Standards to ensure that all aspects of operations work toward preventing, detecting and responding to such conduct resulting in a safer environment. Tutwiler Prison operates under the State of Alabama Department of Corrections (ADOC).

Definitions of prohibited behaviors regarding sexual abuse and sexual harassment were located in section III of the ADOC Inmate Sexual Abuse and Harassment (Prison Elimination Act [PREA]) Administrative Regulation (AR) #454.

Tutwiler Prison Standard Operating Procedure #8-12: Inmate sexual Abuse and Harassment, also includes definitions of prohibited behavior and mandates a zero-tolerance stance for the Prison.

Tutwiler Prison’s PREA Coordinator holds the rank/title of ADOC PREA Director. 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 Director is also a DOJ Certified Auditor.

Tutwiler Prison has designated one of their Lieutenants as their Institutional PREA Compliance Manager (IPCM) and she has been given sufficient time and authority to coordinate that facility’s compliance with department policy and federal PREA Standards. The Institutional PREA Compliance Manager reports to the PREA Director and the Prison Warden III.

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

The Institutional PREA Compliance Manager for Tutwiler Prison is required to submit a monthly report to the PREA Director providing a summary report of all PREA related incidents occurring within that month. For each incident included in this report there is a brief summary of the incident, update on any investigative process, or any conclusion drawn for the incident. In addition to this monthly report, the IPCM submits a report every two weeks to the Warden at Tutwiler with the same aforementioned information relating to PREA incidents. While on-site, the auditor learned of multiple agency staff members who are Department of Justice Certified PREA Auditors and another staff member whom is scheduled to attend the next session of DOJ PREA Auditor Certification (Beginning in June).

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Tutwiler Prison has one contract with another entity for the confinement of their inmates.

ADOC AR#454 Section III-D does state “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.

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

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.

The Agency develops, documents, and makes its best efforts to comply on a regular basis, but no less than once a year, with a staffing plan that provides for adequate levels of staffing. Where applicable, video monitoring is utilized to protect inmates against sexual abuse. This staffing plan is predicated on an inmate population of 947.

In calculating adequate staffing levels and determining the need for video monitoring, the Agency takes into consideration the following:

- 1) Generally accepted detention and correctional practices;
- 2) Any judicial findings of inadequacy;
- 3) Any findings of inadequacy from Federal investigative agencies;

- 4) Any findings of inadequacy from internal or external oversight bodies;
- 5) All components of the 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) Facility programs occurring on a particular shift;
- 9) Any applicable State or local laws, regulations, or standards;
- 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- 11) Any other relevant factors.

During the 2015 audit cycle, there were no documented deviations from the staffing plan.

Tutwiler Prison mandates the annual staffing plan in ADOC AR#454 page 42. Tutwiler uses a standardized form titled "PREA Annual Staffing Review Checklist" (ADOC form 454-J) in order to assist in the annual staffing plan. Section D on page 14 of ADOC AR#454 states 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. 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.

During the pre-audit, the auditor was provided information on their latest staffing plan and policy annexes that are under review. As noted in the policy annex, the Prison has a plan in place in order to close Non-Priority Posts due to emergency situations or to comply with staffing plan Priority Post positions.

In circumstances of non-compliance with the staffing plan, the Institutional PREA Compliance Manager will document, in writing, and justify all deviations from the plan. This documentation will be forwarded to the Deputy Warden/PREA Coordinator.

Whenever necessary, but no less frequently than once a year, each facility shall assess, determine and document whether adjustments are needed to:

- 1) The facility's deployment of video monitoring systems and other monitoring technologies; and
- 2) The resources the facility has available to commit to ensure adherence to the staffing plan.

The annual reviews will be conducted in consultation with the PREA Compliance Manager and the PREA Coordinator, with input from other key areas within the facility. During the pre-audit, the facility provided the auditor with the most recent staffing plan.

During the Pre-audit, the auditor was provided Tutwiler Prison's "Secure Facility Vulnerability Assessment". This form is utilized in order to help determine factors of vulnerability for the inmate population and is utilized for the annual staffing plan. This form targets questioning in regards to Lighting and Surveillance Cameras, Blind Spots/Areas Not Visible to employees, Common Areas of Facility, Radio Communication, Classrooms, Office Areas, Bathroom Areas, Visitation Areas, and Supervision of Inmates. All topics have several questions, that assist with determining areas of concern or ideas for the betterment of the inmate population's safety.

During the pre-audit, the auditor was provided with documentation from the PREA Director in accordance with PREA standard 115.13, intermediate and higher level staff will be conducting unannounced rounds in the housing units. During the pre-audit, the auditor was provided with documentation showing that numerous intermediate-level and upper-level supervisors have made unannounced rounds throughout the facility. Documentation shows the unannounced rounds have occurred on all shifts. This documentation is logged in the Prison's Supervisory Monitoring Log and the rounds are entered as "Unannounced Rounds" giving a start time and end time for the round being made. During the site visit, the auditor verified the rounds by reviewing the Supervisor Monitoring Logs, maintained by the Lieutenant (or higher) and the post log books maintained by the Officer at the post.

Staff interviews indicate the facility has developed a staffing plan based on the requirements under PREA. The PREA Director and 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 Supervisor Monitoring Logs and Post Logs. 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.

During the onsite tour, the auditor observed all restroom and shower areas utilized by the inmates. The auditor was satisfied that the privacy curtains provided in all of these areas afforded a reasonable amount of privacy, while ensuring adequate visibility for the security staff to maintain the safety of the inmates. Throughout Tutwiler Prison, it should be noted that numerous cameras are installed in all areas that were toured, except the Work Programs (Trades). The lack of camera/video coverage in the Trades area was discussed. It should be noted that Tutwiler Administration had previously determined this area as a potential problem area for any PREA related incidents. There has been discussion for additional cameras to be placed in these areas and Tutwiler has already prepared documentation to submit a camera plan for this area in the near future. As a protective measure to help reduce the possibilities of incidents in these areas, Tutwiler has implemented 30 minute security checks for these areas, designated this area to maintain three security officers (two of which are always female staff), and Captains and other ranking staff make unannounced rounds in this area more often. The auditor reviewed the camera views from the Monitor Room and at no time observed any inmate shower or toilet area that did not have “greyed out” areas to ensure cross-gender viewing would not occur. There are over 320 cameras with a retention period of 60-90 days.

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.

Tutwiler Prison does maintain housing for youthful inmates when necessary. ADOC AR#454 (page 17) states no 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 quarter. In areas outside the housing unit, if sight and sound separation cannot be maintained, direct staff supervision shall be provided. Tutwiler Prison SOP 8-19 defines a youthful inmate as any inmate housed in an adult facility whose age is under eighteen (18). In the past 12 months, there was one youthful inmate housed at Tutwiler Prison for a period of about two months. Staff advised that during her stay, she was housed in an area separate from adult inmates in order to comply with the sight/sound separation requirements under 115.14. She was allowed to attend programs/classes under the supervision of security staff and was escorted by staff any time she was in the vicinity of adult inmates.

Tutwiler Prison is in the process of remodeling an office trailer on the property in order to provide a housing unit for any future youthful offenders that are housed there. This planned housing unit will have either 4 or 6 beds, a day room area, toilet and shower area, and a refrigerator. This area was toured during the site visit and it should be noted that there are cameras installed in this unit already in preparation of the build-out being completed and occupied. At the time of the audit, there were no youthful inmates housed at Tutwiler, and per facility staff; it is not very common for a youthful inmate to be housed at Tutwiler. Any youthful inmate housed at Tutwiler would be allowed to participate in programs with adult inmates only if they are directly supervised by a Corrections Officer.

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.

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

ADOC AR#454(page 14) E-Cross-gender Searches states employees/staff members shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. They 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 circumstance prompted the search. The ADOC’s policy is that each facility shall implement procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitals, except in exigent circumstances or when such viewing is incidental to routine cell and/or dorm checks. Such procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the inmate’s genital status is unknown, it may be determined during conversation with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of the broader medical examination conducted in private by a medical practitioner. The agency shall train security staff on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Tutwiler Prison SOP #7-7 Searches, Section V-F Cross Gender Viewing and Searches of Inmates: This procedure prohibits cross-gender strip searches, cross-gender pat down searches, and cross-gender searches of any kind except in exigent circumstances or when performed by medical practitioners as part of generally accepted medical practice. Inmates’ access to regularly available programming or other out of cell opportunities shall not be restricted in order to comply with this requirement. All staff shall be trained in conducting cross-gender pat down searches and any such search shall be documented on the ADOC form 302-A, Incident Report and the shift log. All male staff members shall announce their presence when entering a housing unit and will allow a minimum of five minutes for inmates to prepare and acquire privacy before entering the bathroom. This will enable women inmates to shower, perform bodily functions, and change clothing without non-medical 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. Transgender or intersex inmates shall not be searched or physically examined for the sole purpose of determining genital status. This may be determined during conversation, by reviewing medical records, or by learning the information as part of the broader medical examination conducted in private by a medical practitioner. Transgender inmates must be given the opportunity to shower separately.

During the pre-audit, the auditor was provided documentation verifying employees have received specialized training for conducting cross-gender searches during their quarterly training titled “PREA/LGBTI” (documentation was provided for the previous three quarters). 100% of staff received this training.

Interviews with random staff indicates staff are well aware of the prohibition of conducting strip searches on transgender inmates for the sole purpose of determining their genital status. Interviews with both staff and inmates indicate when male staff enter the female housing unit shower or toilet areas, 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). Male staff do not always announce their presence upon entering a housing unit, because the housing units are mostly open dormitory or direct supervision housing units. All inmates are instructed (and is a rule) to always be dressed appropriately in the housing units. The ONLY AREAS they are allowed to change clothing in, is the shower/toilet areas. This prevents unintentional cross-gender viewing by the male staff. During the tour, there were no instances in which the inmates were in any state of undress in any of the housing units and when asked during informal interviews, all of the inmates interviewed stated they are not allowed to be undressed except for in the shower and toilet areas of the housing units.

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.

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 given to Spanish speaking inmates. This is included in the inmate training/orientation and the inmate signs for receiving this information. Several informative brochures are posted in the housing units in Spanish in order to inform the inmates of PREA policies and reporting information. Tutwiler prison utilizes Google Translate for translation services. This service was verified as a viable means to translate during the site visit. At the time of the audit there were no inmates housed at Tutwiler that could not speak or understand English. An interview was conducted with a visually impaired (legally blind) inmate during the site visit. This inmate indicated that the Lieutenant (IPCM) told her all about PREA, she listened to the video, and the Lieutenant talked with her to make sure she understood the information about PREA.

The interview with the Agency Head (Designee) indicates the Prison has access to the TTY phone for the hearing impaired. ADOC also has in place an MOU with Alabama Institute for the Deaf and Blind for assisting in communications with deaf and blind inmates if the need arises. Tutwiler also utilizes Google Translate Services (<https://translate.google.com>) and uses a microphone thus, giving instant translation services for any language. There is also information in Braille that is located in the inmate library. This information is accessible and provided upon request. Handouts and inmate handbooks in both English and Spanish are provided to inmates at Tutwiler. During the site visit, the auditor was shown the TTY machine and verified it as being operational. The auditor was also advised that once all of their policies and procedures currently under DOJ review are approved, they already have an agreement in place to have their braille information updated to reflect these policies and this will also include more PREA information.

Standard 115.17 Hiring and promotion decisions

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

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

Consistent with the Prison Rape Elimination Act (PREA), ADOC AR454 (page 12) ADOC V-A-4a Hiring and Promotion states Department policy prohibits the hiring of an employee or contractor who may have contact with an inmate 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;

All employees, volunteers, and contracted service providers who have inmate contact must have a criminal background completed to determine if the individual had committed or was convicted of crimes of sexual abuse or assault. ADOC makes its best efforts to contact all prior institutional employers in regards to substantial allegations of sexual abuse or any resignation during a period of sexual abuse investigation. Policy states they shall ask potential employers and contractors about previous misconduct described in Paragraph V-A4a above.

Criminal Records Background Checks (CRBC) shall be completed by the Director of Personnel/Designee on all eligible candidates for new positions, and for all current ADOC and contract employees at least once every five years as outlined in ADOC AR216 section IV-A.

Section IV-B states the Director of I&I/Designee is responsible for conducting CRBC for all eligible candidates for employment in I&I positions, support positions, re-employments, rehire, part-time retirees, all contract candidates, including promotional candidates.

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

- Have you ever been accused or charged with inappropriate sexual activity, sexual abuse, or sexual harassment (if yes, explain)
- 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)?
- While employed, were you the subject of a sexual misconduct investigation of any kind?
- 4d. Have you ever been accused or charged with inappropriate sexual activity, sexual abuse and sexual harassment?

In the past 12 months there were 42 persons hired who may have contact with inmates who had a criminal background record check.

In the past 12 months, there were 168 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates.

Interviews with the Human Resources staff indicate criminal background checks are conducted on all newly hired employees, contractors, and volunteers. He stated that he knows without a doubt that 100% of staff from Tutwiler have had a Criminal Background Check conducted within the past five years. He further stated that agency-wide, approximately 85% of staff have had the Checks completed and they are working diligently to complete a Criminal Background Check for the remaining staff throughout the agency as quickly as possible. I&I conducts all checks for the contractors and volunteers. I&I sends a monthly report to the Personnel Division in order to enter this information into the agency data base for recording the Criminal Background Checks. The information included in the entry is the name of the individual, date of the Criminal Background Check, and the purpose of the Criminal Background Check (new hire, promotion, contractor, volunteer, etc.). A log of these checks was presented to the auditor during the audit process for verification.

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

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

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

During the site visit, these questions were added to existing documentation that is part of the hiring/promotional process. Section V of Tutwiler SOP 8-12 also was updated to include this change. This information was verified as being added/changed and thus, satisfies any concerns the auditor had.

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.

Tutwiler Prison currently has 325 video cameras with a recorded retention capacity of 60-90 days. Approximately two years ago, the Prison added over 300 cameras in order to enhance security, improve their ability to investigate incidents and deter acts of abuse/prison rule violations. The camera system now in place is state-of-the-art and the quality of the views is outstanding. This system in itself is a great

deterrent.

Tutwiler Prison has a specific procedure (SOP #5-24: Video Surveillance) providing definitions, outlining responsibilities for the Warden, Captains, Video Surveillance Administrator, Video Surveillance Operator, and the Shift Commanders. All individuals have specific responsibilities to ensure proper functionality, reporting, monitoring, and proper maintenance is conducted. Section V-A1 states when installing or updating a Video Monitoring System, the Warden shall consider how such technology will enhance the facility's ability to protect inmates from sexual abuse (PREA 115.13). Section V-E, PREA Considerations, specifies the video surveillance system is employed as a tool to prevent incidents and assist in investigations of alleged incidents. Privacy blocks will be used for any views in which an inmate may be seen showering, toileting, or changing clothing. Any updates or changes to technology, or modifications to facility structure/design; the agency will take into consideration enhancing the facility's ability to protect and keep the inmates free from sexual abuse.

During the on-site portion of the audit, the auditor was shown the main control areas and various camera views available. At no time did the auditor notice any camera views that compromised the immediate privacy of any inmate (such as shower stall views, toilet areas, areas to change clothing). All inmates are afforded adequate privacy to perform the aforementioned personal hygiene tasks.

The auditor was presented with information describing planned video technology additions that will be requested for the Trades area in the near future. Throughout the tour and site visit, it was noted that there were literally no areas (other than Trades and toilet/shower areas) that did not have camera/video coverage to protect the inmates and staff. During interviews with staff and inmates, all persons interviewed indicated the cameras are a great asset in preventing any acts of sexual misconduct and to help protect the officers from false allegations of sexual misconduct. Administration and the IPCM indicated that without a doubt, cameras have reduced the number of incidents related to sexual misconduct at Tutwiler Prison.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

The agency is responsible for conducting both administrative and criminal investigations. There are 21 employees whom have received specialized training for conducting sexual assault investigations in a confinement setting.

Forensic Medical Examinations are offered at One Place Family Justice Center in Montgomery, AL and are conducted by SANEs. There have been no forensic medical exams conducted in the past 12 months for any inmate from Tutwiler Prison. In the event of a forensic exam or sexual assault, a victim advocate would be provided through the Alabama Coalition Against Rape (ACAR). Member Rape Crisis Centers available for Tutwiler Prison are: Lighthouse Counseling Center, Inc./STAR. There is also a Crisis Line available for this service. A second avenue is through One Place Family Justice Center, and a third source is Family Sunshine Center whom also has a Crisis Line available. Contact information for these services are made available to the inmates in the handbook and posters in the housing units.

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. During the pre-audit, the auditor was provided a documented agreement between Tutwiler (ADOC) and the following services: One Place Family Justice Center (SAFE/SANE Exams), Light House Counseling Center/STAR (victim advocate services) and Family Sunshine Center (victim advocate services).

The auditor conducted a phone interview with the SAFE/SANE representative for the hospital and was advised any inmate brought to the hospital and in need of a forensic exam would receive such exam. The auditor was advised by the SAFE/SANE representative that One Place Family Justice Center has 8 full time trained SANE examiners. There is always a SAFE/SANE examiner available to conduct forensic examinations through the on-call rotation which allows for 24 hour coverage, seven days per week. Within the last 12 months, there have been no inmates sent to One Place Family Justice Center for a SAFE/SANE medical examination. The auditor also contacted Lighthouse Counseling Center and was advised by their representative they have staff available to respond and provide victim advocate

services in the event an inmate was sexually abused. There are 30 on-call counselors to provide victim advocate services for an inmate needing these services. Further, there will always be a victim advocate present during any forensic SAFE/SANE exam (Their Policy dictates this).

Interviews with a random sample of staff indicate the majority of staff remembered receiving training regarding preservation of evidence and were able to explain their process to the auditor during these interviews.

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.

ADOC AR454 mandates the shift commander to ensure that the collection of evidence is only accomplished by trained and qualified staff in accordance with their AR 306 (Contraband and Evidence Management). The alleged victim is also to be taken to the medical unit for a medical evaluation and medical staff shall determine whether a sexual assault kit is needed. The sexual assault kit will be conducted at an authorized SANE or SAFE center.

During the past 12 months, there have been 29 allegations of sexual abuse and/or sexual harassment that were received. Of these, all were referred for administrative investigation. All cases were also referred for criminal investigations.

The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. Interviews indicate all criminal investigations and Administrative investigations are conducted by trained facility staff. During the site visit, the auditor reviewed 22 investigations. All of these investigations were conducted by I&I.

During interviews with an investigator from I&I, she advised that ALL incidents of sexual abuse or harassment (PREA Incidents) are conducted 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 another investigator to proceed with an Administrative Investigation.

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

Standard 115.31 Employee training

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

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

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

ADOC AR 454 Section V-A, 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 inservice 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. 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 of Pennsylvania related to mandatory reporting of sexual abuse to outside authorities.

Review of the Prison's PREA Course curriculum/Power Point slides indicates all topics above are covered during training. Training is tailored to the gender of the inmates at the facility (female inmate population and female/male staff).

During the pre-audit, the auditor was provided documentation showing that all current employees have received their annual PREA training. This documentation is maintained by the ADOC Kilby Training Center. This training is mandatory and all employees having contact with inmates are required to complete the training. In the past 12 months, there have been 168 staff employed by the facility, who may have contact with inmates who were trained on the PREA requirements enumerated above. This equates to 100% of all staff, who may have contact with inmates.

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.

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, the ADOC PREA Director and the third party reporting hotline.

Random staff interviews indicate staff have received the required PREA training and are knowledgeable regarding the Prison's PREA policies and procedures. All staff indicate they carry a first responder PREA Card on their person as well, in order to remind them what to do in the event they need to refer to it (several officers displayed this card during their interview).

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.

ADOC AR 454 (page 10) mandates the Institutional PREA Compliance Manager will ensure all volunteers and contractors at their facility have been trained. In the past 12 months, there have been 113 volunteers and contractors who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response. All volunteers and contractors who have contact with inmates have been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

During the pre-audit, the auditor was provided with a sample of documentation (ADOC Kilby Training Center log sheets) confirming that volunteers/contractors received the training. Interviews with Volunteers/Contractors indicate Volunteers and Contractors are provided with PREA education including the agency’s zero tolerance policy as well as to whom they would forward any sexual abuse reports. Medical staff are required to complete 16 hours of orientation and 4 hours of annual training (PREA information is included in the required training). In the case of mental health contracted staff, they are required to complete 16 hours of orientation training, 16 hours of annual training (to include PREA material) and eight additional training hours specific to their areas of expertise as outlined in their contracts (these were provided during the pre-audit and reviewed by the auditor).

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.

ADOC AR 454 (pages 13-14) Inmate Education: all inmates shall 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. They shall 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. Inmates shall also 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. They shall also be given verbal, visual, and written information regarding PREA during orientation upon transfer. This inmate PREA education information shall include prevention of sexual abuse and harassment, self-protection, methods of reporting, and treatment/counseling availability. Upon completion of an inmate’s PREA orientation, the inmate shall sign ADOC Form 454-A (Inmate Awareness Acknowledgement).

During the pre-audit, the auditor was provided the training curriculum for the inmate 2-hour PREA training. In this curriculum, all inmates receive information explaining the zero tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse, sexual harassment or retaliation, and what to do if he/she is the victim of sexual abuse, sexual harassment or retaliation. All inmates are shown a power point presentation regarding their rights to be free from sexual abuse, sexual harassment, and retaliation. They will also be provided information regarding agency policies and procedures for responding to such incidents. There are also video segments played during the inmate education training from Just Detention International and the PREA Resource Center. Copies of form 454-A (inmate signature sheet) were provided to the auditor during the pre-audit, with inmate signatures included.

Upon arrival, all new inmates are shown a PREA video during intake.

During the past 12 months, 925 inmates were admitted and received such information at intake; representing 100% of inmates entering the facility. Of these, all received comprehensive education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.

Additional information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, and other written formats. During the pre-audit, the auditor was provided with a copy of the inmate handbook, PREA inmate educational posters, PREA staff educational material, and various memorandums that have been posted for inmates and correctional staff.

During an interview with a member of the intake staff, it was discovered all incoming inmates are provided with PREA education through a video, the inmate handbook, and PREA posters are pointed out immediately upon intake. All inmates also receive comprehensive PREA education during the inmate's orientation. During informal interviews and formal interviews with inmates, the auditor was able to verify the inmates have been receiving PREA training and are knowledgeable on reporting and the services that are available to them.

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.

The agency has 21 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 logs from the course "PREA: Investigating Sexual Abuse in a Confinement Setting" that was presented by the National Institute of Corrections.

During interviews with facility 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. Any third party report of sexual abuse or harassment would be treated no differently than any other reported incident and would be investigated promptly and thoroughly. The third party method of reporting through the agency website goes directly to I&I and is assigned upon receipt to an Investigator. Any evidence is collected (to include physical evidence, video, audio, statements, and institutional history-such as grievances, incidents, etc.). If the evidence is supportive of a criminal offense, this information is presented to the D.A. with a request for prosecution. At no time would an inmate be required to submit to a polygraph (or other truth-telling device) as a requirement to proceed with an investigation. All investigations are completed regardless of change in staff status (terminated, transferred, resigned) or inmate status (transfer, release). All investigations are documented and kept on file with I&I and a preponderance of evidence is the standard of evidence used to substantiate allegations of sexual abuse and sexual harassment.

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.

ADOC AR 454 (page 10) mandates the Institutional PREA Compliance Manager will ensure all volunteers and contractors at their facility have been trained. In addition to the common training for all employees, contractual obligations dictate that Medical staff are required to complete 16 hours of orientation and 4 hours of annual training (PREA information is included in the required training). In the case of mental health contracted staff, they are required to complete 16 hours of orientation training, 16 hours of annual training (to include PREA material) and eight additional training hours specific to their areas of expertise as outlined in their contracts (these were provided during the pre-audit and reviewed by the auditor). During the pre-audit, the auditor was advised 100% of medical and mental health care practitioners who work regularly within the facility have received the training required by agency policy (there are currently 85 Medical/Mental Health Care practitioners working at the prison). Training logs from Kilby Training Center were provided during the pre-audit for verification of medical and mental health provider training. Tutwiler Prison also provided curriculum for specialized training titled “PREA Training for Medical and Mental Health Staff”.

Agency medical staff at this facility do not conduct forensic medical examinations. Such examinations are conducted at One Place Family Justice Center in Montgomery, AL by a certified SANE examiner.

Interviews with the medical and mental health staff indicate they were given the initial 16 hour PREA training and were also provided the additional PREA training more specific to their profession (PREA Training for Medical and Mental Health Staff). Additional handouts, meetings regarding PREA, and informational emails are periodically sent out by their company and the facility.

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.

ADOC AR-454 (pages 15-16) states 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. Upon transfer to another facility, all inmates shall be screened within 72 hours utilizing ADOC Form 454-C form potential risk of sexual vulnerability and potential risk of sexual aggression. A Classification Specialist shall complete the ADOC Form 454-C PREA Risk Factors Checklist: 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. 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. At those institutions without a Classification Specialist permanently assigned, the IPCM will be charged with completing ADOC Form 454-C. 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 on in their history, the Mental Health Professional shall offer a follow-up meeting with Mental Health within 14 days of the intake screening. All inmates shall be reassessed for risk of sexual victimization and abusiveness within 30 days of intake. Upon receipt of additional information that bears on an inmate’s risk of sexual victimization or abusiveness, an additional screening will be conducted. During the time of any of these assessments, the ADOC shall take no formal or informal disciplinary action should an inmate refuse to participate or answer any screening questions. There will be appropriate controls on the dissemination of screening information so as to ensure each inmates’ sensitive information is not exploited. PREA Mental Health Assessment: Inmates that have been identified as being at risk for potential sexual vulnerability or sexually aggressive behavior shall be referred to mental health staff utilizing ADOC Form 454-C.

During the pre-audit, a sampling of the ADOC Form 454-C was provided for an inmate’s initial screening and the same inmate’s 30 day reassessment. The auditor verified the form is an objective screening instrument and contained the following criteria: whether the inmate has a mental, physical, or developmental disability, the age of the inmate, physical build, prior incarceration, whether criminal history is

PREA Audit Report

exclusively non-violent, prior convictions for sex offenses, whether the inmate is perceived to be LGBTI or gender nonconforming, prior sexual victimization, the inmate's own perception of vulnerability, and whether the inmate is detained solely for immigration purposes.

The auditor was provided with documentation showing the facility has completed 769 Screenings (ADOC Form 454-C) on inmates within the past 12 months. The initial assessment is conducted by a Classification Specialist. A counselor will then follow up (when necessary) with an initial meeting within 10 days of being classified to the housing unit. The auditor was advised that ADOC Policy AR 454 was recently updated in January 2016 to require the 30 day reassessment for all inmates (this was not being completed prior to this policy mandate). Tutwiler began conducting their reassessments in February 2016. The auditor was advised that through April 28th there have been 85 reassessments completed. During the site visit, the auditor discussed this with facility staff/administration and advised them to provide additional supporting documentation prior to submission of the Auditor's Final Report in order to show a continuance of the 30-day re-assessments and consistency in completing them. The last day of the site visit, the IPCM provided a spreadsheet showing all inmates whom have arrived since January 2016, the date of the initial risk assessment, the date of the 30 day reassessment, and other information used to determine housing needs. Prior to submitting the Final Report, The IPCM provided an updated spreadsheet showing a continuance of this required 30 day reassessment being completed. With this additional documentation, the auditor was satisfied that there is a continuance of the 30 day reassessment being completed and this is now part of the routine procedures for the screenings for risk of victimization and abusiveness.

Interviews with the PREA Coordinator and PREA Compliance Manager indicate any inmate scoring affirmatively as a potential victim and/or potential institutional sexual predator would be addressed through classification to ensure appropriate housing in order to maintain a sufficient level of separation between these identified inmates.

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.

ADOC AR 454 (Use of Screening Information) states: All information obtained during the screening process and PREA Mental Health Assessment shall be used to assist in the initial classification and institutional assignment of the inmate as well as determine work, education, and programs, in accordance with 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. 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.

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 in determining placement and program assignments. 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 placement and programming assignments would be reassessed every six months. There were no transgender or intersex inmates housed at this facility at the time of the site visit.

Due to facility design, potential predators are sometimes housed in the same housing unit as potential victims. This is done in the open/dormitory housing units. Potential predators are assigned to bunks on the opposite end and opposite side from potential victims. These housing units are direct supervision housing units and are monitored closely.

This initiated conversation during the site visit, and the auditor recommended that there be one or two housing units designated to house inmates that have been identified as abusers/potential abusers. This would help to eliminate concerns for almost all of the housing units, and the facility would be able to focus more attention to the designated housing units by possibly making more frequent rounds in these areas as well. The Deputy Commissioner and Warden both indicated they had previously identified this as an area of potential concern and have drafted a plan/proposal that would, in fact, designate at least one housing unit for inmates identified as potential predators/abusers. Supporting documentation for this plan and its implementation were provided to the auditor during the post audit and prior to submission of this final report. This documentation was in the form of a Memorandum from Deputy Commissioner to the Warden III. The contents, in short, designate three housing units in which inmates identified as abusers/potential abusers will be housed (along with general population). It further states that inmates at high risk of victimization should not be placed in these dormitories. This information was disseminated to the PREA Director, Warden II, Commissioner of Health Services, and a member of the General Counsel. This Letter of Memorandum was sufficient for meeting this standard and satisfying concerns the auditor may have had.

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.

ADOC AR454 (Protective Custody) states Inmates at high risk for sexual victimization or those who report sexual victimization shall not be placed in involuntary administrative or punitive segregation unless there has been an assessment of all other available alternatives and a determination made that there are no other alternatives available. In cases where segregated housing is the only means to protect such an inmate, the inmate shall have access to all programs, privileges, education, and work opportunities, to the extent possible and it shall only be until an alternative means of separation from likely abusers can be arranged, a time not ordinarily to exceed 30 days. In these cases, the facility shall clearly document the basis for the facility’s concern for the inmate’s safety and the reason why no alternative means of separation can be arranged. Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.

Within the last 12 months, there have been no instances in which a sexually victimized inmate/at risk inmate was placed in involuntary segregation for one to 24 hours awaiting completion of the assessment.

Through staff interviews it was determined inmates at high risk of sexual victimization are not placed in involuntary segregated housing unless it is for the immediate safety of an inmate (not a typical housing assignment). The auditor was advised these inmates would be placed in other housing units, if at all 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. During the onsite audit, there were no inmates documented as being placed in involuntary segregated housing (for risk of sexual victimization/who allege to have suffered sexual abuse).

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.

ADOC AR 454 (Inmate Reporting) 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. 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. 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. 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.

During the pre-audit, the auditor was provided information to allow different avenues for inmate reporting. Posters are located throughout the housing units and inmate areas providing phone numbers to I&I (English and Spanish) and the inmates have available pre-addressed envelopes to mail allegations/complaints to the I&I. Corrections staff who receive a verbal allegation must document this information within 4 hours of receiving it. Any time an inmate uses the telephone, a message is given with a menu/prompts for reporting any incident of sexual abuse/harassment. This message is played for every call, prior to an inmate being allowed to call family/friends, etc.

A staff member, contract service provider, or volunteer, may also make a private report to the facility's Institutional PREA Compliance Manager, or the PREA Director.

Through staff and inmate interviews it was determined inmates and staff may make a private report to any supervisor or the PREA Director and Compliance Manager. Inmates are also provided with the mailing address to the Investigations and Intelligence Division (I&I) of the ADOC and are permitted to make a report directly to this division. 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.

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.

Inmates housed in Tutwiler Prison may use the Grievance System to report an allegation of sexual abuse or sexual harassment to staff. There are no time limits for filing a grievance regarding an allegation of sexual abuse. Allegations of sexual abuse shall not be forwarded to the alleged perpetrator. Procedure permits third parties, including fellow inmates, staff members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates.

In the past 12 months, there has been one grievance filed that alleged a sexual abuse. The grievance reached final decision within 90 days after being filed. This grievance and the documentation was reviewed during the site visit. There have been no emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months.

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.

Information is provided in all housing areas and other locations throughout the prison for inmates/staff to access confidential support services. Information is provided for:

Light House Counseling Center, Inc/STAR
334-2886-5980 (office)
334-268-5980 (crisis line)

Family Sunshine Center
334-206-2100 (office)
334-263-0218 (crisis line)

ADOC I&I, inmates have a direct two digit number to call from the housing units. (91)

During the site visit, the I&I two digit number was verified as a working means of reporting, as was the crisis line for Light House Counseling Center.

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 Counseling Center and Family Sunshine Center. 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 Counseling Service and they indicated they do assist with victim advocacy services for inmates housed at Tutwiler Prison. They also indicated that in the event an inmate is sent to One Place Family Justice Center, the SANE exam could not begin until a victim advocate was present to provide any services/support to the inmate during the SANE exam process.

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.

Tutwiler Prison has established an MOU with the Alabama Coalition Against Rape (ACAR) in where it provides ADOC several crisis centers for available reporting and victim advocate services. Tutwiler prison has available to them Light House Counseling Center and Family Sunshine Center. In addition, the ADOC I&I has a number available for inmates to make third party reports from within the prison. This number is made available to the inmates on PREA Posters located throughout the Prison and in the housing units.

Light House Counseling Center, Inc/STAR
334-2886-5980 (office)
334-268-5980 (crisis line)

Family Sunshine Center
334-206-2100 (office)
334-263-0218 (crisis line)

ADOC I&I, inmates have a direct two digit number to call from the housing units. (91)

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

While conducting the site visit, this information was seen posted in housing units and common inmate areas. This information was not posted in the chapel, lobby areas, and visitation areas. This was discussed with the Warden and IPCM and by the second day of the site visit, all of these areas had information posted indicating where public could report any allegations of sexual abuse or harassment. This satisfied any concerns the auditor had in complying with the 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.

ADOC AR 454 (H: Reporting and Investigating Sexual Abuse and Sexual Harassment, 1- Employee Staf Reporting) states ADOC employees/staff who receive any information, including verbal, written, third-party reports and anonymous complaints, concerning inmate sexual abuse, sexual harassment, and custodial sexual misconduct; retaliation against inmates or staff who report such an incident; or any staff neglect or violation of responsibilities that may have contributed to an incident or violation, shall immediately report the incident through their chain of command. Any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, and custodial sexual misconduct shall be reported to the IPCM, PREA Director, and the I&I Investigator immediately. 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.

ADOC AR454 (K-Retaliation) Retaliation in any form for the reporting of, or cooperation with, sexual abuse or harassment allegations is strictly prohibited. The Warden and IPCM shall ensure inmates and staff who report sexual abuse, sexual harassment, or cooperate with a sexual abuse investigation are protected from retaliation by other inmates or staff. 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.

Retaliatory action against an inmate for reporting sexual abuse or for providing information during an investigation is prohibited. Through interviews with a random sample of staff, as well as interviews with medical and mental health staff, it was determined that all staff

PREA Audit Report

have a duty to report any knowledge, suspicion, or information related to sexual abuse or sexual harassment. Staff are also required to report any retaliation towards any inmate or staff for reporting and any staff neglect that may have contributed to an incident or retaliation.

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.

As reflected in SOP 8-12 B-3 (page 6), Along with Classification, assisting in recommending placement and/or transfer of inmates involved in all reported incidents of sexual abuse and sexual harassment with the approval of the Warden/Designee and taking immediate action when an inmate is subject to a substantial risk of imminent abuse.

In the past 12 months, there have been no instances where the agency determined an inmate was subject to substantial risk of imminent sexual abuse.

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. The investigation would begin immediately, and measures would be taken to prevent contact between the alleged victim and abuser. Classification assignments would determine future housing, and the prison would take all appropriate measures to ensure the safety and protection of any inmate involved.

Standard 115.63 Reporting to other confinement facilities

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

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

An inmate may file a report of sexual abuse, sexual harassment or retaliation sustained while confined at another facility. It is the responsibility of the Warden or the Warden's Designee to notify the head of the facility in which the reported abuse, harassment or retaliation occurred. Notification must be provided as soon as possible, but no later than within 72 hours after receipt of information.

Upon receipt of an allegation from another facility that an inmate was sexually abused, harassed, or retaliated against while confined at that location, the Warden or Warden's Designee shall document the receipt of the allegation and initiate a preliminary investigation. If deemed necessary, the I&I will be contacted to take over the investigation if it is criminal in nature.

During the past 12 months, the facility received two allegations that an inmate was abused while confined at another facility. Tutwiler Prison notified the other facilities of such notifications within 72 hours.

During the past 12 months, the facility has also received two allegations of sexual abuse from another facility. Each of these were referred to I&I for investigation.

Through staff interviews, it was determined when Tutwiler Prison 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. Tutwiler Prison 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, and she would keep the Warden updated with any and all information. 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. During the site visit and document review, verification was made by the auditor of the notifications between agency heads for these incidents.

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.

ADOC AR454 G (Responding to Sexual Abuse and Harassment) 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 teeth, eat, drink, smoke, urinate or defecate;
- d) Ensure that the alleged aggressor not bathe, wash, brush 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)

The Classification Committee will review each alleged inmate victim and inmate perpetrator's housing for appropriateness and to ensure the alleged victim and perpetrator(s) are housed accordingly.

During the past 12 months, there have been 19 allegations that an inmate was sexually abused. Of these allegations, there were 19 times in which the first security staff member to respond to the report separated the alleged victim and abuser and one time in which staff were notified within a time period that still allowed for the collection of physical evidence. Of these allegations, there were no instances where 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.

There were two instances in which the first responder was a non-security staff, and the staff member did request that the alleged victim not take any actions that could destroy any physical evidence and notified security staff.

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 “First Responder Checklist” 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. Staff did indicate a supervisor would be contacted immediately and would be the responsible party for ensuring proper collection, retention, and storage of any evidence and they would be available at once to perform these tasks.

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.

ADOC AR 454 (Responding to Sexual Abuse and Harassment) outlines the facility’s plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This policy outlines the facility’s coordinated response plan.

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. Part of this plan includes a tool titled “Investigations Mapping”. This tool can be used as a guide for step by step process during the coordinated response to guide the investigation and can be adapted to different scenarios. The auditor was able to view this document during file reviews and investigations of prior incidents during the site visit.

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

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

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

XX NOT APPLICABLE

Tutwiler Prison / ADOC does not operate under any collective bargaining agreements, therefore this standard does not apply.

During the Agency Head (Designee) interview, the Designee confirmed Tutwiler Prison does not operate under any collective bargaining agreements.

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.

ADOC AR454 (K-Retaliation) Retaliation in any form for the reporting of, or cooperation with, sexual abuse or harassment allegations is strictly prohibited. The Warden and IPCM shall ensure inmates and staff who report sexual abuse, sexual harassment, or cooperate with a sexual abuse investigation are protected from retaliation by other inmates or staff.

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

During the past 12 months, there has been no incident of retaliation that has been reported. During the pre-audit review, documentation was provided showing that monitoring for retaliation will be documented for instances of allegations of sexual abuse and/or harassment. The IPCM also presented a log book “Monitoring for Retaliation” in which she keeps an accurate account of each incident, results of investigation, where in the investigation process I&I is, or any other useful information. This book is maintained in order to assist her in monitoring for retaliation for the required minimum amount of time. If the particular inmate may have the need for continued monitoring, the material specific to that incident is maintained and updated in the book as well.

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

Standard 115.68 Post-allegation protective custody

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

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

ADOC AR 454 (Protective Custody) Inmates at high risk for sexual victimization or those who report sexual victimization shall not be placed in involuntary administrative or punitive segregation unless there has been an assessment of all other available alternatives and a determination made that there are no other alternatives available. (See ADOC Form 454-H, PREA Post Allegation Protective Custody)

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:

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

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

During the past 12 months, there has been no instance where an inmate was placed in involuntary segregated housing for less than 24 hours while awaiting completion of an assessment.

Through interviews with staff, it was determined an inmate is rarely (if ever) placed in involuntary segregated housing. Alternative housing in another general population housing unit or protective custody would be found. If an inmate were to be placed in involuntary segregated housing for these reasons, 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. There are no documented instances of housing an inmate in involuntary segregated housing that has suffered sexual abuse or is a potential victim.

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.

Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

Since August 20, 2012, there have been no substantiated allegations of conduct that appear to be criminal that were referred for prosecution. There was one allegation of sexual abuse that was investigated criminally and was determined to be unsubstantiated. This case was then referred for Administrative investigation and was determined to be substantiated for the Administrative investigation. This incident occurred in 2012, was first reported in December 2015, and the Administrative investigation was completed in April 2016. The case involved a staff member and the staff member resigned in lieu of dismissal.

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.

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 and IPCM 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 One Place Family Justice Center in Montgomery, AL for a SAFE/SANE examination. Criminal investigations would be forwarded to the I&I Division for investigation. 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. ALL

PREA incidents for Tutwiler are conducted by I&I. They are first looked at for any indications of criminal conduct that could be determined and/or referred for prosecution. If evidence does not support any criminal offenses, the investigation is then returned to I&I from the D.A.'s office and an administrative investigation is initiated. The District Attorney reviews all investigations prior to referral for administrative investigation to ensure no criminal offense was committed that may have been overlooked by the investigator. Any criminal offense is referred for prosecution.

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.

ADOC AR 454 (page 22) states Sexual Abuse and Sexual Harassment Investigations: The standard of proof in all investigations of sexual abuse and harassment is a preponderance of the evidence.

Interviews with the I&I Director and an investigative staff member both indicated a preponderance of evidence is the evidentiary standard used when determining whether to substantiate allegations of sexual abuse or sexual harassment.

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.

Tutwiler Prison Policy SOP 8-12 H-2g: Reporting and Investigating Sexual Abuse and Sexual Harassment- Inmate Reporting states 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.

Following an inmate's allegation that a staff member has committed sexual abuse or sexual harassment against an inmate, the Institutional PREA Compliance Manager shall subsequently inform the inmate of the following:

- 1) A separation order has been submitted between the staff member and the inmate;
- 2) The staff member is no longer employed at the Prison;
- 3) Any charges filed against the employee regarding the alleged sexual abuse; or
- 4) Any convictions against the employee regarding the alleged sexual abuse.

During the past 12 months, there were 22 criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency. Of these investigations, there were 24 inmates who were notified of the results of the investigation. The notifications were all documented. During the past 12 months, there were no criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by an outside agency.

Through interviews with various staff and inmates, it was determined investigators notify the inmate, verbally and now 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 were informed of the results of the investigation and signed for a copy. During the pre-audit, it was determined that policy did not include #1 above (a separation order has been submitted between the staff member and the inmate). During the site visit, this was discussed and the administration was able to rectify this by modifying existing SOP 8-12 section V to have it include this. This satisfied any concern the auditor had regarding compliance of this 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.

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

In the 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.

During the past 12 months, there has been no staff member from the facility who has 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. There has been one staff member in which a substantiated finding was held for an Administrative investigation. This staff member resigned in lieu of dismissal.

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 one 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.

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.

When an allegation is made involving a contractor or volunteer, this person will be removed from contact with the alleged victim pending the outcome of the investigation. If a contractor or volunteer violates procedures, other than by engaging in sexual abuse, the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates, and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

During the past 12 months, there have not been any contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates.

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.

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.

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

During the past 12 months, there has been no administrative finding of inmate-on-inmate sexual abuse and no criminal findings of guilt for inmate-on-inmate sexual abuse that has occurred at the facility.

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.

Through interviews with staff, it was determined inmates who have violated the agency's sexual abuse and sexual harassment procedures would go through a disciplinary hearing. If the allegations were criminal in nature, the I&I Division would refer the case to the local District Attorney's Office in order to pursue criminal charges.

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.

ADOC AR 454 Intake Procedures: states if the screening indicates that a prison or jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is referred to mental health for follow up. Outside counseling services may be approved for alleged or confirmed victims of sexual abuse, and Mental Health Staff shall coordinate with outside crisis services to ensure continuity of care/counseling.

If the screening pursuant to PREA Standard 115.41 indicates an inmate discloses previous victimization in the community to a medical or mental health practitioner at the facility, the inmate has the right to determine how or if medical or mental health practitioners may share that information with other staff and requires that the practitioner obtain informed consent before sharing this information with staff making housing, program, education, and work decisions. All victims/perpetrators are offered mental health services whether or not they occurred in the facility, or prior in the community. Any information related to sexual victimization or abusiveness occurring in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans, security and management decisions, including housing, bed placement, work, education, and program assignments, or otherwise required by Federal, State, or local law.

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

During the past 12 months, 100% of inmates who have previously perpetrated sexual abuse were offered a follow-up meeting with a mental health practitioner.

During the onsite audit, the auditor reviewed a sample of records of both inmates who disclosed prior victimization as well as inmates who have previously perpetrated sexual abuse. The referrals for follow up care for these inmates are documented and occur in a timely manner.

The information related to sexual victimization or abusiveness that occurred in an institutional setting is shared with other staff strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

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 staff obtained informed consent prior to reporting about prior sex victimization that did not occur in an institutional setting.

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

ADOC AR 454 (page 18) Medical and Mental Health Care: 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.

Tutwiler Prison utilizes Light House Counseling Center, Inc/STAR for victim advocate services, and SAFE/SANE examinations are conducted at One Place Family Justice Center.

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 down to medical to receive stabilization treatment and would then be referred to One Place Family Justice Center for a SAFE/SANE 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. Inmates are not charged any fees for these services.

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.

Corizon Medical (contracted medical provider for Tutwiler Prison) provides medical and mental health evaluation and, as appropriate, treatment to any inmates who have been victimized by sexual abuse in the facility contracted for. An MOU is established through Corizon Medical with Light House Counseling Center to provide continuing victim services for inmates at Tutwiler.

Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections, as medically appropriate. Inmates will be scheduled to see the psychologist/psychiatrist at the next visit to perform an evaluation for counseling and follow-up for emotional trauma, potential risk of suicide, anxiety disorders, or other mental health problems.

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 One Place Family Justice Center for an evaluation and evidence collection (SAFE/SANE exam). These services will be provided at no cost to the victim, including pregnancy tests. Mental Health staff would respond and provide treatment within 72 hours.

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.

ADOC AR 454 (page 20-21) states: Within thirty (30) days of the conclusion of the I&I investigation, the Warden/ Director shall convene a sexual abuse incident review team to review all substantiated and unsubstantiated PREA allegations.

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

During the past 12 months, all criminal and/or administrative investigations of alleged sexual abuse completed at the facility were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents.

While onsite, the auditor reviewed a sample of these investigations and the incident reviews that were documented.

During the pre-audit, the auditor was provided with documentation of an incident review (standardized form titled “Sexual Abuse Incident Committee Report”). Recommendations are made as part of the incident review. The facility implements the recommendations for improvement or documents its reasons for not doing so.

During the site visit, the auditor reviewed over 20 investigations that had been completed (some going back almost two years). All of these investigations had a documented incident review. The unfounded investigations also had incident reviews conducted, but most of these were outside of the 90 day window. IPCM documents even the unfounded investigations with an incident review, in the event there may be areas that need attention in order to help deter against false allegations (even though this is not required).

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.

ADOC AR 454 Data Collection (page 24)

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 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.

Tutwiler Prison collects accurate, uniform data for every allegation of sexual abuse at facilities under the Department’s direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

The agency aggregates the incident-based sexual abuse data annually. The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinements of its inmates.

The agency provides the Department of Justice (DOJ) with data from the previous calendar year upon request.

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.

Tutwiler Prison aggregates data annually and provides this information to the Alabama Department of Corrections and the Department of Justice in order to be disseminated to the public through their reporting services. The report shall document the year’s data and corrective action, with those of prior years focusing on progress in addressing sexual abuse. Information may be redacted if it presents a clear and specific threat to the safety and security of the facility. Nature of the material redacted must be indicated.

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

Standard 115.89 Data storage, publication, and destruction

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

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

Tutwiler Prison 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.

Through various staff interviews, it was determined sexual abuse data is submitted to the agency. If a problem or trend is noticed, a plan of action would be drafted to rectify the problem. Data is retained on secure servers that are backed up.

AUDITOR CERTIFICATION

I certify that:

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

William Boehnemann

June 8, 2016

Auditor Signature

Date