

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

Interim       Final

Date of Report    August 13, 2020

## Auditor Information

Name: Kendra Prisk      Email: Kendra@preaauditing.com

Company Name: PREA Auditors of America, LLC

Mailing Address: 14506 Lakeside View Way      City, State, Zip: Cypress, TX 77429

Telephone: 713-818-9098      Date of Facility Visit: February 17-18, 2020

## Agency Information

Name of Agency: Alabama Department of Corrections      Governing Authority or Parent Agency (If Applicable): State of Alabama

Physical Address: 301 S. Ripley Street      City, State, Zip: Montgomery, AL 36130

Mailing Address: PO Box 301501      City, State, Zip: Montgomery, AL 36130

The Agency Is:       Military       Private for Profit       Private not for Profit

Municipal       County       State       Federal

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

## Agency Chief Executive Officer

Name: Jeffery Dunn

Email: Jeffery.Dunn@doc.alabama.gov      Telephone: 334-353-3879

## Agency-Wide PREA Coordinator

Name: Christy Vincent

Email: Christy.Vincent@doc.alabama.gov      Telephone: 334-353-2501

PREA Coordinator Reports to:      Number of Compliance Managers who report to the  
Inspector General Mark Fassl      PREA Coordinator      26

## Facility Information

<b>Name of Facility:</b> W.C. Holman Correctional Facility			
<b>Physical Address:</b> 866 Ross Road		<b>City, State, Zip:</b> Atmore, AL 36503	
<b>Mailing Address (if different from above):</b> 3700 Holman		<b>City, State, Zip:</b> Atmore, AL 36503	
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Facility Website with PREA Information:</b> <a href="http://www.doc.state.al.us/PREA">http://www.doc.state.al.us/PREA</a>			
<b>Has the facility been accredited within the past 3 years?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):</b>			
<input type="checkbox"/> ACA			
<input type="checkbox"/> NCCHC			
<input type="checkbox"/> CALEA			
<input type="checkbox"/> Other (please name or describe:			
<input checked="" type="checkbox"/> N/A			
<b>If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:</b>			
<b>Warden/Jail Administrator/Sheriff/Director</b>			
<b>Name:</b> Cynthia D. Stewart			
<b>Email:</b> <a href="mailto:CynthiaD.Stewart@doc.alabama.gov">CynthiaD.Stewart@doc.alabama.gov</a>		<b>Telephone:</b> 251-368-8173 Ext 101	
<b>Facility PREA Compliance Manager</b>			
<b>Name:</b> Angelia Norman			
<b>Email:</b> <a href="mailto:Angelia.Norman@doc.alabama.gov">Angelia.Norman@doc.alabama.gov</a>		<b>Telephone:</b> 251-368-8173 Ext 630	
<b>Facility Health Service Administrator</b>			
<b>Name:</b> Kimberly McCants			
<b>Email:</b> <a href="mailto:Kimberly.Mccants@wexfordhealth.com">Kimberly.Mccants@wexfordhealth.com</a>		<b>Telephone:</b> 251-368-8173 Ext 400	

<b>Facility Characteristics</b>	
<b>Designated Facility Capacity:</b>	978
<b>Current Population of Facility:</b>	727

Average daily population for the past 12 months:	1,342	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	21-86	
Average length of stay or time under supervision:	6 months	
Facility security levels/inmate custody levels:	Level 5 (Close)	
Number of inmates admitted to facility during the past 12 months:	268	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	268	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	268	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	181	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	26	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	51	

Number of volunteers who have contact with inmates, currently authorized to enter the facility:	393
<b>Physical Plant</b>	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	7
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	15
Number of single cell housing units:	9
Number of multiple occupancy cell housing units:	1
Number of open bay/dorm housing units:	5
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	200
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Are mental health services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Where are sexual assault forensic medical exams provided? Select all that apply.</b>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input checked="" type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )
<b>Investigations</b>	
<b>Criminal Investigations</b>	
<b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b>	<b>37</b>
<b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe): <input checked="" type="checkbox"/> N/A
<b>Administrative Investigations</b>	
<b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b>	<b>37</b>
<b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe): <input checked="" type="checkbox"/> N/A

# Audit Findings

## Audit Narrative

The Prison Rape Elimination Act (PREA) re-certification audit for W.C. Holman Correctional Facility, Alabama Department of Corrections (ADOC) in Atmore, Alabama was conducted on February 17-18, 2020 to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

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

The previous PREA audit was conducted by PREA auditor Ronny Taylor on August 4-7, 2017. The previous auditor conducted the audit with two exceeds standards and 41 met standards.

Prior to the on-site portion of the audit the auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation. The facility was responsive related to any questions the auditor had during this review. The facility Compliance Manager, or the Institutional PREA Compliance Manager (IPCM), as the agency refers to them, ensured the audit announcement was placed throughout the facility prior to the audit. The auditor received seven emailed photos on January 30, 2020 confirming that the PREA audit announcement was posted throughout the facility six weeks prior to the audit. The seven photos evidenced the announcement posted in bright neon colors the administrative area in the front door, in the visitation area, in the main hallway, by the employee time clock and in housing units to include; segregation, death row and general population. The auditor did not receive any correspondence from inmates or staff prior to the on-site portion of the audit.

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site audit. Based on the population on the day of the audit (727) the PREA auditor handbook indicated that at least 30 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random inmate interviews were chosen at random and varied across; gender, race, ethnicity, housing assignments and time in custody. Inmates selected for the targeted interviews were selected at random across varying factors, when possible. Interviews were conducted using the *Inmate Interview Questionnaire* supplemented by the *Targeted Inmate Questionnaires*. The table following the inmate listings depicts the breakdown of inmate interviews.

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

Category of Inmates	Number of Interviews
Random Inmates	15
Targeted Inmates	16
Total Inmates Interviewed	31
Targeted Inmate Interview:	
• Youthful Inmates	0
• Inmates with a Disability	0
• Inmates who are LEP	0
• Inmates with a Cognitive Disability	0
• Inmates who Identify as Lesbian, Gay or Bisexual	4
• Inmates who Identify as Transgender or Intersex	3
• Inmates in Segregated Housing for High Risk of Victimization	0
• Inmates who Reported Sexual Abuse	5
• Inmates who Reported Sexual Victimization During Screening	4

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

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

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

Category of Staff	Number of Interviews
Random Staff	12
Specialized Staff	24
Total Staff Interviews	36
Specialized Staff Interviews	
• Agency Contract Administrator	1
• Intermediate or Higher Level Facility Staff	3
• Line Staff who Supervise Youthful Inmates	0
• Education and Program Staff who Work with Youthful Inmates	0
• Medical and Mental Health Staff	4
• Human Resources Staff	1
• Volunteers and Contractors	4
• Investigative Staff	2
• Staff who Perform Screening for Risk of Victimization	2
• Staff who Supervise Inmates in Segregated Housing	2
• Incident Review Team	1
• Designated Staff Member Charged with Monitoring Retaliation	1
• Security and Non-Security who Acted as First Responders	2
• Intake Staff	1

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

- Ms. Cheryl Price (Agency Head Designee)
- Ms. Cynthia D. Stewart (Warden)
- Mrs. Christy Vincent (PREA Coordinator/Director "PC")
- Ms. Angelia Norman (PREA Compliance Manager "CM")

The on-site portion of the audit was conducted on February 17, 2020 and February 18, 2020. The auditor had an initial briefing with facility leadership and answered any questions. After the initial briefing, the auditor began selecting staff and inmates for interviews and identifying the appropriate paperwork that needed to be reviewed. The auditor then began reviewing documentation for compliance. A tour of the facility was conducted on February 17, 2020 and began at 1:30pm. The tour including all areas associated with Homan Correctional Facility, to include, all housing units (A-I, K-Q and S), intake, medical and mental health, maintenance, work and program areas (chapel, the cafeteria, the kitchen, laundry, library, hobby craft and vocation) and common areas (outdoor recreation areas, visitation and offices/support staff areas). During the tour the auditor was cognizant of staffing levels, monitoring technology placement (cameras and mirrors), blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the below standard findings. During the tour the auditor spoke to staff and inmates informally about PREA and the facility in general. The tour was completed at 4:30pm.

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

**Personnel and Training Files.** The facility has 181 staff assigned. The auditor identified a random sample of 34 personnel and training records that included 25 individuals hired within the past twelve months for review. The sample included a variety of job functions and post assignments, including both supervisory and line staff. Additionally, personnel and training files for four contractors, as well as training files for three volunteers who have contact with inmates were reviewed. Personnel and training files were selected for those staff and contractors that the auditor conducted random interviews with and as such the files selected were an unbiased random sample.

**Inmate Files.** On the first day of the onsite phase of the audit, the inmate population was 727. A total of 28 inmate records were reviewed. The records reviewed were of those inmates selected to be interviewed via the targeted and random inmate selection. It should be noted that two inmates were interviewed for two sets of specialized questions as they fell into both categories. As such, 31 interviews were conducted but only 28 files were reviewed.

**Medical and Mental Health Records.** During the past year, there were 22 inmates that reported sexual abuse at the facility. The auditor reviewed available medical and mental health files related to those 22 allegations. Additionally, four mental health files were reviewed for inmates who reported prior victimization during the risk screening.

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

**Hotline Calls.** It was confirmed that calls were received from the hotline during the previous twelve months. The calls are broken into three categories, PREA checks, non-PREA related calls and potential PREA calls. The PREA checks are those calls where security staff ensure the line is working properly. Non-PREA calls were those that are not related to sexual abuse and sexual harassment and PREA calls were those that may be sexual abuse or sexual harassment and are forwarded to I&I and/or the facility to handle.

**Incident Reports.** The auditor reviewed the 26 incident reports from the sexual abuse and sexual harassment allegations reported in the previous twelve months. Additionally, the auditor reviewed another

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

**Investigation Files.** The Internal Investigations Unit (I&I) is responsible for the majority of agency investigations. During the previous twelve months, there were 26 allegations reported at the facility. Of the 26, 24 were criminally investigated and two were administratively investigated. All 26 of the investigations were closed and the chart below outlines the investigative findings. The auditor reviewed all 26 investigations to determine compliance with standards.

	Sexual Abuse		Sexual Harassment	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Substantiated	1	0	0	0
Unsubstantiated	9	2	1	0
Unfounded	3	7	1	2
<b>Total Allegations</b>	<b>13</b>	<b>9</b>	<b>2</b>	<b>2</b>

## Facility Characteristics

W.C. Homan Correctional Facility is a state prison under the authority of the Alabama Department of Corrections, located at 866 Ross Road, in Atmore, Alabama. Holman Correctional Facility opened in December 1969 and is located ten miles north of Atmore, Alabama. Holman is the ADOC's primary facility for housing death row inmates and is the only facility in the state that carries out executions. The facility also serves the state by providing industry via the tag plant, where state's motor vehicle tags are manufactured, as well as the sewing factory, where sheets and pillow cases are made to be distributed to other state prisons. The facility comprises seven buildings all inside the secure perimeter. These building include the administrative building, the main building with numerous housing units, program areas and common areas, E dorm, the sewing plant, the tag plant, maintenance and intake.

The secure perimeter contains all housing units, central control, visitation, classification, medical, mental health, an infirmary, two libraries, a chapel a dining room, a kitchen, a hobby craft shop, a barbershop, outdoor recreation, a weight yard, Native American grounds, intake, the tag plant, the sewing plant, a laundry storage area, the death chamber and numerous medical, mental health, dental, classification and security offices. The main entrance to the building of the facility is located to the north. The administrative building is found immediately after entering the secure perimeter. This building houses the Warden's office as well as numerous other offices. The administrative building is a separate building from the main facility building comprising the majority of the housing, work and program areas. A small breezeway leads to the main building where a metal detector and search area is found. South of the metal detector is the visitation area. This consists of a large open space with tables and chairs for inmates to visit with their friends and family. To the west of the metal detector is a hallway that houses classification offices. To the east of the metal detector is staff offices, the staff break room, the mail room and the entrance to central control. Once through central control the dining room and kitchen are located directly south. The kitchen is equipped with all materials necessary to provide three meals a day to over 1,000 inmates. This includes, walk in coolers, freezers, food storage areas, ovens, etc. The inmate bathroom in the kitchen has a solid door that provides privacy. Behind this area is the laundry room, which is utilized only for laundry storage. All clothing and linens are sent to Fountain Correctional Facility for laundry services and then returned to the facility for distribution. The area between central control and the dining room is a

large hallway. The hallway extends in both the east and west direction. To the east you find staff offices, the law library, the chapel, the hobby craft shop, the barbershop and housing units A through D. To the west you find the health care unit to include the infirmary, numerous staff offices, storage, all death row housing units (F-I and N-Q) and the restrictive housing unit (K-M). The west hallway also comprises a holding area for inmates. This is a large open space with a half wall and open bar stock material on the top of the half wall. Also off this hallway is the suicide observation area. All dorms have an outdoor recreation area that is either completely separate or shared with another housing unit. Southeast of the facility entrance is E housing unit, which is the program dorm. The dorm is completely separated from the rest of the compound via cross fencing and has a separate recreation area with a basketball court. To the west of E dorm is the maintenance building. Inmates assist staff in repairing any maintenance issues within the facility. The maintenance building is equipped with a fully constructed enclosed barrier for the inmate toilet. West of the maintenance building is intake, the tag plant and the sewing plant. Intake is a large warehouse that is also utilized for storage. Intake consists of an enclosed area where inmates sit and watch the PREA education video. The area is equipped with posters and the bathroom has a door for privacy. The tag plant and the sewing plant are large open industry warehouse style areas. They contain mirrors and the toilets are individual stalls with doors.

The total capacity for the facility is 978. On the first day of the audit the population at the facility was 727. During the audit, inmates were being transferred to other ADOC facilities due to critical maintenance issues. The ADOC indicated that over 600 inmates would be transferred from Holman. The facility houses adult male inmates. The age range of the facility's population is 21-86 years of age. The facility houses level 5 inmates (close custody) to include death row. The average length of stay for inmates at the facility is approximately six months, however those on death row differ.

The facility comprises fifteen housing units. The units are labeled A-I, K-Q and S. Housing units comprise general population inmates, restrictive housing inmates and death row inmates. Inmates at the facility are mainly level 5, close custody inmates. A breakdown of the dorms and the inmate population that make up each dorm is found below. Of the fifteen housing units, ten are single cell occupancy with a total bed capacity of 28 for death row, five for suicide observation and 64 or 68 for restrictive housing and five units are open bay style with a capacity of 114 or 174.

Housing units A-D in the east wing of the building house general population inmates. These open bay multiple occupancy units mirror each other. A and D share a control cube (officer's station) while B and C share a control cube. Each unit has its own tv room to the east or west of the bathroom area that contains benches and a television. At the entrance to each housing unit is a split bathroom design. One side contains the shower area while the other side contains the toilets, urinals and sinks. The shower area has a half wall; however the wall was only approximately three feet and did not provide adequate privacy. The facility provided curtain material that was hung on the front section of the showers to provide privacy from staff outside of the dorm and in the control cube, however this material did not provide any privacy once staff were in the housing units. The toilet area consisted of a half wall which allowed for privacy as well as separation barriers for inmates to utilize for additional privacy. At the entrance to each housing unit following the bathroom area is a space with telephones to allow inmates to contact their loved ones. The housing units are open bay style with single bunks and double bunks down four rows. PREA posters and video monitoring technology were located throughout the housing units.

Housing units F-I and N-Q in the west wing of the building house all death row inmates. These units are single man cells and all the units mirror each other. Each unit has an upper tier and a lower tier. F, G, P and Q share a control cubicle while H, I, N and O share a different control cubicle. Two dayrooms are located between P and O units. These dayrooms are shared among two units, one for N and O and one for P and Q. Recreation enclosures are located outside each unit for death row inmates. Upon entry into the units there are two showers per tier. Showers have half walls and curtains to provide privacy for the inmates. All cells in these units are single cell open bar stock. They comprise a sink, a toilet, a bed, shelves and a storage area. The open bar stock does not provide privacy on the toilet however, inmates are allowed to place their sheet on the bar stock when utilizing the toilet. Additionally, based on the type of housing unit and the physical layout, announcements and advance notice of females allows inmates

privacy. The housing units all have at least three cameras to provide supplemental monitoring and all housing units had PREA posters present.

K, L and M are actually one housing unit. The unit is a three-tiered unit with each tier labeled a different letter. This unit is the restrictive housing unit and is occupied by those inmates on segregated status. The unit is located west of death row and is in a “V” shape with a control cubicle located on the second tier. Each cell is single occupancy with a toilet, sink, bed, desk and chair. The doors are solid with a small window for observation. Each tier is connected by stairs, although the unit does have an elevator for those with physical disabilities. Each tier contains six showers. The shower doors are lattice type material. The unit has cameras located throughout the tiers and PREA information posted.

Housing unit E is a separate physical building and is located southeast of the facility entrance. This is an open bay general population unit. This unit is larger and has additional programming space. The bathroom is located near the entrance of the housing unit on the north side, while a large dayroom is located near the entrance on the south side. The dayroom contains benches, chairs, tables, computers and televisions. The bathroom area has showers with half walls, toilets with barriers and half walls, sinks and urinals. There is also an area with phones for inmates to contact their loved ones. The remainder of the dorm is the inmate bedding area, which comprises rows of single bunks.

In addition to the above housing units, S housing unit is a five-cell area that is utilized for crisis and suicide observation. These are single man cells equipped with a solid door with a window for observation. Each cell has a toilet and sink. A shower is located at the entrance to the area and consists of a large door with two windows for observation. Based on the nature of these cells, inmates have limited privacy, however the safety of the inmates in this housing unit is the primary concern.

All dorms have PREA information posted in English and Spanish. PREA boxes are found in numerous locations around the facility for inmates to drop information. The IPCM receives all PREA box information and handles accordingly. The auditor tested the phones in two housing units and reached the hotline each time. Video monitoring technology is found throughout the facility to supplement staffing.

Housing Unit	Capacity	Style	Inmate Population
A	114	Open Bay	General Population
B	114	Open Bay	General Population
C	114	Open Bay	General Population
D	114	Open Bay	General Population
E	174	Open Bay	General Population – Program Dorm
F	28	Single Cell	Death Row
G	28	Single Cell	Death Row
H	28	Single Cell	Death Row
I	28	Single Cell	Death Row
K	64	Single Cell	Restrictive Housing
L	68	Single Cell	Restrictive Housing
M	68	Single Cell	Restrictive Housing

N	28	Single Cell	Death Row
O	28	Single Cell	Death Row
P	28	Single Cell	Death Row
Q	28	Single Cell	Death Row – Vacant
S	5	Single Cell	Suicide Observation

The facility employs 181 staff members. Staff make up three shifts; first shift works from 6:00am-2:00pm, second shift works from 2:00pm-10:00pm, and third shift works from 10:00pm-6:00am. Each shift has a shift commander (Lieutenant or Sergeant) that serves as the shift supervisor. Housing units are assigned at least one officer and additional roving officers serve numerous housing units. Roving officers are responsible for continually conducting walk throughs and security checks (required by policy every 30 minutes) of housing units and other buildings. Additional officers are assigned to other areas to include; shakedown, kitchen, intake, transport, visitation, etc. The facility employs 51 contractors, mostly medical and mental health staff. The facility also has numerous volunteers that have contact with inmates. Currently the facility has 393 volunteers that are able to provide services to inmates.

## Summary of Audit Findings

### Standards Exceeded

Number of Standards Exceeded: 1

List of Standards Exceeded: 115.31

### Standards Met

Number of Standards Met: 44

### Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

## PREVENTION PLANNING

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

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

#### Interviews:

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

## Findings (By Provision):

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

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

**115.11 (c):** The facility has a staff member responsible for ensuring PREA compliance (Institutional PREA Compliance Manager - IPCM). The facilities organizational chart confirms that this staff member is a Lieutenant position. The interview with the Compliance Manager indicated that she has sufficient time to coordinate the facility's PREA compliance. Additionally, during the audit the IPCM was knowledgeable about PREA and indicated how she educates staff and continually works to ensure inmates are safe from sexual abuse and sexual harassment at the facility.

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

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

### 115.12 (a)

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

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

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

**Documents:**

1. Pre-Audit Questionnaire

**Interviews:**

1. Interview with the Agency's Contract Administrator

**Findings (By Provision):**

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

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

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

**Standard 115.13: Supervision and monitoring**

**115.13 (a)**

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. Standard Operation Procedure (SOP) 0004-001 – Staffing Plan
3. Post Deviations Form
4. ADOC Form 454-J: PREA Annual Staffing Review Checklist
5. Log of Unannounced Rounds

### Interviews:

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

### Site Review Observations:

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

### Findings (By Provision):

**115.13 (a):** SOP 0004-001 indicates that the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with the staffing plan. The staffing plan takes into consideration; generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incident of abuse and any other relevant factors. The current staffing plan was reviewed and indicated that staffing was based off a capacity of 1,002. Each shift has a shift supervisor responsible for the shift. The facility has a critical component of seventeen officers required, these include: five cubicle officers, a death row rover, a hospital rover, five housing officers, two perimeter rovers, two tower officers and one segregation rover. There are numerous other posts, but these are the required critical that cannot go unmanned. The interview with the Warden confirmed that the staffing plan is a SOP and that they determine at the facility level the number and type of staff to place in each area. The Warden indicated that supervisory security checks and video monitoring is included in the staffing plan. Additionally, she indicated that vulnerable areas and high traffic areas are monitored more frequently and that they have roving requirements to ensure that staffing is adequate. She indicated the number and type of inmates are considering in the staffing plan as well as the other components including additional staff on first shift when all programs are occurring. The IPCM confirmed that the facility has a staffing plan that provides adequate staffing levels and that it takes into consideration the required factors.

**115.13 (b):** The facility indicated on the PAQ that deviations from the staffing plan had occurred and indicated these occurrences were due to staff shortages. SOP 0004-001 indicated that all deviations from the staffing plan are required to be documented by the Shift Commander. Documentation must include a written justification for the deviation, the date, the shift and the duration of the deviation. Policy requires that the document then be forwarded to the Captains and the IPCM. A review of a sample of five post deviation forms indicated that deviations are documented and that most occur due to staff shortages. The interview with the Warden indicated that all deviations are documented on the daily deviations log which includes information on why the post was unable to be manned. The Warden indicated during the interview that prior to closure of a post staff would be required to obtain authorization from her.

**115.13 (c):** The staffing plan was reviewed on May 29, 2019. The plan is reviewed via the PREA Annual Staffing Review Checklist ADOC Form 454-J. Attached to the form was a document that indicated any deficiencies or recommendations for the facility as it related to PREA compliance and sexual safety. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan and if any additional resources were needed and available to commit to ensuring adherence to the staffing plan. SOP 0004-001, describe the required annual review. The PC confirmed in the interview that the review is completed annually and that she reviews and signs the staffing plan review checklist. She also indicated that if during the year the Warden or anyone else sees a need to review the plan to make adjustments that they will meet at that point and go over it. She indicated they do not have to wait until the upcoming annual review.

**115.13 (d):** AR454, page 14, section C, indicates that each facility shall implement a practice of having intermediate and higher-level staff conduct and document unannounced rounds on day shift and night shift to identify and deter sexual abuse and sexual harassment. Additionally, policy requires the prohibition of alerting others of the rounds occurring and practices in place that disallow staff from alerting other staff of the rounds unless there is a legitimate operational need to do so. Unannounced rounds are conducted by the shift commander at least once per shift with a minimum of three times per week. Interviews conducted with intermediate/higher level staff indicated that supervisors are required to make unannounced rounds and they document them on the required form (log of unannounced rounds). A review of the PAQ supplemental documentation as well as a review of nine unannounced forms while on-site indicated that supervisory rounds were made nine out of the nine times. During the interviews, supervisory staff indicated that they make rounds on their own. They go to different housing units, deviate times and deviate locations. One supervisor indicated he sometimes goes during count and that he will stagger his times and interrupt his rounds to not make them a pattern.

Based on a review of the PAQ, SOP 0004-001, post deviation forms, ADOC Form 454-J, log of unannounced rounds forms, observations made during the tour and interviews with supervisory staff, this standard appears to be compliant.

## Standard 115.14: Youthful inmates

### 115.14 (a)

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

### 115.14 (b)

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

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

#### 115.14 (c)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

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

#### Interviews:

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

#### Site Review Observations:

1. Observations in Housing Units Related to Age of Inmates

#### Findings (By Provision):

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

**115.14 (b):** The PAQ indicated that W.C. Homan CF does not house inmates under the age of 18. While the agency does house youthful inmates, W.C. Homan CF does not. A review of the Memo from the Warden as well as the daily population report indicated that no inmates under the age of 18 were housed at the unit within the previous twelve months. During the tour, it was observed that no inmates under the

age of 18 were housed at the facility. Interviews with the Warden and IPCM confirmed that no inmates under the age of 18 are housed or have been housed at the facility during the audit period.

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

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

## Standard 115.15: Limits to cross-gender viewing and searches

### 115.15 (a)

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

### 115.15 (b)

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

### 115.15 (c)

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

### 115.15 (d)

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

### 115.15 (e)

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

### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

### Documents:

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

### Interviews:

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

### Site Review Observations:

1. Observations of Bathroom and Shower Areas
2. Observation of Absence of Female Inmates
3. Observation of Cross Gender Announcement

### Findings (By Provision):

**115.15 (a):** AR 336, page 4, section F, prohibit staff from conducting cross gender strip searches and cross gender body cavity searches except in exigent circumstances. The PAQ indicated that no searches of this kind were conducted at the facility over the past twelve months.

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

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

**115.15 (d):** AR 454, pages 14-15, section E, indicates that the facility enables inmates to shower, perform bodily functions and change clothes without staff of the opposite gender viewing their breasts, buttocks or genitalia. Additionally, policy requires staff of the opposite gender to announce their presence prior to entering a housing unit. 26 of the 30 inmates interviewed indicated that female staff announce when they are entering housing units and bathroom areas. These interviews also indicated that inmates do not have privacy while in the shower as it's an open area. Interviews with random staff indicated that seven of the twelve believed inmates have privacy while showering, using the restroom and changing their clothes. Staff indicated that inmates have walls, curtains and partitions. During the tour, the auditor observed staff make the cross-gender announcement when the audit team entered the housing units. The auditor observed that the open bay housing units, with the exception of E, had bathroom areas that did not provide privacy for the inmates. The toilet area contained a half wall with separation barriers; however the shower area was extremely open with a half wall that did not rise to the appropriate height to provide privacy. Additionally, the facility utilized mattress cover material as a curtain on the front of the shower to provide privacy from the control cubicle, however once inside the dorm there was limited to no privacy in the shower area. E housing unit provides privacy to the inmates via half walls and barriers that were the appropriate height. The single cell death row housing units provided adequate privacy via half walls and curtains in the shower as well as via sheets being authorized to be placed on the cell's open bar stock when inmates are utilizing the toilet. The restrictive housing unit provided privacy in cell via a solid door with a small observation window, however the showers on the tier contained lattice like material at the entrance and did not provide adequate coverage for the inmate's genital area while showering. The suicide observation unit provided adequate privacy related to the nature of the cells via solid doors with windows for observation. The shower also had a solid door with two windows for observation, but again due to the nature of the cells this is provided adequate privacy. Lastly, the holding area outside of death row contained a toilet that was open to anyone walking down the hallway. The inmates in the holding cell did not have adequate privacy when using the restroom in this area.

**115.15 (e):** AR 454, page 15, section E, prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The PAQ indicated that there had been no searches of this nature within the past twelve months. Interviews with random staff indicated that while a few were not sure about the policy, all twelve would not conduct such a search and would contact their supervisor if they were unsure. The interviews with transgender inmates indicated that all three have never been strip searched for the sole purpose of determining their genital status.

**115.15 (f):** AR 454, page 15, section E, indicates that security staff are trained on conducting cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. The PRC's search video demonstrates how to conduct professional and respectful search of transgender and intersex inmates. The PAQ indicated that 100% of security staff had received this training. Interviews with twelve random staff indicated that nine had received this training last year during their annual training. Two of the staff that indicated they had not received it were new hires and had not attended their annual training yet.

While provisions (a) through (c), (e) and (f) appear to be compliant based on a review of the PAQ, AR 336, AR 454, the PRC's training video, a random sample of staff training records, observations made during the tour to include half walls, shower curtains, privacy barriers and the opposite gender announcement as well as information from interviews with inmates and staff, provision (d) of this standard

requires corrective action. While the agency has a policy that indicates inmate are afforded privacy while showering, using the restroom and changing their clothes; observations made during the tour as well as interviews with inmates and staff indicate that this policy is not being followed. The auditor observed that the open bay housing units, with the exception of E, had bathroom areas that did not provide privacy for the inmates. The toilet area contained a half wall with separation barriers; however the shower area was extremely open with a half wall that did not rise to the appropriate height to provide privacy. Additionally, the facility utilized mattress cover material as a curtain on the front of the shower to provide privacy from the control cubicle, however once inside the dorm there was limited to no privacy in the shower area. The restrictive housing unit provided privacy in cell via a solid door with a small observation window, however the showers on the tier contained lattice like material at the entrance and did not provide adequate coverage for the inmate's genital area while showering. Lastly, the holding area outside of death row contained a toilet that was open to anyone walking down the hallway. The inmates in the holding cell did not have adequate privacy when using the restroom in this area. Therefore, provision (d) of this standard requires corrective action.

#### **Corrective Action:**

The open bay housing units (A-D) are in the process of being shut down due to extreme maintenance issues. The agency did not indicate the status of these units. The auditor is unaware if they will be permanently closed, if they will be demolished and reconstructed or if maintenance would be completed and the units be re-opened. If they are permanently closed, no corrective action is required for these housing units. However, if they are to be utilized in the future for any inmate population, the auditor recommends that the bathrooms undergo construction to include raising the height of the half walls that are currently in the units. This will alleviate any cross-gender viewing issues while inmates are in the shower. The auditor recommends that the showers in restrictive housing be modified to add material to cover the genital area of inmates utilizing the shower, this can be accomplished in one of many ways (via expanded metal, via a shower curtain, via mattress material utilized in A-D units currently or by replacing the shower door with a solid door). The final area for corrective action is the holding cell. The auditor recommends that a small barrier be constructed and placed around the toilet area. This can be a permanent barrier or simply a constructed mobile privacy screen. The auditor will require a memo from the Agency Head indicating their intention for housing units A-D. If the agency will conduct maintenance and re-open the units, the auditor will need three photographs from each unit's shower areas showing the corrective action. Additionally, the auditor will need six photos (one per shower) from the restrictive housing depicting the corrective action and two photos of the barrier constructed in the holding area.

#### **Verification of Corrective Action since the Interim Audit Report**

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

#### **Additional Documents:**

1. Announcement from the Commissioner
2. Photos of Restrictive Housing Showers
3. Photos of Holding Cell

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provision (d). The auditor spoke to the IPCM and PREA Coordinator via phone for an update regarding the implementation of the corrective action. On April 29, 2020 the IPCM provided the auditor with two photos of the holding cell toilet. The facility enclosed the toilet with two barrier walls and a side inlet entrance. The photos confirmed that the facility corrected the cross-gender viewing issue in the holding cell and that inmates are now afforded privacy when using the restroom. On May 6, 2020 the IPCM and the PC forwarded the auditor a copy of an announcement from the Commissioner related to the closure of the open bay housing units at Holman CF. The announcement indicated that on January 29, 2020 they began the decommissioning of Holman CF due to deteriorating underground utility systems which provide essential power, water and sewer. The announcement further states that general population inmates would be transferred or moved to the E dorm (a stand-alone dorm outside of the main building) and the restrictive housing unit would be modified and become the new housing for death row

inmates. As of July 14, 2020 housing units A through D have been decommissioned and are not occupied by any inmates. As such, modifications are not required and the corrective action for this issue is not necessary. On July 24, 2020 the auditor received six photos of the restrictive housing unit showers. The photos evidence the corrective action related to the cross-gender viewing issue in the showers. The facility painted the area of the solid door that exposed the buttock and genital area. The paint obstructs any cross-gender viewing of the buttocks and genital area and as such corrects the privacy issue. Based on a review of the announcement and photos, this standard appears to be corrected and compliant.

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

### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. Alabama Institute for the Deaf and Blind Information
4. Memo of Non-Occurrence
5. PREA Posters
6. General Information Form

#### Interviews:

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

#### Site Review Observations:

1. Observations of PREA Posters in English and Spanish

## Findings (By Provision):

**115.16 (a):** AR 454, page 13, section B, establishes the procedure to provide disabled inmates an equal opportunity to benefit from all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Inmates who are deaf or hard of hearing as well as inmate who are blind may be provided information via the Alabama Institute for the Deaf and Blind. Additionally, inmates may be read PREA information or provided it in appropriate formats. A review of documents indicated that pictures are included on forms to accompany words to accommodate disabilities. No inmates were identified with a hearing, vision or cognitive disability and therefore interviews were unable to be completed. The Agency Head indicated that the agency has a MOU with the Alabama Institute for the Deaf and Blind which provides required assistance to facilities with regard to disabled inmates. The auditor viewed the intake area and the television that the video is played on is large enough for closed captioning and proper viewing. The audio is loud and there are no other activities occurring in this area during intake. A review of the 28 inmate files indicated that they received PREA information and they signed that they understood the information. During the tour, the PREA signage was observed to be in large text and bright colors.

**115.16 (b):** AR 454, page 13, section B, establishes the procedure to ensure meaningful access to all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are Limited English Proficient (LEP). The agency utilizes Google Translate to assist with interpretation and translation for LEP inmates. The facility utilizes a microphone that inmates and staff can speak into which then translates to the appropriate language and reads it back in that language. They can also utilize staff members if available. The PREA posters as well as the General Information Form is in both English and Spanish. During the tour the auditor observed the PREA posters and PREA information posted in both English and Spanish. Interviews with the Agency Head indicated that inmates receive PREA information in a format that they can understand. The Agency Head indicated that facilities utilize Google Translate for inmates who are LEP. The auditor was provided an overview of how Google Translate is used as well as tested the program herself. No inmates were identified as LEP and as such interviews could not be conducted. A review of the 28 inmate files indicated that they received PREA information and they signed that they understood the information.

**115.16 (c):** AR 454, page 13, section B, prohibits the use of inmate interpreters, readers or any other type of inmate assistants for allegations of sexual abuse and sexual harassment. The PAQ indicated that there were no instances where an inmate was utilized. Interviews with a random sample of staff indicated that ten of the twelve were aware that inmates are not utilized to interpret, translate or assist for PREA purposes. Interviews with disabled and LEP inmates were unable to be conducted as no inmates were identified in these categories.

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

## Standard 115.17: Hiring and promotion decisions

### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community

facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

### 115.17 (f)

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

### 115.17 (g)

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

### 115.17 (h)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. ADOC Form 216 and 216-B
4. Personnel Files of Staff
5. Contractor Background Files
6. Volunteer Background Files

### Interviews:

1. Interview with Human Resource Staff

### Site Review Observations:

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

### Findings (By Provision):

**115.17 (a):** AR 454, page 12, section 4, indicates that the agency will not hire or promote anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. The PAQ indicated that the agency prohibits hiring anyone who has engaged in the activities under this provision. The auditor requested documents to review 25 personnel files of staff hired in the previous twelve months, however at the time of this report the auditor still did not receive the required information. The auditor did receive and review information on criminal background checks for the twelve random staff that were interviewed. The information indicated that all twelve staff as well as the four contractors reviewed had a criminal background completed prior to being authorized to work at the facility.

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

**115.17 (c):** AR 454, page 12, section 4b, indicates that the agency is required to perform criminal background checks and make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of sexual abuse for new employees that may have contact with inmates. The PAQ indicated that 100% of those hired in the past twelve months that may have contact with inmates had received a criminal background check and prior institutional employers were contacted. The auditor requested documents to review 25 personnel files of staff hired in the previous twelve months, however at the time of this report the auditor still did not receive the required information. As such the auditor is unable to confirm if criminal background were completed and if prior institutional checks were completed. Human Resource staff indicated that all staff are required to have a criminal background check before they are hired and that all institutional agencies are contacted related to information on any prior substantiated allegations of sexual abuse or resignations while under investigation.

**115.17 (d):** AR 454, page 12, section 4b, indicates that the agency performs criminal background checks before enlisting the services of any contractor who may have contact with inmates. The PAQ indicated that there has been one contract at the facility within the past twelve months, this contract is for medical and mental health care staff. The PAQ indicated that of the 51 medical and mental health contracted staff, 100% have had a criminal background check prior to enlisting services. A review of a random sample of four contractor personnel files indicated that criminal background checks had been completed. Human Resource staff indicated that all contractors have a criminal background check completed prior to working at the facility.

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

**115.17 (f):** AR 454, pages 12-13, section 4b, indicates that the agency will ask all applicants and employees who have contact with inmates directly about whether they have: engaged in sexual abuse in prison, jail, lockup or any other institution been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion through a written application, during any interviews or through any written self-evaluations as part of a review of current employees. The auditor requested documents to review 25 personnel files of staff hired in the previous twelve months, however

at the time of this report the auditor still did not receive the required information. As such the auditor is unable to confirm if the required questions were asked to employees prior to hire. The interview with Human Resource staff confirmed that these questions are contained on the ADOC 216-B form, which all potential new hires as well as all potential promotional staff are required to complete.

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

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

While provisions (a), (b), (d), (e), (g) and (h) appear compliant based on a review of the PAQ, AR 454, ADOC 216-B, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview, provisions (c) and (f) require corrective action. The auditor requested documents to review 25 personnel files of staff hired in the previous twelve months, however at the time of this report the auditor still did not receive the required information. As such the auditor is unable to confirm if the required criminal background checks, required prior institutional checks and required sexual abuse questions were asked to employees prior to hire.

**Corrective Action:**

The auditor will need to receive the requested documentation indicating that the 25 staff hired in the previous twelve months received a criminal background check prior to hiring, had all prior institutional checks completed prior to hiring and completed the sexual abuse questions on the ADOC-216B form prior to being hired.

**Verification of Corrective Action since the Interim Audit Report**

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

**Additional Documents:**

1. Personnel Files

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provisions (c) and (f). The auditor spoke to the IPCM and PREA Coordinator via phone for an update regarding the implementation of the corrective action. On April 2, 2020, April 3, 2020, April 8, 2020 and April 15, 2020, the IPCM and PC forwarded the auditor copies 25 employee applications and background checks. A review of the applications indicated that all staff completed ADOC Form 216B prior to the background check and hiring. Additionally, a review of the documents confirmed that all 25 staff had received a background check via NCIC and Alacop prior to being hired. The review also illustrated that those staff that prior institutions had been checked for those staff that had previous institutional employment. Based on a review of the personnel files, this standard appears to be compliant.

**Standard 115.18: Upgrades to facilities and technologies**

**115.18 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire

### Interviews:

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

### Site Review Observations:

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

### Findings (By Provision):

**115.18 (a):** The PAQ indicated that when designing or acquiring any new facility or in planning any substantial expansion or modification of existing, the agency shall consider the effects upon the agency's ability to protect inmates from sexual abuse. The facility has not acquired a new facility or made a substantial modification since the last PREA audit. The interview with the Warden confirmed there have not been any modifications to the facility since August 20, 2012, however they were in the process of closing down housing units due to maintenance issues. The interviews with the Warden and Agency Head confirmed that if there were modification that they would consider the sexual safety of inmates as much as possible. During the tour, the auditor did not observe any renovations, modifications or expansions.

**115.18 (b):** The PAQ indicated that there has been upgrades or installation of video monitoring technology at the facility since the last PREA audit. The PAQ indicated the facility currently has 176 cameras and four mirrors. The interview with the Agency Head indicated that the agency as a whole uses video monitoring technology as a deterrent and to detect sexual abuse and sexual harassment. She indicated that staff and inmate's safety is a large factor in adding and modifying video monitoring technology, to include sexual safety. During the tour, the auditor observed video cameras in all housing units, in hallways and in most work and common areas.

Based on a review of the PAQ, observations made during the tour and interviews with the Agency Head and Warden, this standard appears to be compliant.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

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

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

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

#### Interviews:

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

### **Findings (By Provision):**

**115.21 (a):** The agency utilizes the National Protocol for Sexual Assault Medical Forensic Exams for uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. All agency investigators follow the evidence protocol. The PAQ indicated that the agency is responsible for conducting administrative and criminal investigations. Typically, criminal investigations are conducted by I&I, while administrative investigations are conducted by facility staff (Compliance Manager). Interviews with random staff indicated that ten were aware of evidence protocol, and that they would preserve evidence through securing the crime scene and wait for I&I.

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

**115.21 (c):** AR 454, pages 18-19, section G, indicates that all inmate victims of sexual abuse shall be offered access to forensic medical examinations at no cost. The facility does not offer forensic medical examinations on-site. Rather the inmate is transported to either USA Health University Center in Mobile or SART/SANE of Montgomery, where the forensic examination is performed by a nurse with specialized training. The PAQ indicated that during the previous twelve months, there have been seventeen forensic exams conducted. After a review of the documentation it was determined that there were actually eleven forensic examinations conducted. The PAQ indicate they were all performed by a SANE/SAFE. During the audit period, there were eleven instances where an inmate was provided a forensic medical examination. A review of documentation indicated that the inmates were transported to either USA Health University Hospital in Mobile or to SART/SANE of Montgomery, the local crisis center. A review of the hospital website confirmed they have a plethora of services available, to include women's health services and trauma services, which would include forensic medical examinations.

**115.21 (d):** The PAQ indicated that the agency attempts to make available to the victim a victim advocate from a rape crisis center. The agency has an MOU with the Alabama Coalition Against Rape to provide advocacy and emotional support services. The interview with Mr. Deluca from the Alabama Coalition Against Rape indicated that the local crisis center would provide advocacy during the forensic examination and during investigatory interviews.

**115.21 (e):** The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany the victim during the forensic medical examination and investigatory interviews. The agency has an MOU with the Alabama Coalition Against Rape to provide advocacy and emotional support services. The interview with Mr. Deluca from the Alabama Coalition Against Rape indicated that the local crisis center would provide advocacy during the forensic examination and during investigatory interviews.

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

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

**115.21 (h):** The staff employed at the Alabama Coalition Against Rape and the local rape crisis centers are considered qualified victim advocates.

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

## Standard 115.22: Policies to ensure referrals of allegations for investigations

### 115.22 (a)

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

### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

### 115.22 (c)

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

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

**Documents:**

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

**Interviews:**

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

**Findings (By Provision):**

**115.22 (a):** AR 454, page 22, section I, outlines the administrative and criminal investigative process. Policies require that all allegations be reported to a staff member which will then be forwarded to a supervisor. The supervisor will report the information to the Warden, IPCM and I&I. Either the IPCM or I&I, depending on the allegation type, will then initiate an investigation. The PAQ indicated that there were 31 allegations reported within the previous twelve months. A review of documentation confirmed that there were actually 26 allegations in the previous twelve months. Of those 26, two were administrative investigations and 24 were criminal investigation. The interview with the Agency Head indicated that all allegations are reported and documented on an incident report. The report as well as all other information and evidence are then turned over to I&I for investigation.

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

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

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

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

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

## TRAINING AND EDUCATION

**Standard 115.31: Employee training****115.31 (a)**

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

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

#### 115.31 (c)

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

### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. Administrative Regulation 318 – Employee Inmate Relationships
4. PREA Employee Training Curriculum
5. PREA Refreshers/PREA Newsletter
6. Sample of Staff Training Records
7. Duty Card
8. PREA Pocket Guide

#### Interviews:

1. Interview with Random Staff

#### Findings (By Provision):

**115.31 (a):** AR 454, page 11, section A, indicates that all staff are required to receive PREA training at least every two years. The PREA training curriculum is paired with AR 454 as well as AR 318 to fully educate staff on PREA requirements. A review of the PREA training curriculum as well as AR 454 and AR 318 confirm that the agency trains all employees who may have contact with inmates on the following matters: its zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. A review of a sample of twelve staff training records indicated that all twelve had reviewed received PREA training. Additionally, records indicated that staff received training through the IPCM via newsletters, informational cards and through a staff educational board. The IPCM has initiated educational and training practices that exceed the standard. The IPCM chooses standards each quarter to focus on in her PREA Newsletter. The IPCM provides staff with the standard and then provides additional handouts and information on the implementation and practice of these standards. Additionally, she has created a PREA information board at the entrance of the facility where she posts similar information for staff to review. The agency has created duty cards to assist staff in ensuring they are aware and remember their duties once an allegation has been reported. The agency also has PREA pocket guides that go over the standards as well as staff's responsibilities related to those standards. All staff members are provided a card and a pocket guide.

Interviews with random staff confirmed that all twelve had received PREA training within the previous two years and most had received it last year at annual training.

**115.31 (b):** AR 454, page 11, section A, states that the training shall be tailored to the gender of the inmate at the unit of assignment and that the employee shall receive additional training when transferring to a unit with inmates of a different gender. The facility houses only male inmates and as such the staff receive training tailored to male inmates. The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. A review of a sample of twelve staff training records indicated that all twelve of those reviewed received PREA training.

**115.31 (c):** The PAQ indicated that 157 staff have been trained in PREA requirements and that they receive PREA training once every two years. The PAQ also indicated that in between trainings staff are provided PREA information by the Compliance Manager via memos, meetings and bulletin boards. The facility currently employs 181 staff, the IPCM indicated that the 24 staff who were hired in the previous twelve months had not all attended the annual training and therefore did not receive the extensive PREA training. However, based on a review of the new employee training, PREA is covered prior to employment and as such all 181 staff have received PREA training. A review of documentation confirmed that all current staff received PREA training in 2016 and 2018, while all newly hired staff received it in 2019. Staff receive PREA training every two years during their annual training. A review of a sample of twelve staff training records indicated that all twelve of those reviewed received PREA training. Interviews with random staff confirm that they all had received training.

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

Based on a review of the PAQ, AR 454, AR 318, the PREA Training Curriculum, the PREA Refresher/PREA Newsletter, duty cards, the PREA pocket guide, a review of a sample of staff training records, the staff PREA educational board, as well as interviews with random staff indicate that the facility exceeds this standard.

## **Standard 115.32: Volunteer and contractor training**

### **115.32 (a)**

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

### **115.32 (b)**

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

### **115.32 (c)**

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. PREA for Approved Contract Personnel Training Curriculum
3. Prison Rape Elimination Act (PREA) Training for Contractor and Volunteers Curriculum
4. Sample of Contractor Training Records
5. Sample of Volunteer Training Records

### Interviews:

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

### Findings (By Provision):

**115.32 (a):** The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors are required to receive the PREA for Approved Contract Personnel Training. The PAQ indicated that 393 volunteers and contractors had received PREA training, which is equivalent to 100%. A review of a sample training documents for four contractors and three volunteers indicated that 100% of those reviewed received PREA training. Additionally, the interviews conducted with the two contracted staff confirmed that they had received PREA training and that they receive it at the ADOC's annual training. They indicated that they were aware of the zero-tolerance policy and knew to immediately report to security if they were informed of an allegation. The interviews with the two volunteers indicated that they received training from the Chaplain to include a video and a pop quiz. They also confirmed they were aware of the agency's zero tolerance policy and knew to report immediately to the first security staff member.

**115.32 (b):** The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. It also indicated that the level and type of training is based on the services they provide and the contact they may have with inmates. All volunteers and contractors are required to receive the PREA for Approved Contract Personnel Training or the PREA Training for Contractors and Volunteers. A review of the training curriculums indicated that they both contains information on the agency's zero tolerance policy and how to report incidents of sexual abuse and sexual harassment. The interviews conducted with the two contracted staff confirmed that they had received PREA training and that they receive it at the ADOC's annual training. They indicated that they were aware of the zero-tolerance policy and knew to immediately report to security if they were informed of an allegation. The interviews with the two volunteers indicated that they received training from the Chaplain to include a video and a pop quiz. They also confirmed they were aware of the agency's zero tolerance policy and knew to report immediately to the first security staff member.

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

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

## **Standard 115.33: Inmate education**

### **115.33 (a)**

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

### **115.33 (b)**

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

### **115.33 (c)**

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

### **115.33 (d)**

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

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
  
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
  
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
  
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Documents:

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

### Interviews:

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

**Site Review Observations:**

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

**Findings (By Provision):**

**115.33 (a):** AR 454, pages 13-14, section B, outline the requirement for inmates to receive PREA education, specifically information on the agency's zero tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment. Inmates receive information on the zero-tolerance policy and how to report allegations via Holman's General PREA Information form, the inmate handbook and the PREA brochure. Inmates are required to sign ADOC 454-A indicating that they received the information. The PAQ indicated that 268 inmates received information on the zero-tolerance policy and how to report at intake. The facility indicated in the PAQ that they had received 268 inmates in the previous twelve months. A review of documentation indicated the male inmate orientation handbook, pages 21-23, the General PREA Information form and the PREA brochure have information on the zero-tolerance policy and the reporting methods. A review of a sample of seventeen inmate files that were received within the previous twelve months indicated that all seventeen were documented with receiving PREA information at intake. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates were provided ADOC 454-A, the PREA brochure and were shown the PREA video. The interview with intake staff indicated that he starts by showing the inmates the film and going over the handout. He advised he tells them about the zero-tolerance policy, the posters on the wall, explains what PREA is and tells them to notify an officer or report it via any of the other methods available immediately. Of the 28 inmates that were interviewed, 24 indicated that they received PREA information.

**115.33 (b):** AR 454, pages 13-14, section B, outlines the requirement for inmates to receive PREA education, specifically the comprehensive education that is provided to the inmates. The policy indicates that inmates will receive comprehensive PREA education within 30 days of arrival into the facility. The ADOC created a PREA video for inmate education. The video educates inmates on their rights to be free from sexual abuse and sexual harassment and their right to be free from retaliation. The video also goes over the agency's policies and procedures related to prevention, detection and response. Additionally, education includes information via the Inmate Education on Sexual Abuse outline. The PAQ indicated that 268 inmates received comprehensive PREA education within 30 days of intake. The facility indicated in the PAQ that they had received 268 inmates in the previous twelve months. A review of a sample of seventeen inmate files that were received within the previous twelve months indicated that all seventeen were documented with receiving comprehensive PREA education (completed at intake). During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates were provided ADOC 454-A, the PREA brochure and were shown the PREA video. The interview with intake staff indicated that he starts by showing the inmates the film and going over the handout. He advised he tells them about the zero-tolerance policy, the posters on the wall, explains what PREA is and tells them to notify an officer or report it via any of the other methods available immediately. Of the 28 inmates that were interviewed, 24 indicated that they received PREA information.

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

**115.33 (d):** AR 454, page 13, section B establishes the procedure to provide disabled inmates an equal opportunity to benefit from all the aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Inmates who are deaf or hard of hearing as well as inmate who are blind may be provided information via the Alabama Institute for the Deaf and Blind. Additionally, inmates may

be read PREA information or provided it in appropriate formats. The agency utilizes Google Translate to assist with interpretation and translation for LEP inmates. The facility utilizes a microphone that inmates and staff can speak into which then translates to the appropriate language and reads it back in that language. They can also utilize staff members if available. The PREA posters as well as the General Information Form is in both English and Spanish. Interviews with the Agency Head indicated that inmates received PREA information in a format that they can understand. The Agency Head indicated that facilities utilize Google Translate for inmates who are LEP. The auditor was provided an overview of how Google Translate is used as well as tested the program herself. A review of a sample of inmate files indicated that all inmates received PREA information in a format they could understand. The Agency Head indicated that the agency has a MOU with the Alabama Institute for the Deaf and Blind which provides required assistance to facilities with regard to disabled inmates. The auditor viewed the intake area and the television that the video is played on is large enough for closed captioning and proper viewing. The audio is loud and there are no other activities occurring in this area at intake. A review of the 28 inmate files indicated that they received PREA information and signed that they understood the information. During the tour, the PREA signage was observed to be in English and Spanish, in large text and in bright colors.

**115.33 (e):** Initial intake is completed when the inmate signs the inmate awareness acknowledgement (ADOC Form 454-A). Comprehensive PREA education is documented via the inmate sexual abuse awareness education sign-in roster. This information is maintained in the inmates file. A review seventeen inmate files of those inmates received in the previous twelve months indicated that seventeen of those reviewed had been documented that they received comprehensive PREA education.

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

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

## **Standard 115.34: Specialized training: Investigations**

### **115.34 (a)**

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

### **115.34 (b)**

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

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

### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Documents:

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

### Interviews:

1. Interview with Investigative Staff

### Findings (By Provision):

**115.34 (a):** AR 454, page 11, section A1, requires that all investigators receive training on conducting sexual abuse investigations in a confinement setting. This training is completed through one of two curriculums; the Moss Group’s Specialized Investigator Training or NIC’s Specialized Investigator

Training. The I&I investigator indicated he received specialized training via a computer class (NIC training) as well as a three days class that was put on by ADOC.

**115.34 (b):** AR 454, page 11, section A1, requires that all investigators receive training on conducting sexual abuse investigations in a confinement setting. This training is completed through one of two curriculums; the Moss Group's Specialized Investigator Training or NIC's Specialized Investigator Training. A review of the training curriculums confirmed that they included the following; techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or criminal prosecution. A review of investigator training records indicated that 31 of 37 investigators have completed the required training. The four investigators that completed the majority of the investigations at the facility were documented to have completed the specialized trainings on July 13, 2016, October 8, 2018, July 13, 2016 and October 16, 2019. The interview with the I&I investigator indicated he received specialized training via a computer class (NIC training) as well as a three days class that was put on by the ADOC. The investigator indicated the training covered all aspects and techniques of completing a sexual abuse investigation, how to collect evidence and the different ways to conduct an investigation. The investigator confirmed that all the aforementioned topics in this provision were included in his training.

**115.34 (c):** The PAQ indicated that currently there are 37 investigators who complete sexual abuse. Of the 37, the PAQ indicated that all have received specialized training. A review of the training documents indicated that 31 of the 37 investigators have received specialized training through one of the two curriculums. The auditor reviewed training records for the four investigators that completed the majority of the investigations at the facility. They were documented to have completed the specialized trainings on July 13, 2016, October 8, 2018, July 13, 2016 and October 16, 2019. The interview with the I&I investigator indicated he received specialized training via a computer class (NIC training) as well as a three days class that was put on by ADOC.

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

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

## **Standard 115.35: Specialized training: Medical and mental health care**

### **115.35 (a)**

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

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

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

#### 115.35 (b)

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

#### 115.35 (c)

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

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. NIC Medical Health Care for Sexual Assault Victims in a Confinement Setting

4. Wexford PREA Training Curriculum
5. Medical and Mental Health Staff Training Records

**Interviews:**

1. Interview with Medical and Mental Health Staff

**Site Review Observations:**

1. Observations during on-site review of physical plant

**Findings (By Provision):**

**115.35 (a):** AR 454, page 12, section 3, requires that all medical and mental health care staff complete specialized training. The NIC training as well as the Wexford PREA training is required to be completed when staff are hired and includes the following topics: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 51 medical and mental health staff and that 100% of these staff received the specialized training. A review of four medical and mental health training records indicated that all those reviewed received the specialized training. Interviews with medical and mental health staff confirmed that all four completed the PREA specialized training.

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

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

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

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

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.41: Screening for risk of victimization and abusiveness**

**115.41 (a)**

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

**Documents:**

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

**Interviews:**

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

**Site Review Observations:**

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

**Findings (By Provision):**

**115.41 (a):** AR 454, pages 15, section F, and the ADOC Male Classification Manual, page 16, indicates that all inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates. During the tour, the auditor observed the intake area, however this area is not where the risk screening occurs. The risk screening is conducted in a private office setting. Interviews with 28 inmates confirmed that nineteen remember being asked questions either at intake or within a few days. Of the 28 inmates, seventeen were received in the previous twelve months and eleven were received prior to the twelve months. Of the seventeen, over half indicated they were asked the risk screening and for those prior to the previous twelve months, nine indicated they were asked the risk screening. A review of documentation for the seventeen inmates received in the previous twelve months confirmed that all seventeen received the risk screening at intake within 72 hours. A review of documentation for eleven inmates received prior to 2019 indicated that seven received the risk screening while four did not. The interviews with the staff responsible for the risk screening indicated that inmates are screened at intake.

**115.41 (b):** AR 454, pages 15, section F, indicates that all inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates within 72 hours. The PAQ indicated that inmates are screened within this timeframe and that 268 inmates were received at the facility whose length of stay was for 72 hours or more. The PAQ indicated that 268 of those whose length of stay was for 72 hours or more received the risk screening within 72 hours. A review of documentation for the seventeen inmates received in the previous twelve months confirmed that all seventeen received the risk screening at intake within 72 hours. A review of documentation for eleven inmates received prior to 2019 indicated that seven received the risk screening while four did not. The interviews with the staff responsible for the risk screening indicated that inmates are screened at intake and this is ordinarily completed within 72 hours. Interviews with inmates received in the previous twelve months indicated that over half remember the risk screening. They indicated the screening typically occurred on the first day but no more than a few days later.

**115.41 (c):** The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of ADOC 454-C: PREA Risk Factor Checklist, indicated that inmates answer yes or no questions. The screening staff then verify their answers and complete a file review for topics such as violent criminal history, any previous sexual convictions, etc.

**115.41 (d):** A review of ADOC 454-C: PREA Risk Factor Checklist indicates that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical or developmental disability; the age of the inmate; the physical build of the inmate;

whether the inmate was previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the inmate has previously experienced sexual victimization and the inmate's own perception of vulnerability. Inmates at the facility are not held solely for civil immigration purposes and as such this portion of the screening is not included. The interviews with the staff responsible for the risk screening indicated that these criteria are included in the risk screening.

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

**115.41 (f):** AR 454, pages 15, section F, indicates that inmates would be reassessed for their risk of victimization or abusiveness within 30 days from their arrival at the facility. The PAQ indicated that the facility requires inmates to be reassessed and that 268 inmates were reassessed within 30 days. The PAQ indicated that 268 inmates' length of stay was for 30 days or more. The numbers indicate that 100% of those inmates whose length of stay was for 30 days or more received a reassessment. An interview with staff responsible for the 30-day risk screening indicated that inmates are reassessed within 30 days. Interviews with seventeen inmates received in the previous twelve months indicated that fourteen did not remember being asked the risk screening questions a second time. A review of the documents indicated that four inmates were received within the previous 30 days and as such their 30-day re-assessments were not yet completed. Of the remaining thirteen files reviewed, all thirteen were documented with a 30-day reassessment. It should be noted that the re-assessment does not incorporate asking all of the risk screening questions again, but rather a status update regarding if anything has changed since the prior assessment.

**115.41 (g):** AR 454, pages 16, section 5, indicates that inmates would be reassessed for their risk of victimization or abusiveness when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on their risk of sexual victimization or abusiveness. The PAQ indicated that this practice is occurring. An interview with the staff responsible for the risk screening indicated inmates are reassessed due to referral, incident or request. Interviews with seventeen inmates received in the previous twelve months indicated that fourteen did not remember being asked the risk screening questions a second time. A review of the documents indicated that four inmates were received within the previous 30 days and as such their 30-day re-assessments were not yet completed. Of the remaining thirteen files reviewed, all thirteen were documented with a 30-day reassessment. Additionally, a review of the 22 sexual abuse allegations indicated that all 22 were reassessed after their reported incident of sexual abuse.

**115.41 (h):** AR 454, pages 16, section 6, indicates that inmates would not be disciplined for refusing to answer the following questions during the risk screening: whether or not the inmate has a mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether or not the inmate previously experienced sexual victimization and the inmate's own perception of vulnerability. The PAQ indicated that inmates are not disciplined for refusing to answer. The interview with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening

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

classification and psychological services. This information is documented electronically and is only accessible to those with approved access.

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

## Standard 115.42: Use of screening information

### 115.42 (a)

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

### 115.42 (b)

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

### 115.42 (c)

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

### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. ADOC Form 454-C: PREA Risk Factor Checklist
4. Memorandum Related to Transgender Housing
5. Sample of Risk Based Housing Documents
6. Sample of Transgender/Intersex Reassessments
7. Inmate Housing Assignments/Logs

#### Interviews:

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

#### Site Review Observations:

1. Location of Inmate Records
2. Housing Assignments of LGBTI Inmates
3. Shower Area in Housing Units

## Findings (By Provision):

**115.42 (a):** AR 454, page 16, section 9 describes how the agency uses the information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate inmates at high risk of being sexual abused from those at high risk of being sexually abusive. The PAQ as well as interviews with the Compliance Manager and staff responsible for the risk screening indicated that information obtained from the risk screening is utilized to keep those at high risk of victimization separate from those who are at high risk of being sexually abusive. Interviews indicated that these inmates would not be housed together. A review of inmate files and of inmate housing and work assignments for the four inmates who reported prior victimization during the screening, as well as for the seven inmates who identified as LGBTI, confirmed that inmates at high risk of victimization were not placed in the same cell as an inmate who is at high risk of being sexually abusive.

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

**115.42 (c):** The memo from the Classification Director indicates that inmates are formally committed to custody of the ADOC through a conviction transcript certified by the clerk of the circuit court. The transcript includes demographic information including the inmate's sex. If the sex is listed as male, they are processed through Kilby CF for an ultimate male facility. If the transcript reflects the sex as female, the inmate will be processed and assigned to Tutwiler Prison for women. Once at the male or female intake facility, the inmate will then be reviewed on an individual basis to determine his/her final housing assignment (male or female). AR 454, page 17, section g, does indicate that housing and program assignments for transgender and intersex inmates are considered on a case by case basis to ensure the inmate's health and safety, and whether the placement would present management or security problems. The PAQ indicated that this practice is taking place. At the time of the audit, the facility was housing three transgender females. A review of documentation indicated that two of the transgender females were evaluated and determined to be best housed at a male facility. The third transgender female was still being evaluated at the time of the audit for appropriate housing. The interview with the CM indicated that the facility does not make the determination regarding male and female housing, rather that is done through the central office team. She did indicate however, that once at Holman she houses them based on their risk level and typically in D or E housing unit where they are most safe.

**115.42 (d):** AR 454, page 17, section d, indicates that housing and program assignments for transgender and intersex inmates are reassessed at least twice each year to review any threats to the inmate's safety. A review of documentation for the three identified transgender inmates indicated that two have been seen by mental health and security related to their safety and security biannually. Both inmates were reviewed twice in 2018 and twice in 2019. The third inmate was received at the facility in November 2019 and was assessed twice in that time frame, but is currently going through the housing evaluation process. The interview with the CM and staff responsible for the risk screening indicated that transgender and intersex inmates are reassessed at least twice a year.

**115.42 (e):** AR 454, page 17, section e, indicates that the inmate's own views with respect to his or her safety is given serious consideration. The interview with the CM and staff responsible for the risk screening indicated that transgender and intersex inmates are asked about their safety during the assessments and this information is given serious consideration. The interviews with the transgender inmates indicated that two of the three had been asked about their own view with respect to their safety. The one inmate indicated she is asked every time she goes to mental health.

**115.42 (f):** AR 454, page 17, section g, indicates that transgender and intersex inmates are given the opportunity to shower separately. The interview with the CM and the staff responsible for risk screening confirmed that transgender and intersex inmates can shower separately. The CM indicated that transgender inmates are authorized to shower at a separate time as indicated on the memo both staff and the inmate is provided. The auditor reviewed the memos provided for separate shower times which indicated on one that the inmate was authorized to shower from 10:00 pm to 10:15 pm while the other indicated the inmate would be authorized to shower after regular shower time. The memos indicated no other inmates are authorized to shower during this time. The interviews with the transgender inmates indicated that two of the three were authorized to shower separately. One inmate indicated she had a shower curtain she was authorized to use as well. The third transgender inmate indicated she was waiting for her approval to be processed but had not heard back about it yet.

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

Based on the PAQ, AR 454, ADOC Form 454-C, a review of inmate housing assignments, a review of transgender and intersex inmate's housing determinations and biannual assessments and information from interviews with the PC, Compliance Manager, staff responsible for conducting risk screenings and LGBTI inmates, this standard appears to be compliant.

## Standard 115.43: Protective Custody

### 115.43 (a)

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

### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No

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

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

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

#### Interviews:

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

### Findings (By Provision):

**115.43 (a):** AR 454, page 23, section J1, indicate that the agency does not place inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and no alternative is available to separate the inmate from likely abusers. The PAQ indicated that there have been zero inmates placed in involuntary segregated housing due to their risk of victimization, for 24 hours or less. The interview with the Warden indicated that it is prohibited to place these inmates in segregation unless the victim specifically requests to be placed there for protection.

**115.43 (b):** AR 454, page 23, section J2, indicates that if an inmate was placed in involuntary segregation, he would have access to programs, privileges, education and work opportunities to the extent possible and all limitations would be documented with indication of the reason and length of time of limitation. ADOC Form 454-H is utilized to document any restrictions or limitations for inmates placed in involuntary segregation. During the tour the auditor did not observe any inmates placed in the restrictive housing unit based on their high risk of sexual victimization or due to reporting a sexual abuse or sexual harassment allegation. The interviews with staff who supervise inmates in segregated housing indicated that typically inmates placed in involuntary segregated housing would receive access to everything except a job assignment. One staff member indicated that if they were back there due to high risk or an allegation of sexual abuse they would work with them to ensure they have access and are not being punished for reporting. Both interviews indicated that any restrictions would be documented on the appropriate form.

**115.43 (c):** The PAQ indicated that no inmates were assigned to involuntary segregated housing longer than 30 days while awaiting alternative placement. A review of documentation indicated no inmates were held in involuntary segregation for 30 days or more due to their risk of sexual victimization. The interviews with the staff who supervise inmates in segregated housing indicated that inmates would typically be held in involuntary segregated housing only until the immediate threat or danger was gone and typically no more than 72 hours. The interview with the Warden indicated that inmates would only be held in involuntary segregated housing until an alternative means of separation from the likely abuser could be arranged.

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

**115.43 (e):** AR 454, page 23, section J, indicates that if an inmate was placed in involuntary segregation due to risk of victimization that he would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from the general population. A review of documentation indicated no inmates were held in involuntary segregation for 24 hours or more that would require this justification. The interviews with the staff who supervise inmates in segregated housing indicated that the inmates would be reviewed every 30 days.

Based on a review of the PAQ, AR 454, ADOC Form 454-H, observations from the facility tour related to segregation areas as well as information from the interviews with the Warden and staff who supervise inmates in segregated housing, indicate that this standard appears to be compliant

## REPORTING

### Standard 115.51: Inmate reporting

#### 115.51 (a)

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

#### 115.51 (b)

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

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire

2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. Memorandum of Understanding with the Alabama Department of Economic and Community Affairs
4. Inmate Orientation Handbook
5. Male Inmate Handbook
6. PREA Posters

**Interviews:**

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

**Site Review Observations:**

1. Observation of PREA Reporting in all Housings Units

**Findings (By Provision):**

**115.51 (a):** AR 454, page 21, section 2, outlines the multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of additional documentation to include the male inmate handbook and PREA signage indicated that there are multiple ways for inmates to report. These reporting mechanisms include: to any employee, contractor or volunteer; via the hotline number, via a grievance, through the PREA box and through the pre-addressed envelope to I&I. During the tour, it was observed that information pertaining to how to report PREA allegations was outlined on the PREA posters throughout the facility. The posters indicated inmates could report via the third party hotline (\*6611), to any staff, contractor, volunteer, medical or mental health staff, to the IPCM, by dropping a letter in the PREA box, by writing a letter to I&I via the I&I envelopes or telling a family member, friend or legal counsel who can report via the website or via email (DOC.PREA@doc.alabama.gov). Interviews with a sample of inmates confirm that all 28 inmates interviewed were aware of at least one method to report sexual abuse and sexual harassment. The majority knew to report via the PREA hotline. Interviews with twelve random staff confirmed that there are numerous methods for inmates to privately report sexual abuse and sexual harassment. Staff indicated that inmates could report to staff, through the PREA box or by calling the PREA hotline.

**115.51 (b):** AR 454, page 21, section 2, indicates that the agency has a way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that the entity can immediately forward the report back to the facility for investigation. The MOU with the Alabama Department of Economic and Community Affairs indicated that inmates are able to call a hotline number (\*6611) and leave a message. This information is then immediately forwarded back to the facility via email. A review of additional documentation to include the male inmate handbook and PREA signage confirms the agency provides information and a phone number for the outside entity reporting method. Inmates can dial \*6611 from the facility phones or have a third-party email DOC.PREA@doc.alabama.gov. The interview with the CM indicated that inmates can call the PREA hotline and leave a message. That message is then immediately forwarded to the PC. Interviews with a sample of inmates confirm that 23 inmates were aware of the hotline and that the information is posted around the facility. During the tour the auditor tested the PREA hotline in two housing units to ensure access. The auditor received confirmation from the PC the same day the phones were tested that the calls were received and forwarded to her. The facility does not detain inmates solely for civil immigration purposes so this section of the provision does not apply.

**115.51 (c):** AR 454, page 19, section H and page 21, section 2, notes that staff are required to accept all reports made verbally, in writing, anonymously and from a third party and will promptly document any verbal reports. The PAQ indicates that staff accept all reports and that they immediately document any verbal allegations of sexual abuse or sexual harassment. A review of additional documentation to include

the male inmate handbook and PREA signage indicated inmates could report verbally, in writing, anonymously or through a third party. Interviews with a sample of inmates confirm that all 28 inmates interviewed were aware of at least one method to report sexual abuse and sexual harassment. Interviews with a sample of staff indicate they accept all allegations of sexual abuse and sexual harassment and they immediately report any allegation to their supervisor.

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

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

## **Standard 115.52: Exhaustion of administrative remedies**

### **115.52 (a)**

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

### **115.52 (b)**

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

### **115.52 (c)**

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

### **115.52 (d)**

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

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

#### 115.52 (f)

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

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Documents:

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

### Findings (By Provision):

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

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

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

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

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

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

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

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

## **Standard 115.53: Inmate access to outside confidential support services**

### **115.53 (a)**

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

### **115.53 (b)**

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

### **115.53 (c)**

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

### **Auditor Overall Compliance Determination**

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

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

**Documents:**

1. Pre-Audit Questionnaire
2. PREA Posters
3. MOU with the Alabama Coalition Against Rape

**Interviews:**

1. Interview with Random Inmates

**Site Review Observations:**

1. Observations of Victim Advocacy Information

**Findings (By Provision):**

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

**115.53 (b):** The PAQ indicated that inmates were informed the extent to which their communication would be monitored and the extent that reports of abuse would be forwarded to authorities, prior to giving them access. Inmates are informed of confidentiality via the PREA posters throughout the facility, as well as from the advocates they speak to outside the facility. A review of the PREA posters indicated that inmates are informed that communication with the Alabama Coalition Against Rape is confidential. Inmate interviews indicated that only four inmates were familiar with the victim advocacy/emotional support information. While inmates did not indicate they were familiar with the advocacy information, the information is provided and readily available. The victim advocacy information is contained on the brochure and on the PREA signage, therefore inmates were provided this information at intake and walk by this information daily in the facility. A phone interview with staff at the Alabama Coalition Against Rape indicated that they provide emotional support services to inmates at Holman via hotline and written correspondence

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

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

**Recommendation:**

While the facility provides inmates access to outside emotional support services, many of the inmates interviewed were unaware of the services. The auditor recommends that during intake the staff go over the advocacy information in detail to ensure the inmates are verbally told and understand what the services are and how to access them.

## Standard 115.54: Third-party reporting

### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
  
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. PREA Posters

### Findings (By Provision):

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

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

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

## Standard 115.61: Staff and agency reporting duties

### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

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

#### 4. Investigative Reports

##### Interviews:

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

##### Findings (By Provision):

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

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

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

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

**115.61 (e):** AR 454, page 19, section H1, indicates that all allegations of sexual abuse and sexual harassment, including third party and anonymous reports would be reported to the IPCM, the PREA Director and I&I immediately. The interview with the Warden confirmed that this is the practice. A review of the 26 investigative reports indicate that all allegations were reported to I&I for investigation, with two referred back to the facility investigator for an administrative investigation.

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

#### Standard 115.62: Agency protection duties

##### 115.62 (a)

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

#### Auditor Overall Compliance Determination

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

**Documents:**

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

**Interviews:**

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

**Findings (By Provision):**

**115.62 (a):** AR 454, page 23, section J1, indicate that the agency does not place inmates in involuntary segregation unless an assessment of all available alternatives has been made and no alternative is available to separate the inmate from the abusers. The PAQ noted that there were two inmates who were determined to be at risk of imminent sexual abuse. The PAQ indicated the average amount of time passed before action was taken was 24 hours and that the longest amount of time that elapsed for action was taken was 48 hours. The interviews with the Agency Head and Warden indicated that any inmate at risk would be removed from the situation immediately and an investigation would commence. The inmate's job assignment, housing assignment and programming assignments would be reviewed. The inmate may be moved to a different dorm, moved to a new facility or be placed in protective management. The Warden also indicated that the inmate would be monitored and placed in an area of the dorm that is safest. She also indicated that the IPCM would communicate with that inmate frequently and he would be provided mental health services. Interviews with random staff indicated that they would immediately notify their supervisor and remove the inmate from the situation and move him to safer environment. A review of documentation confirmed that the two inmates at imminent risk were immediately removed from the situation. The transfer to another facility took up to 48 hours.

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

**Standard 115.63: Reporting to other confinement facilities**

**115.63 (a)**

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

**115.63 (b)**

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

**115.63 (c)**

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

#### 115.63 (d)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

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

#### Interviews:

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

#### Findings (By Provision):

**115.63 (a).** AR 454, page 20, section d, describe the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden will notify the appropriate agency head as soon as possible, but not later than 72 hours. The PAQ indicated that during the previous twelve months, the facility has had no instances where inmates report that they were abused while confined at another facility. Example documentation from 2018 was included in the documentation, however these instances were out of the audit period. The interview with the Agency Head indicated that the specific facility Warden is the designated staff person that is contacted when another agency reports that an inmate has been sexually abused or sexually harassed at an ADOC facility.

**115.63 (b):** AR 454, page 20, section d, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden will notify the appropriate agency head as soon as possible, but not later than 72 hours. The PAQ indicated that during the previous twelve months, the facility has had no instances where inmates report that they were abused while confined at another facility. Example documentation from 2018 was included in the documentation, however these instances were out of the audit period. The interview with the Agency Head indicated that the specific facility Warden is the designated staff person that is contacted when another agency reports that an inmate has been sexually abused or sexually harassed at an ADOC facility.

**115.63 (c):** AR 454, page 20, section d, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden will notify the appropriate agency head as soon as possible, but not later than 72 hours. ADOC Form 454-F is utilized to document the notifications pursuant to provision (a). The PAQ indicated that during the previous twelve months, the facility has had no instances

where inmates report that they were abused while confined at another facility. Example documentation from 2018 was included in the documentation, however these instances were out of the audit period. The interview with the Agency Head indicated that the specific facility Warden is the designated staff person that is contacted when another agency reports that an inmate has been sexually abused or sexually harassed at an ADOC facility.

**115.63 (d):** AR 454, page 20, section d, indicates that facilities will utilize the ADOC Form 454-F. Upon review of the form the auditor confirmed that a section is included at the bottom to indicate whether I&I, the investigative authority, was notified; to include the name of the investigator notified as well as the date and time. The PAQ indicated that during the previous twelve months, the facility has not had any reports from another facility that an inmate reported that they were abused while confined at Holman. The interview with the Agency Head indicated that the specific facility Warden is the designated staff person that is contacted when another agency reports that an inmate has been sexually abused or sexually harassed at an ADOC facility. The interview with the Warden confirmed the agency or facility would send her the information and the facility would respond by conducting an investigation and sending the outcome and information back to that agency or facility. The Warden indicated she was not aware of any such reported allegations during the audit period.

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

### **Standard 115.64: Staff first responder duties**

#### **115.64 (a)**

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

#### **115.64 (b)**

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

### **Auditor Overall Compliance Determination**

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

**Documents:**

1. Pre-Audit Questionnaire
2. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
3. First Responder Duty Card
4. Trauma Informed First Responder Pocket Guide
5. Investigative Reports

**Interviews:**

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

**Findings (By Provision):**

**115.64 (a).** AR 454, pages 17-18, section G, describes staff first responder duties. Sections G1a through G1d, specifically requires that upon learning that an inmate was sexually abused, the first security staff member will: separate the alleged victim and the alleged perpetrator; preserve and protect any crime scene until evidence can be collected and if the abuse occurred within a time period that still allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The PAQ indicated that during the previous twelve months, there have been seventeen allegations of sexual abuse. Of these seventeen allegations, all involved a security staff member separating the victim and alleged perpetrator. None of the allegations allowed for the collection of physical evidence and as such. A review of the incident reports and investigative reports indicated that there were actually 22 sexual abuse allegations. A review of the 22 allegations indicated that the victim was physically separated from the alleged perpetrator in eleven instances. Further review indicated that physical evidence was collected in eleven of the instances. The victims in the eleven allegations were transported outside the facility for a forensic medical examination. Twelve interviews with random staff indicated all staff were versed on first responder duties. All staff indicated they would separate the alleged victim and alleged perpetrator, would secure the crime scene and would instruct inmates not to destroy any physical evidence. Security first responder interviews indicated the same as the random interviews. The security staff member first responders indicated they would separate the two inmates and preserve physical evidence by securing the crime scene and not allowing the inmates to shower, change clothes, brush their teeth, etc. Additionally, they indicated they would ensure the inmate received appropriate medical attention. Security staff are provided the first responder duty card that includes the four steps under this provision. Staff have these cards on their person and available anytime an incident occurs to ensure they follow appropriate steps for separating and preserving evidence. Additionally, each staff member has received a PREA pocket guide that includes pertinent PREA information to include first responder duties.

**115.64 (b):** AR 454, pages 17-18, section G, describe staff first responder duties. Specifically, section G1e, states that non-security staff first responders advise the alleged victim not take any action to destroy physical evidence and notify a security staff member. The PAQ indicated that during the previous twelve months, there have been two allegations of sexual abuse where the first responder was a non-security staff member. Of these two instances, both involved the staff immediately reporting to security. The

interview with the non-security first responder confirmed that she was aware of her first responder duties. She indicated she would instruct the inmates to separate and would immediately notify security.

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

## Standard 115.65: Coordinated response

### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. Standard Operating Procedure 0009-026: PREA Coordinated Response

### Interviews:

1. Interview with the Warden

### Findings (By Provision):

**115.65 (a):** The PAQ indicated that the facility has a written plan that coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health, investigators and facility leaders. A review of SOP V0009-026 indicated that staff first responder duties, medical duties and investigative duties were included in the plan. Additionally, it noted that the shift commander would contact the Warden and IPCM. The plan includes the actions that each person and/or department is responsible for and includes information on how all areas work together to respond to allegations. The Warden confirmed that the facility has a plan and that it includes all the required components. She indicated it is found in an SOP.

Based on a review of the PAQ, SOP 0009-026 and the interview with the Warden, this standard appears to be compliant.

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

### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining

agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

#### 115.66 (b)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Documents:

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

#### Interviews:

1. Interview with the Agency Head

#### Findings (By Provision):

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

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

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

#### Standard 115.67: Agency protection against retaliation

#### 115.67 (a)

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

- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

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

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Documents:

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

#### Interviews:

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

#### Findings (By Provision):

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

**115.67 (b):** AR 454, pages 23-24, section K, outlines the agency's protection against retaliation. Section K2, specifically states that the Warden and IPCM are responsible for ensuring protection against retaliation. The interview with the Agency Head, Warden and staff member charged with monitoring retaliation (IPCM), indicated that these protective measures would include; housing changes or facility transfers, placement in protective custody if needed and continuous monitoring of the inmate. The monitoring staff indicated that she sees the inmates weekly for monitoring and that she would check in with them to ensure they felt safe in their current housing assignment. The Warden also indicated that disciplinary action would be taken related to any retaliation and that the alleged abuser could be placed in restrictive housing if needed. A review of the ADOC 454-D for the twelve allegations of sexual abuse reported in the previous twelve months that required monitoring indicated that no retaliation was reported. Interviews with the Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. Interviews with five inmates who reported sexual abuse indicated that they felt the facility in general was retaliatory but could not indicate any examples or instances of retaliation.

**115.67 (c):** AR 454, pages 23-24, section K, outline the agency's protection against retaliation. Sections K2a and K2c addresses that the facility will monitor the inmate for at least 90 days following a report of sexual abuse and will monitor the conduct and treatment of the inmate or staff to see if there are any changes that may suggest possible retaliation and will act promptly to remedy any retaliation. The policy requires that the process include; monitoring any inmate disciplinary reports, housing or program changes or any negative performance reviews or reassignments of staff. The policy indicates that monitoring can extend beyond 90 days if the initial monitoring indicates a need to continue. Section K2a indicates specifically that the monitoring will extend in 30 days increments if there is a continued need. ADOC Form 454-D is utilized by staff to monitoring staff and inmates. The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. A review of the 22 allegations of sexual abuse indicated that twelve required monitoring. The other nine allegations that did not include monitoring were those that were deemed unfounded. A review of the 454-D forms for the twelve that required monitoring indicated that the IPCM met with the inmates to monitor for retaliation, however the monitoring was not conducted for the full 90 days in nine instances. The interview with the Warden indicated that there is zero tolerance of any type of retaliation. She indicated that the allegation would be investigated and that corrective action would be taken with the employee or inmate who retaliated. The interview with the staff member charged with monitoring for retaliation indicated that she sees the inmates every week to ensure they are safe. The monitoring staff indicated she reviews their disciplinary reports and anything out of the ordinary for that inmate. She indicated that she would monitor the inmate for at least 90 days and if there was a need for longer, then she would monitor for 30 additional days.

**115.67 (d):** AR 454, pages 23-24, section K, outlines the agency's protection against retaliation. A review of the 22 allegations of sexual abuse indicated that twelve required monitoring. The other nine allegations that did not include monitoring were those that were deemed unfounded. A review of the 454-D forms for the twelve that required monitoring indicated that the IPCM met with the inmates in person weekly for monitoring. The interview with the staff member charged with monitoring for retaliation indicated that she sees the inmates every week to ensure they are safe. The monitoring staff indicated she reviews their disciplinary reports and anything out of the ordinary for that inmate.

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

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

While provisions (a), (b) and (d)-(f) appear to be compliant based on a review of the PAQ, AR 454, ADOC Form 454-D, a review of investigative reports, a review of the 454-D forms related to the sexual abuse investigations and interviews with the Agency Head, Warden and staff charged with monitoring for retaliation, provision (c) of this standard requires corrective action. While the facility-initiated monitoring for retaliation for the required twelve sexual abuse allegations, the monitoring ceased prior to the 90 days. In nine instances monitoring was completed early, typically after the investigation closed. The outcome however was unsubstantiated and required continued monitoring. Therefore, provision (c) of this standard requires corrective action.

### **Corrective Action**

The facility will need to continue monitoring inmates for retaliation for the full 90 days and provide the auditor documentation indicating the monitoring was complete. The auditor recommends the facility continue its current practice as it exceeds the standard with weekly status checks. However, the current practice will need to ensure it is extended to the 90 days mark for all allegations deemed substantiated or unsubstantiated. The auditor will need to see at least seven examples of the full 90-day monitoring.

### **Verification of Corrective Action since the Interim Audit Report**

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

#### **Additional Documents:**

1. Training Documents
2. Monitoring Documents

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provision (c). The auditor spoke to the IPCM and PREA Coordinator via phone for an update regarding the implementation of the corrective action. Due to the decommissioning of the majority of the facility and the drastic cut in inmate population the facility was concerned how to illustrate their corrective actions if no allegations were made during the corrective action period. The auditor and the PC developed a new corrective action plan that included training of the IPCM (as she is responsible for monitoring for retaliation) and mock retaliation monitoring on a simulated sexual abuse allegation. On July 1, 2020 the PC provided the auditor with a training curriculum and a training roster for the annual IPCM training. The training covered corrective action for facilities that have recently been audited, including Holman. During this section of the training the PC provided instruction on the requirements under the PREA standards for monitoring for retaliation, including the requirement to monitor victims for at least 90 days. The training specifically discussed if a sexual abuse case was closed as anything other than unfounded, that the monitoring period should not cease and the full 90-day monitoring was required to be completed. The Holman CF IPCM signed the training roster indicating she received the training on June 24, 2020. Additionally, on July 1, 2020 the PC provided the auditor with a sexual harassment allegation that was treated as a sexual abuse allegation for training related purposes. The sexual harassment allegation was utilized as a mock sexual abuse allegation to illustrate the corrected monitoring process. A review of the monitoring documents indicated that the IPCM conducted weekly monitoring of the inmate victim weekly for four weeks until the investigation was returned unfounded. Because the allegation was unfounded and the monitoring did not continue, the facility also simulated a sexual abuse allegation that was deemed unsubstantiated to illustrate the process of a full 90 days monitoring. On August 13, 2020, the auditor received documentation of the simulated sexual abuse allegation. The documentation included weekly monitoring of the victim of sexual abuse for the full 90 days. The investigation was closed on June 29, 2020 as unsubstantiated. The monitoring was initiated on June 1, 2020 and was conducted weekly. The monitoring continued after the investigation was returned as required by the standard. Based on a review of the training documents and the mock monitoring documents, this standard appears to be corrected and compliant.

## **Standard 115.68: Post-allegation protective custody**

## 115.68 (a)

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

### Auditor Overall Compliance Determination

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

### Documents:

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

### Interviews:

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

### Site Review Observations:

1. Observations of Segregation Unit

### Findings (By Provision):

**115.68 (a):** AR 454, page 23, section J, indicates that inmates will not be placed in involuntary segregated unless an assessment of all available alternatives has been made and no alternatives are available. Additionally, section J2 and J3, require justifications related to the concerns for safety and no alternatives are required to be documented and the inmate is required to be reviewed every 30 days. The PAQ as well as the memo of non-occurrence indicated that no inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. A review of the investigative reports for the 26 sexual abuse and sexual harassment allegations and the housing logs for the victims associated with those allegations indicated that none of the victims were involuntarily segregated due to their sexual abuse or sexual harassment allegation. During the tour, it was observed that there were no inmate victims of sexual abuse in restrictive housing as a means of involuntary protection or segregation due to an allegation of sexual abuse. Interviews with staff who supervise inmates in segregated housing indicated that there have not been any inmates placed in restrictive housing due to their allegation of sexual abuse. The staff members indicated that if an inmate was to be involuntarily segregated it would typically only be until the danger or threat was alleviated and typically would be less than 72 hours. The interview with the Warden indicated that it is prohibited to place inmates in involuntary segregated housing after a sexual abuse or sexual harassment allegation. She indicated the inmate would only be placed in restrictive housing if he requested it. She indicated she had not had an instance of involuntary segregation in over two years, but if it did occur they would document any limitation and would ensure the involuntary segregation was only until alternative means of separation from the abuser was possible.

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

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. Administrative Regulation 300 – Investigation and Intelligence Division
3. Administrative Regulation 454 – Inmate Sexual Abuse and Harassment
4. Investigative Reports
5. Investigator Training Records

**Interviews:**

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

**Findings (By Provision):**

115.71 (a): AR 454, page 22, section 1b, states that I & I is responsible for conducting a prompt, thorough and objective investigation, whether administrative or criminal. There were 22 allegations of sexual abuse and four allegations of sexual harassment reported at the facility in the previous twelve months. A review of the 26 investigations determined all 26 were investigated promptly. However, thirteen of the allegations involved a victim that signed a prosecution waiver and as such after the victim was interviewed the investigation ceased. A review of the reports indicated that while eleven inmates received forensic medical examination there was nothing documented related to the outcome of the DNA/physical evidence and how it pertained to the investigation. Additionally, the alleged perpetrators were not interviewed in the thirteen instances where the victim signed the prosecution waiver. As such, a thorough investigation was not completed for at least eleven cases. The interview with the investigator indicated that investigations are initiated immediately and they are investigated as promptly as possible. He indicated as soon as it is reported, I&I would respond. He indicated that all allegations, whether third party or anonymous are investigated the same. After the audit, the PC provided the auditor with an updated policy related to investigations. All investigators were included in a phone meeting on January 22, 2020 where the new policy was discussed and the new requirements related to PREA investigations were laid out. The auditor received a copy of the meeting minutes which included detailed information about I&I being responsible for continuing the investigative process regardless of the inmate victim's prosecution waiver. The PC provided the auditor with two sample investigations from ADOC after this meeting. One was provided on March 2, 2020 which included an investigative report where the inmate victim refused to prosecute (signed the prosecution waiver). Previously the investigation would have ceased after the inmate signed the prosecution waiver, however in this case the investigator followed the updated investigative policies and procedures and interviewed the alleged suspect. On March 13, 2020 the PREA Coordinator provided the auditor with the second requested investigation. The investigation included the interview of the victim and perpetrator as well as the collection of DNA evidence. The inmate victim signed a prosecution waiver in this case and while evidence was collected and the alleged perpetrator was interviewed, the DNA was not processed nor was it included in determining the outcome of the investigation.

**115.71 (b):** The PAQ indicated that currently there are 37 investigators who complete sexual abuse. Of the 37, the PAQ indicated that all have received specialized training. A review of the training documents indicated that 31 of the 37 investigators have received specialized training through one of the two curriculums. A review of investigator training records indicated that 31 of 37 investigators have completed the required training. The four investigators that completed the majority of the investigations at the facility were documented to have completed the specialized trainings on July 13, 2016, October 8, 2018, July 13, 2016 and October 16, 2019. The I&I investigator indicated he received specialized training via a computer class (NIC training) as well as a three days class that was put on by ADOC.

**115.71 (c):** AR 454, page 22, describes the criminal and administrative investigation process. There were 26 allegations of sexual abuse or sexual harassment at the facility for the previous twelve months. A review of these investigative reports indicated that eleven required gathering and preserving evidence (physical, DNS, electronic etc.), 26 involved interviews with alleged victims, perpetrators and witnesses

and nineteen involved reviewing prior complaints and reports of sexual abuse involving the alleged perpetrator. While all alleged victims were interviewed in all cases, those that involved the victim signing the prosecution waiver did not include alleged suspect and witness (if applicable) interviews. After the audit, the PC provided the auditor with an updated policy related to investigations. All investigators were included in a phone meeting on January 22, 2020 where the new policy was discussed and the new requirements related to PREA investigations were laid out. The auditor received a copy of the meeting minutes which included detailed information about I&I being responsible for continuing the investigative process regardless of the inmate victim's prosecution waiver, this includes interviewing alleged suspects and witnesses. The PC provided the auditor with two sample investigations from ADOC after this meeting. One was provided on March 2, 2020 and the other on March 13, 2020. Both included an investigative report where the inmate victim refused to prosecute (signed the prosecution waiver). Previously the investigation would have ceased after the inmate signed the prosecution waiver, however in these cases the investigator followed the updated investigative policies and procedures and interviewed the alleged suspects. The interview with the I&I investigator indicated that he would initially find out the information related to the allegation and would immediately begin an investigation. He stated that once he got the information he would ensure the crime scene was locked down and collect any evidence. He indicated he would start his interviews, take photographs and continue with necessary investigative steps. The interview indicated that evidence such as clothing, bedding, DNA, video and interviews would be collected for processing. A review of the 26 allegations confirmed that an investigation was initiated and completed for all allegations, to include 24 criminal and two administrative.

**115.71 (d):** AR 454, page 22, describes the criminal and administrative investigation process. The interview with the I&I investigator indicated that he would consult with the District Attorney's Office and indicate what information he has related to the investigation. He would collaborate with them and determine what their recommendation would be related to compelled interviews.

**115.71 (e):** AR 454, page 22, describes the criminal and administrative investigation process. The interview with the I&I investigator indicated that credibility is based on evidence. He stated that he makes his determination based on the evidence and does not provide judgment, whether it is the inmate's first or tenth PREA case. Additionally, he confirmed that the agency does not utilize polygraph tests or any other truth-telling devices on inmates who allege sexual abuse. Interviews with the five inmates who reported sexual abuse confirmed that none were required to take a polygraph or truth telling device test.

**115.71 (f):** AR 454, page 22, describes the criminal and administrative investigation process. A review of investigations from the previous twelve months indicated that there were two administrative investigations conducted in the previous twelve months. A review of the two reports indicated that all were documented in a written report and contained the required elements. The interview with the facility investigator indicated that if an administrative investigation is completed it would be documented in a written report. The facility investigator stated that the date, time, summary of allegation, statements, evidence description and facts and findings would be included in the report. Additionally, he indicated that they would review circumstantial evidence, logs, cameras and statements to determine if staff actions contributed to the abuse.

**115.71 (g):** A review of investigative reports indicated that there have been 24 criminal investigations conducted in the previous twelve months. A review of the criminal investigations confirmed that all were documented in a written report. While all reports contained information related to the allegation and the victim's statement/interview, numerous were missing information related to interviews of the alleged perpetrator and applicable witnesses. A few of the investigations described video evidence, however not all indicated whether it was available, collected or what, if anything, it showed. In the eleven instances where physical evidence was obtained, eight did not include any information related to the physical evidence and how it supported or disproved the allegation. Additionally, in the one allegation that was substantiated, there was not a clear narrative or description of how the investigator derived his finding. Numerous reports were missing important information on how findings were made, to include clear facts and findings. While information was contained in the report, not enough was provided in order to give a clear understanding of how an outcome was derived. The interview with the I&I Investigator indicated that all criminal investigations are documented in a report and include a District Attorney cover sheet, the

offense report, the investigative report, all warrants and affidavits, Miranda forms, any statements or interviews, any photos and any evidence to include audio, video, physical, DNA, etc.

**115.71 (h):** The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred to the District Attorney for prosecution by I&I. The PAQ indicated that there have been seven allegations referred for prosecution since the last PREA audit. A review of the sexual abuse and sexual harassment investigations determined that one of the 26 was determined to be substantiated. The interview with the I&I investigator confirmed that all PREA cases are referred to the prosecutor and that any substantiated allegations would go through the grand jury to determine if there would be an indictment.

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

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

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

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

While this standard appears to be compliant with provision (b)-(f) and (h)-(l) based on a review of the PAQ, AR 454, AR 300, investigative reports, investigator training records and information from interviews with the Agency Head, Warden, PREA Coordinator, PREA Compliance Manager and investigative staff, provisions (a) and (g) appears to require corrective action. Based on a review of the investigative reports the auditor determined that investigations were not being thoroughly conducted if an inmate signed a prosecution waiver. Additionally, pertinent information related to the investigation was not included in criminal investigative reports to deduce how the investigator derived his case outcome. Thus provisions (a) and (g) are not met and this standard is not compliant and requires corrective action.

A review of the 26 investigations determined all 26 were investigated promptly. However, thirteen of the allegations involved a victim that signed a prosecution waiver and eleven inmates received forensic medical examination there was nothing documented related to the outcome of the DNA/physical evidence and how it pertained to the investigation. Additionally, the alleged perpetrators were not interviewed in the thirteen instances where the victim signed the prosecution waiver. As such, a thorough investigation was not completed for at least seventeen cases. The interview with the investigator indicated that investigations are initiated immediately and they are investigated as promptly as possible. He indicated as soon as it is reported, I&I would respond. He indicated that all allegations, whether third party or anonymous are investigated the same. After the audit, the PC provided the auditor with an updated policy related to investigations. All investigators were included in a phone meeting on January 22, 2020 where the new policy was discussed and the new requirements related to PREA investigations were laid out. The auditor received a copy of the meeting minutes which included detailed information about I&I being responsible for continuing the investigative process regardless of the inmate victim's prosecution waiver. The PC provided the auditor with two sample investigations from ADOC after this meeting. One was provided on March 2, 2020 which included an investigative report where the inmate victim refused to prosecute (signed the prosecution waiver). Previously the investigation would have ceased after the inmate signed the prosecution waiver, however in this case the investigator followed the updated investigative policies and procedures and interviewed the alleged suspect. On March 13, 2020 the PREA

Coordinator provided the auditor with the second requested investigation. The investigation included the interview of the victim and perpetrator as well as the collection of DNA evidence. The inmate victim signed a prosecution waiver in this case as well, and as such the DNA was not processed.

A review of the criminal investigations confirmed that all were documented in a written report. While all reports contained information related to the allegation and the victim's statement/interview, numerous were missing information related to interviews of the alleged perpetrator and applicable witnesses. A few of the investigations described video evidence, however not all indicated whether it was available, collected or what, if anything, it showed. In the eleven instances where physical evidence was obtained, eight did not include any information related to the physical evidence and how it supported or disproved the allegation. Additionally, in the one allegation that was substantiated, there was not a clear narrative or description of how the investigator derived his finding. Numerous reports were missing important information on how findings were made, to include clear facts and findings. While information was contained in the report, not enough was provided in order to give a clear understanding of how an outcome was derived.

#### **Corrective Action:**

The agency will need to ensure that all investigators are informed of the PREA investigative requirements, to include a thorough investigation. A thorough investigation includes gathering and processing all direct and circumstantial evidence. In cases where forensic medical examinations are completed the investigator will need to ensure the evidence is processed and that the information related to the evidence is included in the determination of the outcome of the investigation. A victim may refuse to prosecute, but if physical evidence confirms that the sexual abuse occurred, there are administrative actions the facility can take against the perpetrator as well as updated risk screening information that can be provided and processed. Additionally, investigators will need to ensure their written reports are clear, concise and include a description of all evidence. The reports should contain all information and should show clear narrative and evidence on how the investigator derived his/her investigative outcome. In cases where evidence is collected, there should be a description of that evidence as well as the outcome of the processing of that evidence. The auditor asks that the facility/agency provides at least ten investigations that involve physical evidence collection and processing as well as reports that detail all investigative actions to include evidence and facts and findings.

#### **Verification of Recommendations since the Interim Audit Report**

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

#### **Additional Documents:**

1. PREA Investigative Reports

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommendations related to the investigative process. The auditor spoke to the IPCM and PREA Coordinator via phone for an update regarding the implementation of the recommendations. On April 16, 2020 that auditor received information related to the processing of DNA evidence by the ADOC. The Alabama Department of Forensic Sciences (DFS) is the state agency that is responsible for processing and analyzing biological evidence recovered by all 452 local and state law enforcement agencies within the state. The Director of DFS indicated that there is a protocol the agency goes through when receiving DNA evidence for processing and analysis. He indicated that there are a set of questions that are asked when receiving DNA, one of which includes whether the victim is willing to prosecute and/or cooperate with the investigations. If the answer is no, they will not process or analyze the evidence. While ADOC collects forensic evidence from inmate victims of sexual abuse the evidence may not be analyzed at no fault of the agency/facility. The ADOC exhausts its ability to conduct a thorough investigation by collecting and submitting the DNA evidence to DFS. The policies and procedures of DFS cannot be held against the ADOC related to processing, analyzing and using the DNA information to complete a thorough investigation. Therefore, based on this information investigative reports contained information that was available to the ADOC and the ADOC is not responsible for the lack of processing of DNA evidence. The

investigations previously provided by the PC as well as this information related to DFS indicate that this, this standard has been corrected to the extent the ADOC is capable and as such is compliant.

## Standard 115.72: Evidentiary standard for administrative investigations

### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

### Documents:

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

### Interviews:

1. Interview with Investigative Staff

### Findings (By Provision):

**115.72 (a):** AR 454, page 22, section 1, indicates that for sexual abuse and sexual harassment investigations the standard of proof is a preponderance of evidence. A review of the 26 sexual abuse and sexual harassment investigations indicated that all only require a preponderance of evidence to make a substantiated finding. The interviews with investigative staff indicated that a preponderance of evidence would be the level to substantiate an investigation.

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

## Standard 115.73: Reporting to inmates

### 115.73 (a)

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

### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency

in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.73 (c)

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

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

**Documents:**

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

**Interviews:**

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

**Findings (By Provision):**

**115.73 (a):** AR 454, page 22, section f, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation, the I&I Division will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ indicated that there were 31 sexual abuse investigations completed within the previous twelve months and that 31 inmates were notified of the outcome of the investigation. A review of documentation determined that there were only 22 sexual abuse allegations in the previous twelve months. A review of the 22 investigations and notification letters indicated that 22 inmate victims were provided notification letters related to the outcome of their investigation. The interviews with the Warden and the Investigative staff confirmed that inmates are informed of the outcome of the investigation into their allegation via a letter. Interviews with the five inmates who reported sexual abuse indicated that three were informed of the outcome of their investigation. The remaining two indicated that they were not informed, however a review of their investigative case file indicated they received a letter from I&I related to the outcome and signed the letter indicated they had received it.

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

**115.73 (c):** AR 454, page 22, section 11c, indicates that Associate Commissioner of Operations or the Deputy Commissioner of Women's Services shall determine re-assignment of staff allegedly involved in sexual abuse incidents. The PAQ indicated that following an investigation into an inmate's sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmates unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been two substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. A review of investigative reports confirmed that there have been no substantiated allegations of sexual abuse committed by staff at Homan in the previous twelve months, however in three instances where an inmate made a staff on inmate sexual abuse allegation, the staff member was removed from the unit and the inmate was informed of the move via a letter. The auditor reviewed these letters and the information was contained in the investigative report.

**115.73 (d):** The PAQ indicated that following an investigation into an inmate's sexual abuse allegation by another inmate, the agency will inform the inmate as to whether the alleged abuser has been indicted

on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of investigative reports confirmed that there was one substantiated allegation of sexual abuse committed by an inmate against another inmate in the previous twelve months. However, the inmate perpetrator was not convicted or indicted, therefore there was not a notification.

**115.73 (e):** AR 454, page 22, section f, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation, the I&I Division will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ indicated that there were 31 notifications made during the audit period. A review of documentation determined that there were only 22 sexual abuse allegations in the previous twelve months. A review of the 22 investigations and notification letters indicated that 22 inmate victims were provided notification letters related to the outcome of their investigation. These letters were signed by each inmate indicating they received the results of the investigation.

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

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

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

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

### Documents:

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

### Findings (By Provision):

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

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

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

**115.76 (d):** AR 318, pages 1 and 5, describes the process for disciplinary sanctions against staff. Specifically, it illustrates that any employee who is found to have engaged in sexual misconduct, sexual harassment, sexual contact and/or sexual abuse shall be subject to disciplinary action and criminal prosecution. The PAQ indicated that there had been no staff that were disciplined for violating the sexual

abuse and sexual harassment policies within the previous twelve months. The PAQ indicated that there have not been any staff members reported to law enforcement or relevant licensing bodies.

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

## Standard 115.77: Corrective action for contractors and volunteers

### 115.77 (a)

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

### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Documents:

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

### Interviews:

1. Interview with the Warden

### Findings (By Provision):

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

**115.77 (b):** The PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor being prohibited from entering the facility while the investigation was occurring. If the investigation confirmed it occurred, the volunteer or contractor would no longer be permitted to provide services at the facility.

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

## **Standard 115.78: Disciplinary sanctions for inmates**

### **115.78 (a)**

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

### **115.78 (b)**

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

### **115.78 (c)**

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

### **115.78 (d)**

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

### **115.78 (e)**

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

### **115.78 (f)**

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

### **115.78 (g)**

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

### Auditor Overall Compliance Determination

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

### Documents:

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

### Interviews:

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

### Findings (By Provision):

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

**115.78 (b):** The interview with the Warden indicated that any inmate abusers would be referred for prosecution. She indicated that discipline could include revoking privileges such as canteen, phone and visitation. Additionally, she indicated that the abuser could be placed in restricted housing. The Warden confirmed that the sanctions would commensurate with the nature and circumstances of the abuse committed, the inmates' disciplinary history and sanctions imposed for comparable offenses by inmates with similar histories. A review of the investigative reports confirmed that there were thirteen allegations of inmate-on-inmate sexual abuse and that one was substantiated. In the substantiated case the inmate abuser admitted to having sex in exchange for items/materials. Based on the allegation and the investigative facts and findings, the perpetrator was transferred from the facility and no further disciplinary sanctions were imposed.

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

**115.78 (d):** The PAQ indicated that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Additionally, the PAQ indicated that it considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Interviews with mental health staff indicated that they do

offer therapy, counseling and other services designed to address and correct underlying issues, however, they would not require it in order to participate in other activities and obtain other privileges. A review of documentation indicated that the inmate perpetrator in the substantiated case was referred to mental health.

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

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

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

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

## MEDICAL AND MENTAL CARE

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

#### 115.81 (a)

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

#### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to

inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
 Yes  No

### 115.81 (e)

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

### Auditor Overall Compliance Determination

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

### Documents:

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

### Interviews:

- Interview with Staff Responsible for Risk Screening
- Interview with Inmate who Disclose Victimization at Risk Screening
- Interview with Medical and Mental Health Staff

### Site Review Observations:

- Observations of Risk Screening Area

### Findings (By Provision):

**115.81 (a):** AR 454, page 15, section F4, describes medical and mental health screenings related to sexual abuse. Specifically, it states that a mental health professional shall meet with the inmate and review their screening information. If the screening indicates that the inmate has prior sexual victimization or sexual aggression in their history, the mental health professional shall offer a follow-up meeting with mental health within fourteen days of the intake screening. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. A review of medical and mental health files for the four inmates identified to have disclosed prior sexual victimization revealed that all inmates were seen within the fourteen-day timeframe. One inmate disclosed on 1/29/20 and was seen by mental health on 2/11/20, another disclosed on 8/31/18 and was seen by mental health on 9/12/18, the third disclosed on 1/29/20 and was seen by mental health on 2/7/20 while the last inmate disclosed on 1/29/20 and was seen by mental health on 2/11/20. Interviews with staff responsible for the risk screening indicated that when an inmate discloses prior sexual abuse or perpetrating prior sexual abuse during the risk screening, they immediately do a mental health referral and the inmate is seen within fourteen days.

**115.81 (b):** AR 454, page 15, section F4, describes medical and mental health screenings related to sexual abuse. Specifically, it states that a mental health professional shall meet with the inmate and review their screening information. If the screening indicates that the inmate has prior sexual victimization

or sexual aggression in their history, the mental health professional shall offer a follow-up meeting with mental health within fourteen days of the intake screening. The PAQ indicated that 100% of those inmates who reported previously perpetrating sexual abuse, were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. Interviews with staff responsible for the risk screening indicated that when an inmate discloses prior sexual abuse or perpetrating prior sexual abuse during the risk screening, they immediately do a mental health referral and the inmate is seen within fourteen days. A review of risk screenings of random inmates indicated that nine were identified as a potential aggressor due to their risk screening. All nine of these inmates were referred to mental health for follow up.

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

**115.81 (d):** The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is not limited to medical and mental health staff. The PAQ did indicate though that the information is only shared with other staff as necessary, to inform treatment plans and security and management decision. The IPCM, mental health and classification were the main staff who have access to this information. During the tour, the auditor observed the area where the risk screening is conducted. The screening is conducted in a private office setting.

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

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

## **Standard 115.82: Access to emergency medical and mental health services**

### **115.82 (a)**

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

### **115.82 (b)**

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

### **115.82 (c)**

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

## 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Documents:

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

### Interviews:

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

### Site Review Observations:

1. Observations of Medical and Mental Health Areas

### Findings (By Provision):

**115.82 (a):** AR 454, pages 18-19, section 3a, describes inmates' access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The PAQ indicated that inmates receive timely unimpeded access to emergency medical treatment and crisis interventions and that the nature and score are determined by medical and mental health staff based on their professional judgement. The PAQ also indicated that medical and mental health maintain secondary materials documenting the timeliness of services. The interviews with inmates who reported sexual abuse indicated that two of the five were seen by medical following their allegation, but not mental health, while two others saw mental health but not medical. One inmate indicated he saw neither medical or mental health. A review of the 22 sexual abuse allegations indicated that all inmates were seen by medical related to their allegation. While it was documented that most of the inmates were referred to mental health, the facility did not provide the auditor with any documentation indicating the inmates were either seen by mental health or refused mental health services. As such, the auditor is unable to determine if inmates receive timely access to crisis intervention services. During the tour, the auditor noted that the medical areas were private and allowed for adequate confidentiality. Interviews with medical and mental health care staff confirm that inmates receive timely services. Medical indicated they would see the inmate immediately while mental health indicated they would see them as soon as possible but definitely within seven to fourteen days. Both medical and mental health staff indicated services are based on their professional judgement as well as directives from policy and procedure.

**115.82 (b):** AR 454, pages 19, section 3b and the PAQ indicated that if no qualified medical or mental health practitioners were on duty at the time of a report of recent abuse, that security staff first responders

would take the preliminary steps to protect the victim and notify the appropriate medical and mental health services. Holman CF has medical staff available 24/7 and as such always has qualified staff on duty. Additionally, inmates are able to be transported to the local hospital if needed. The interviews with first responders indicated the inmates would be immediately separated, they would be taken to medical and a supervisor would be notified.

**115.82 (c):** AR 454, page 19, section 3e, indicates that medical and mental health evaluation and treatment shall be offered to all inmates who have been victimized by sexual abuse. This includes information and access to emergency contraception and sexually transmitted infection prophylaxis. A review of the 22 sexual abuse allegations indicated that eleven involved incidents that required a forensic medical examination and as such would be applicable for sexual transmitted infection prophylaxis. This medication and information would be provided at the local rape crisis center as it is part of the services performed by the rape crisis center. If for some reason this is not provided by the rape crisis center, the facility would review the documents and ensure the inmate receive the required education and medication. Interviews with medical and mental health care staff confirm that inmates receive timely information about access to emergency contraception and sexual transmitted infection prophylaxis. Interviews with the five inmates who reported sexual abuse indicated that none involved penetration and as such would not have required prophylaxis.

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

While provision (b)-(d) appear to be compliant based on a review of the PAQ, AR 454, medical and mental health documents, the combined PREA log and information from interviews with medical and mental health care staff, provision (a) requires corrective action. A review of the 22 sexual abuse allegations indicated that all inmates were seen by medical related to their allegation. While it was documented that most of the inmates were referred to mental health, the facility did not provide the auditor with any documentation indicating the inmates were either seen by mental health or refused mental health services. As such, the auditor is unable to determine if inmates receive timely access to crisis intervention services.

#### **Corrective Action:**

While a box was checked on the risk re-assessment indicating the inmate was referred to mental health, and a few of the files contained mental health referral forms, none of the 22 abuse allegations had actual mental health documentation indicating the inmate was either seen by mental health or refused mental health services. The auditor will need to see evidence that inmates are offered timely access to crisis interventions services after a sexual abuse allegation. The auditor will need to see documentation from any of the 2019 allegations that had mental health services offered as well as at least five additional inmates that were offered mental health services after their sexual abuse allegation.

#### **Verification of Corrective Action since the Interim Audit Report**

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

#### **Additional Documents:**

1. Training Documents
2. Mental Health Documents

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provision (a). The auditor spoke to the IPCM and PREA Coordinator via phone for an update regarding the implementation of the corrective action. The discussion with the PC and IPCM indicated that while they were certain that inmate victims were seen by mental health in 2019 after reporting a sexual abuse allegation, mental health documentation was unable to be located. Due to the decommissioning of the majority of the facility and the drastic cut in inmate population the facility was

concerned how to illustrate their corrective actions with no 2019 documents and if no new sexual abuse allegations were made during the corrective action period. The auditor and the PC developed a new corrective action plan that included training of all medical and mental health staff as well as mock medical and mental health services on a simulated sexual abuse allegation. On July 1, 2020 the PC provided the auditor with copies of 30 signed and completed medical and mental health training forms. The training covered medical and mental health requirements under PREA Standards 115.35, 115.81, 115.82 and 115.83 as well as medical and mental health staff's responsibilities under Holman CF's Coordinated Response Plan. Both of these training sections included information related to how both inmate victims of sexual abuse and confirmed inmate perpetrators of sexual abuse are required to be offered mental health services. Additionally, on July 1, 2020 the PC provided the auditor with a sexual harassment allegation that was treated as a sexual abuse allegation for training related purposes. The sexual harassment allegation was utilized as a mock sexual abuse allegation to illustrate the corrected mental health process. A review of mental health documentation indicated that the inmate victim was referred to mental health on June 17, 2020 (the allegation was reported on June 17, 2020) and was seen by mental health that same day. Based on a review of the training documents and the sexual harassment (treated as a mock sexual abuse allegation) victim mental health documentation, this standard appears to be corrected and compliant.

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

### **115.83 (a)**

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

### **115.83 (b)**

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

### **115.83 (c)**

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

### **115.83 (d)**

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

### **115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be*

sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)  Yes  No  NA

#### 115.83 (f)

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

#### 115.83 (g)

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

#### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Documents:

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

#### Interviews:

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

#### Site Review Observations:

1. Observations of Medical Treatment Areas

#### Findings (By Provision):

**115.83 (a):** AR 454, pages 18-19, section 3, describe ongoing medical and mental health care for sexual abuse victims and abusers. The PAQ indicated that the agency offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. During the tour, the auditor noted that there was a large medical area that contained treatment rooms. The facility also has an infirmary that consists of a bedding area for inmates. The exam and treatments rooms were private and allowed for confidentiality. Additionally, there

are offices with secure doors for mental health staff to speak to inmates confidentially. A review of the 22 sexual abuse allegations indicated that all inmates were seen by medical related to their allegation. While it was documented that most of the inmates were referred to mental health, the facility did not provide the auditor with any documentation indicating the inmates were either seen by mental health or refused mental health services. As such, the auditor is unable to determine if inmates receive ongoing mental health services.

**115.83 (b):** AR 454, pages 18-19, section 3e, states that the evaluation and treatments of such victims will include; follow up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody. The interviews with inmates who reported sexual abuse indicated that two of the five were seen by medical following their allegation, but not mental health, while two others saw mental health but not medical. One inmate indicated he saw neither medical or mental health. A review of the 22 sexual abuse allegations confirmed that 22 were provided follow up services by medical after the allegation, with eleven being transported for a forensic examination. However, documentation was not provided to the auditor to evidence that any of the 22 inmates were provided mental health services. Interviews with mental health care staff indicated that they would meet with the inmate and create a treatments plan that would focus on any of their issues (guilt, shame, depression, anxiety, etc.). They may also prescribe medication and conduct weekly counseling sessions to treat any trauma.

**115.83 (c):** All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes a local hospital or rape crisis for forensic medical examinations. 22 inmate victims of sexual abuse were seen by medical after their allegation. Eleven of the 22 inmates were provided access to forensic medical examination. While no documentation was produced related to the sexual abuse victim's mental health evaluations, mental health documents were reviewed for those who reported victimization during screening. These records indicated that mental health services are consistent with the community level of care. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

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

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

**115.83 (f):** AR 454, page 19, section 3e, indicates that medical and mental health evaluation and treatment shall be offered to all inmates who have been victimized by sexual abuse. This would include tests for sexually transmitted infections as medically appropriate. A review of the 22 sexual abuse allegations indicated that eleven involved a forensic medical examination which would deem them medically appropriate for the testing. Testing is completed at the rape crisis center as this is a component of the forensic medical examination. If testing is for some reason not completed at the center, the facility would provide the inmate with testing upon return to the facility.

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

**115.83 (h):** AR 454, pages 18-19, section 3g, and the PAQ indicates that a mental health evaluation of all known inmate-on-inmate abusers shall be attempted within 60 days of learning of the abuse and treatment will be offered when deemed appropriate in accordance with policy. There have been thirteen inmate-on-inmate sexual abuse allegations within the audit period. One of those allegations was determined to be substantiated and six involved unknown inmate abusers. The inmate abuser from the substantiated allegation was referred to mental health on 8/18/19. Interviews with medical and mental health staff confirm that inmate-on-inmate abusers would be offered mental health services.

While provisions (c)-(h) appear to be compliant based on a review of the PAQ, AR 454, medical and mental health documents, the combined PREA log and information from interviews with medical and

mental health care staff, provisions (a) and (b) require corrective action. A review of the 22 sexual abuse allegations indicated that all inmates were seen by medical related to their allegation. While it was documented that most of the inmates were referred to mental health, the facility did not provide the auditor with any documentation indicating the inmates were either seen by mental health or refused mental health services. As such, the auditor is unable to determine if inmates receive ongoing mental health services or if evaluation and treatments of victims includes; follow up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody.

**Corrective Action:**

While a box was checked on the risk re-assessment indicating the inmate was referred to mental health, and a few of the files contained mental health referral forms, none of the 22 abuse allegations had actual mental health documentation indicating the inmate was either seen by mental health or refused mental health services. The auditor will need to see evidence that inmates are offered mental health services, to include follow up services, treatment plans and referrals when necessary, after a sexual abuse allegation. The auditor will need to see documentation from any of the 2019 allegations that had mental health services offered as well as at least five additional inmates that were offered mental health services after their sexual abuse allegation.

**Verification of Corrective Action since the Interim Audit Report**

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

**Additional Documents:**

1. Training Documents
2. Mental Health Documents

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provisions (a) and (b). The auditor spoke to the IPCM and PREA Coordinator via phone for an update regarding the implementation of the corrective action. The discussion with the PC and IPCM indicated that while they were certain that inmate victims were seen by mental health in 2019 after reporting a sexual abuse allegation, mental health documentation was unable to be located. Due to the decommissioning of the majority of the facility and the drastic cut in inmate population the facility was concerned how to illustrate their corrective actions with no 2019 documents and if no new sexual abuse allegations were made during the corrective action period. The auditor and the PC developed a new corrective action plan that included training of all medical and mental health staff as well as mock medical and mental health services on a simulated sexual abuse allegation. On July 1, 2020 the PC provided the auditor with copies of 30 signed and completed medical and mental health training forms. The training covered medical and mental health requirements under PREA Standards 115.35, 115.81, 115.82 and 115.83 as well as medical and mental health staff's responsibilities under Holman CF's Coordinated Response Plan. Both of these training sections included information related to how both inmate victims of sexual abuse and confirmed inmate perpetrators of sexual abuse are required to be offered mental health services. Additionally, on July 1, 2020 the PC provided the auditor with a sexual harassment allegation that was treated as a sexual abuse allegation for training related purposes. The sexual harassment allegation was utilized as a mock sexual abuse allegation to illustrate the corrected mental health process. A review of mental health documentation indicated that the inmate victim was referred to mental health on June 17, 2020 (the allegation was reported on June 17, 2020) and was seen by mental health that same day. Further review of the initial evaluation form for a sexual abuse allegation showed a section where mental health staff can indicate if further mental health treatment or follow up treatment is necessary. The mental health form for the sexual harassment (mock sexual abuse) inmate victim indicated that the mental health professional and the inmate victim determined there was no need for counseling or treatment after the initial evaluation and that the inmate was informed that further mental health services were available upon request. Based on a review of the training documents and the sexual harassment (treated as a mock sexual abuse allegation) victim mental health documentation, this standard appears to be corrected and compliant.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

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

#### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

**Documents:**

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

**Interviews:**

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

**Findings (By Provision):**

**115.86 (a):** AR 454, page 20, section k, states that the facility will conduct sexual abuse incident reviews of every sexual abuse investigation, except for those allegations that are deemed to be unfounded. Policy indicates that the IPCM is responsible for taking notes on ADOC Form 454-E. The PAQ indicated that there have been seventeen sexual abuse investigations completed within the previous twelve months, excluding those that were unfounded. The PAQ indicated that seventeen sexual abuse reviews were completed within the previous twelve months within 30 days of the conclusion of the investigation. A review of sexual abuse investigations revealed that there were 22 sexual abuse allegations, but only twelve that were substantiated or unsubstantiated and required a review. A review of 454-E indicated that a review was completed for eleven of the twelve completed investigations.

**115.86 (b):** AR 454, page 20, section k, states that the facility will conduct a review within 30 days of the conclusion of the investigation. The PAQ indicated that seventeen reviews were completed within 30 days of the conclusion of the investigation. A review of sexual abuse investigations revealed that there were 22 sexual abuse allegations, but only twelve that were substantiated or unsubstantiated and required a review. A review of 454-E indicated that while eleven of the twelve investigations had a sexual abuse incident review completed, nine of the reviews were well past the 30-day requirement.

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

**115.86 (d):** The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews and considers: whether the allegation or investigation indicates a need to change policy or practice; whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement. A review of the 454-E indicates that the form includes a section for all of the requirements of this provision. A review of the eleven incident reviews indicated (1)-(5) of this provision were considered in all of the reviews. The IPCM completes the form and forwards the required information to the PC. Interviews with the Warden, CM and incident review team member confirmed that these reviews are being completed and they include all the required elements. Interviews indicated that the team will make any necessary adjustments. The Warden indicated they

would use the reviews to determine how they can keep inmates safe. This would include reviewing any blind spots, adding any needed equipment, reviewing logs to ensure staff are doing what they are required to as outline in their SOPs and making any modifications to better the facility.

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

While provisions (a), (c) and (d) appear to be compliant based on a review of the PAQ, AR 454, the ADOC 454-E forms and information from interviews with the Warden, the PC and a member of the sexual abuse incident review team, provision (b) requires corrective action. A review of the sexual abuse investigations revealed that there were 22 sexual abuse allegations, but only twelve that were substantiated or unsubstantiated and required a review. A review of 454-E indicated that while eleven of the twelve investigations had a sexual abuse incident review completed, nine of the reviews were well past the 30-day requirement. Thus, based on the review and the systemic issue identified related to timeliness of the reviews, this standard is not compliant and requires corrective action.

### **Corrective Action**

The facility will need to develop a process to ensure that once an investigation is completed that a review is initiated and completed within the 30-day timeframe. The auditor would like for a memo describing the process of how this will be accomplished as well as seven sexual abuse incident reviews that show the completion within the appropriate timeframe.

### **Verification of Corrective Action since the Interim Audit Report**

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

#### **Additional Documents:**

1. Training Documents
2. Sexual Abuse Incident Review

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provision (b). The auditor spoke to the IPCM and PREA Coordinator via phone for an update regarding the implementation of the corrective action. Due to the decommissioning of the majority of the facility and the drastic cut in inmate population the facility was concerned how to illustrate their corrective actions if no allegations were made during the corrective action period. The auditor and the PC developed a new corrective action plan that included training of the IPCM (as she is responsible for ensuring the sexual abuse incident review is completed on time) and a mock sexual abuse incident review on a simulated sexual abuse allegation. On July 1, 2020 the PC provided the auditor with a training curriculum and a training roster for the annual IPCM training. The training covered corrective action for facilities that have recently been audited, including Holman. During this section of the training the PC provided instruction on the requirements under the PREA standards for sexual abuse incident reviews, including the requirement of completion within 30 day of the conclusion of an investigation. The training specifically discussed that once the IPCM receives information from I&I regarding the closure of a sexual abuse investigation, that the IPCM is responsible for immediately initiating the sexual abuse incident review. The PC advised during the training that the IPCM should immediately coordinate medical, mental health, security and the Warden to ensure all components of the review are completed within 30 days. The Holman CF IPCM signed the training roster indicating she received the training on June 24, 2020. Additionally, on July 1, 2020 the PC provided the auditor with a sexual harassment allegation that was treated as a sexual abuse allegation for training related purposes. The sexual harassment allegation was utilized as a mock sexual abuse allegation to illustrate the corrected sexual abuse incident review process. A review of the completed ADOC Form 454-E, Sexual Abuse Incident Review indicated that the review was completed on July 1, 2020. A copy of the investigation revealed the investigation was closed on June 22, 2020, confirming that the review was completed within the 30-day timeframe. Based on a

review of the training documents and the mock sexual abuse incident review documents, this standard appears to be corrected and compliant.

## Standard 115.87: Data collection

### 115.87 (a)

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

### 115.87 (b)

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

### 115.87 (c)

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

### 115.87 (d)

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

### 115.87 (e)

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

### 115.87 (f)

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

## Auditor Overall Compliance Determination

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

## Documents:

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

### Findings (By Provision):

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

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

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

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

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

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

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

## Standard 115.88: Data review for corrective action

### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

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

#### Interviews:

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

#### Findings (By Provision):

**115.88 (a):** AR 454, page 24, section L1c and the PAQ indicated that the agency reviews data annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. A review of annual reports indicates that it contains information on ADOC's PREA efforts, reporting mechanisms, definitions and PREA improvements broken down by each facility. The report was reviewed and approved by Commissioner Dunn on November 25, 2019. Interviews with the Agency Head, PC and CM confirmed that the report is completed annually and that the information is utilized to determine if any improvements are needed. The Agency Head indicated that the data is used to track incidents and patterns. The data

is utilized to determine if changes are needed in policy or practice. Additionally, the PC indicated that this data is first used at the facility level to fix anything that needs addressed. The data would then be utilized to determine if there is a need for a change in policy or practice. The PC indicated she would take the information to the Executive Level where a roundtable would be conducted and then based on the findings from the round table they would move forward with recommendations.

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

**115.88 (c):** The PAQ indicated that the agency's annual report is approved by the Agency Head and made available to the public through its website. The interview with the Agency Head confirmed that after it is approved it is published on the agency website. A review of the website (<http://www.doc.state.al.us/PREA>) confirmed that the current annual report as well as previous reports are available to the public online. The current report was reviewed and approved by Commissioner Dunn on November 25, 2019.

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

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

## Standard 115.89: Data storage, publication, and destruction

### 115.89 (a)

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

### 115.89 (b)

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

### 115.89 (c)

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

### 115.89 (d)

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

## Auditor Overall Compliance Determination

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

**Documents:**

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

**Interviews:**

1. Interview with the PREA Coordinator

**Findings (By Provision):**

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

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

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

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

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

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

**115.401 (a)**

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

**115.401 (b)**

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### Findings (By Provision):

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

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

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

### **Standard 115.403: Audit contents and findings**

#### **115.403 (f)**

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

#### **Auditor Overall Compliance Determination**

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

#### **Findings (By Provision):**

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

## AUDITOR CERTIFICATION

I certify that:

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

Kendra Prisk \_\_\_\_\_

August 13, 2020 \_\_\_\_\_

**Auditor Signature**

**Date**

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