

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

Interim Final

Date of Report February 26, 2020

Auditor Information

Name: Lynni O’Haver

Email: lynni@preaauditing.com

Company Name: PREA Auditors of America, LLC

Mailing Address: 14506 Lakeside View Way

City, State, Zip: Cypress, TX 77429

Telephone: 239.223.0947

Date of Facility Visit: January 22 – 24, 2020

Agency Information

Name of Agency:

Alabama Department of Corrections

Governing Authority or Parent Agency (If Applicable):

Physical Address: 301 South Ripley Street

City, State, Zip: Montgomery, AL 36130

Mailing Address: P.O. Box 301501

City, State, Zip: Montgomery, AL 36130-1501

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: www.doc.alabama.gov

Agency Chief Executive Officer

Name: Jefferson Dunn

Email: Jefferson.Dunn@doc.alabama.gov

Telephone: 334.353.3883

Agency-Wide PREA Coordinator

Name: Christy Saluson-Vincent

Email: Christy.Vincent@doc.alabama.gov

Telephone: 334.353.2501

PREA Coordinator Reports to:

Mark Fassel, Inspector General

Number of Compliance Managers who report to the PREA Coordinator:

26

Facility Information

Name of Facility: Loxley Community Based Facility / Work Release

Physical Address: 14880 County Road 64 **City, State, Zip:** Loxley, AL 36551

Mailing Address (if different from above):
P.O. Box 1030 **City, State, Zip:** Loxley, AL 36551

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

Municipal County State Federal

Facility Type: Prison Jail

Facility Website with PREA Information: www.doc.alabama.gov/PREA

Has the facility been accredited within the past 3 years? Yes No

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):

- ACA
 NCCHC
 CALEA
 Other (please name or describe: [Click or tap here to enter text.](#))
 N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Loxley WRC has a yearly internal audit conducted by the PREA Director

Warden/Jail Administrator/Sheriff/Director

Name: Sharon Folks

Email: Sharon.Folks@doc.alabama.gov **Telephone:** 251.964.5044 Ext. 101

Facility PREA Compliance Manager

Name: Grady Merrill

Email: Grady.Merrill@doc.alabama.gov **Telephone:** 251.964.5044 Ext. 630

Facility Health Service Administrator N/A

Name: Jacqueline Simmons

Email: Jacqueline.Simmons@wexfordhealth.com **Telephone:** 251.368.4238

Facility Characteristics

Designated Facility Capacity:	386	
Current Population of Facility:	377	
Average daily population for the past 12 months:	375	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input 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:	18 - 75	
Average length of stay or time under supervision:	6 months	
Facility security levels/inmate custody levels:	Security Level I & II; Minimum Out; Minimum Community	
Number of inmates admitted to facility during the past 12 months:	506	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	506	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	448	
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)	Click or tap here to enter text. <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>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):</p>	<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 checked="" 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: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	39	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	5
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:	6
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	17
Physical Plant	
<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>	19
<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>	7
Number of single cell housing units:	N/A
Number of multiple occupancy cell housing units:	7
Number of open bay/dorm housing units:	7
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	1
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
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Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input checked="" type="checkbox"/> Other: SANE Center - University South Alabama Hospital

Investigations

Criminal Investigations

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:	37
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.	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<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 checked="" type="checkbox"/> Other: Investigation & Intelligence Division <input type="checkbox"/> N/A

Administrative Investigations

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?	37
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	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<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: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

The Loxley Community Based Facility / Community Work Center is located at 14880 County Road 64 in Loxley, Alabama. Loxley Alabama is located near the Gulf Coast region of southern Alabama approximately 20 miles east of Mobile Alabama.

Loxley Community Based Facility / Community Work Center is participating in the Prison Rape Elimination Act (PREA) audit. The on-site portion of the audit was conducted by a certified Department of Justice PREA Auditor, at the above address on January 22 – 24, 2020. The assigned PREA Auditor is an independent sub-contractor with no conflict of interest, working for the primary contract holder from the Alabama Department of Corrections. This is the second audit for Loxley Community Based Facility / Community Work Center; the first audit was completed on May 16 - 17, 2016.

Loxley Community Based Facility / Community Work Center is referred to as Loxley WRC by Alabama Department of Corrections staff members, therefore for the purpose of this report, the Auditor will refer to Loxley Community Based Facility / Community Work Center as Loxley WRC.

For the position titled PREA Coordinator, the Alabama Department of Corrections utilizes the terminology Director in lieu of Coordinator; therefore, the Auditor will refer to the PREA Coordinator as the PREA Director. The Alabama Department of Corrections utilizes the terminology Institutional in conjunction with PREA Compliance Manager. The Auditor will refer to the PREA Compliance Manager as the Institutional PREA Compliance Manager or IPCM for the purpose of this report.

Pre-Onsite Audit Phase

On November 7, 2019, an initial conference call with the Loxley WRC Institutional PREA Compliance Manager (IPCM) was conducted. Following brief introductions, the IPCM confirmed he would be the primary point of contact for providing the *PREA Audit Questionnaire* (PAQ) information and agency documentation. The Auditor discussed the purpose of the audit, audit logistics, audit schedule / timelines, goals, and expectations of the audit.

On November 8, 2019, a follow-up email was sent to the IPCM, PREA Coordinator, and Facility Warden summarizing the conference call discussion to include the timelines for the PAQ and supporting documentation.

On November 29, 2019, the Auditor received the encrypted thumb drive via the United States Postal Service. The Auditor began a systematic review process of the Pre-Audit Questionnaire responses to each standard and the

supporting documentation, policies, and procedures. The thumb drive contained policies, procedures, and supporting documentation related to the PREA audit. Supporting documentation included, but not limited to:

- Staff training records (certified, civilian, contractor, volunteer)
- Inmate intake screenings & assessments
- Inmate medical & mental health assessments
- Inmate PREA education (initial & comprehensive)
- All Sexual abuse & sexual harassment Administrative Investigations - January 2019 – December 2019
 - (Substantiated, unsubstantiated, inmate-on- inmate, staff-on-inmate)
- All Sexual abuse & sexual harassment Criminal Investigations - January 2019 – December 2019
 - (Substantiated, unsubstantiated, inmate-on-inmate, staff-on-inmate)

On December 9, 2019, the Auditor emailed the facility's IPCM the Process Map and the mailing address (P.O. Box) for confidential correspondence from inmates or staff relating to PREA prior to, during, and after the PREA audit and the PREA Audit notifications; the Auditor also requested the notifications be posted in accordance with the required standards. The Post Office box acquired for the audit was used strictly for correspondence from inmates or staff for the purpose of the PREA Audit.

The audit notifications contained the scheduled dates of the audit, the purpose of the audit, the Auditor's name and contact information, and a statement regarding the confidentiality of any communication between the Auditor and inmates who respond to the notice with the exception of mandatory reporting laws that may apply to the Auditor.

The audit notifications were posted throughout the facility in areas accessible to offenders and staff. The IPCM forwarded the Auditor 18 photographs (with date and time stamped) of various locations within the facility to include housing units, dayrooms, and general areas. The photographs reflected a date stamp of December 11, 2019, indicating they were taken with the posted upcoming audit information in their assigned position.

During the on-site tour of the facility, the Auditor verified the posted audit notifications in the photographed locations, as well as observing posted audit notifications throughout the facility that were not previously photographed.

Following a systematic review of the PAQ and supporting documentation, the Auditor emailed the facility IPCM on January 2, 2020, a list of additional information that warranted clarification to the PAQ responses and upon completion of the supporting documentation review process. The list was two pages and included:

- Clarification on standards/provisions showing conflicting responses in the OAS
- Clarification on documentation provided showing conflicting responses in the OAS

In addition, the Auditor also requested the following information be provided to the Auditor upon arrival for the on-site visit (interview selections and document review):

- Complete inmate roster (requested in alphabetical order by housing dormitory)
- Inmates with disabilities
- Inmates who are LEP
- LGBTI inmates
- Inmates who reported sexual abuse
- Inmates who reported sexual victimization during risk screening
- All allegations made in the 12 months preceding the audit
- All hotline calls made in the 12 months preceding the audit
- All allegations of sexual abuse & sexual harassment reported in the 12 months preceding the audit
- All incident reports from the 12 months preceding the audit
- Staff roster (certified & civilian staff, contract, & volunteer; requested by shift assignment/work hours)
- Medical & Mental Health Staff
- SANE/SAFE Staff
- Intake staff
- Classification Staff
- Human Resources Staff
- Contractors & volunteers who have contact with inmates

Prior to the Auditor’s arrival to the facility, the facility IPCM provided the requested information and clarified the conflicting responses on the *PREA Audit Request for Information* and the supporting documentation. The additional information requested (interview list and additional documents) were provided to the Auditor upon arrival to the facility (January 22, 2020).

The total number of PREA hotline calls reported during the 12 months preceding the audit was two. The number of sexual abuse and sexual harassment allegations in the 12 months prior to the audit (January 2019 – December 2019) was six. The following charts provide a breakdown of the six allegations:

Total Number of Allegations			
	Inmate-on-Inmate	Staff-on-Inmate	Total
Substantiated	0	0	0
Unsubstantiated	1	1	2
Unfounded	1	3	4
In progress	0	0	0
Total	2	4	6

Total Number of Sexual Abuse Allegations			
	Inmate-on-Inmate	Staff-on-Inmate	Total
Substantiated	0	0	0
Unsubstantiated	0	1	1
Unfounded	0	2	2
In progress	0	0	0
Total	0	3	3

Total Number of Sexual Harassment Allegations			
	Inmate-on-Inmate	Staff-on-Inmate	Total
Substantiated	0	0	0
Unsubstantiated	1	1	2
Unfounded	0	1	1
In progress	0	0	0
Total	1	2	3

Investigations			
	Inmate-on-Inmate	Staff-on-Inmate	Total
Administrative	1	0	1
Criminal	0	5	5
Total	1	5	6

Referred for Prosecution		
	Sexual Abuse	Sexual Harassment
Inmate-on-Inmate	0	0
Staff-on-Inmate	0	0

Research

During the pre-on-site audit phase, the Auditor conducted an internet search on the facility to include reviewing the agency website. The agency website contained multiple links to previous annual reports and audits for the Loxley WRC as well as other facilities under the agency's jurisdiction. The Auditor reviewed the prior PREA Audit (May 2016) and the Annual Reports specific to Loxley WRC (§115.88). The Auditor also reviewed the mandatory reporting laws for the State of Alabama.

The Auditor contacted Just Detention International, a health and human rights organization that seeks to end sexual abuse in all forms of confinement. The Auditor submitted an inquiry to determine if the agency had received any complaints from Loxley WRC within the past 12 months; a representative from Just Detention International informed the Auditor that Just Detention International had not received any complaints regarding Loxley WRC.

The Auditor also conducted research, specific to Loxley WRC, on the websites of the Department of Justice Civil Rights Division and the Southern Poverty Law Center with negative results from each. The Loxley Community Based Facility / Community Work Center was not a part of the United States Department of Justice investigation into Alabama's State Prisons for Men, the Auditor did review the report in its entirety.

The Auditor requested the contact information for the representative or hospital the agency utilizes for forensic medical examinations of alleged sexual abuse victims. The agency has a Memorandum of Understanding (MOU) with Alabama Coalition Against Rape (ACAR). ACAR is a statewide non-profit agency, which has fifteen member rape crisis centers throughout the State, and provides confidential emotional support services related to sexual abuse. The Lighthouse of Baldwin County is the designated crisis center for Loxley WRC and provides sexual abuse forensic examiners/sexual abuse nurse examiners (SAFE/SANES) services.

The Auditor contacted the Lighthouse of Baldwin County Crisis Center and conducted two telephone interviews. The interviews were conducted with the SANE Nurse responsible for conducting forensic examinations for the facility and with a certified rape crisis counselor employed with the Lighthouse of Baldwin County Crisis Center.

During the interview with the certified SANE Nurse, she explained to the Auditor the procedure of a forensic medical examination, to include following the *Department of Justice (DOJ) National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents*. The SANE Nurse explained when the victim (inmate) is transported to the crisis center he is immediately seen and treated by staff in accordance with standard protocol.

The certified rape crisis counselor verified the existing MOU with the facility. She stated the Lighthouse of Baldwin County Crisis Center offers victim advocate services to every victim (inmate) to include one-on-one peer counseling and support groups for victims. She also verified that the victim advocate is responsible for ensuring

the victim (inmate) receives mental health counseling and follows up with all medical appointments, to include HIV, Hepatitis C, and sexually transmitted diseases examinations and/or testing. There is no charge to the victim (inmate) for these services and any additional care can be continued upon the victim's release from custody.

She also verified that the crisis center staffs the dedicated PREA hotline (for the inmates) 24 hours a day, 7 days a week. In addition, there is also an emotional support hotline available at the facility that offers inmates immediate counseling over the phone or they can request for counseling to be conducted in person.

The Auditor received one piece of correspondence prior to, during, or after the PREA audit. The correspondence was from an inmate at the Loxley WRC. During the on-site visit at Loxley WRC, the Auditor requested to speak with the inmate, however the inmate roster confirmed the inmate was no longer in custody. The correspondence was not directly PREA related.

On-Site Audit Phase

The Loxley Community Based Facility / Community Work Center is located near the Gulf Coast region of Alabama, off County Road 64 in Loxley Alabama. Under the jurisdiction of the State of Alabama Department of Corrections, Loxley WRC is classified as a minimum custody facility housing low risk / minimum custody adult male inmates who perform community service work for state, county and city agencies. Alabama Department of Corrections classification / custody levels for Loxley WRC are either Security Level 1 – minimum community / work release or Security Level 2 – minimum out / honor camp.

The rated capacity of Loxley WRC is 386 with an average daily population (ADP) of 375 for the 12 months preceding the audit. The inmate population on the day of the audit was 371.

Alabama Department of Corrections Administrative Regulation 454 defines youthful inmates as any inmate housed in an adult facility whose age is under eighteen. The Loxley Work Release Center reported youthful inmates are not housed at the facility.

The Loxley Community Based Facility / Community Work Center compound is on 40 acres and encompasses nineteen buildings.

Main building, also known as the Admin Building, includes the administrative offices of the Facility Warden, Captain, Classification Supervisor, and Drug Program Specialist. It also connects to the Main Officer Station and the Transitional Unit (Holding Cell for Transfers).

Dormitory A is the Substance Abuse Program is a single story building with dormitory style beds and houses inmates who are a minimum out custody level. These inmates do not leave the facility unless it is for a medical appointment or a court appearance.

Dormitory B and F is a single story building with dormitory style beds and houses minimum out inmates who have job assignments with either the county, state or city work programs and are closely monitored by the Facility Job Placement Officer (JPO).

Dormitory C is a single story building with dormitory style beds and houses community custody inmates who are assigned jobs within the local community and minimum out inmates who are assigned jobs within the facility compound.

Dormitory D and E are single story buildings with dormitory style beds and houses community custody inmates who are assigned jobs within the local community.

Dormitory G is a one-story building, which is currently undergoing renovations; this building also has the offices of the Job Placement Officer (JPO) and the minimum out custody level laundry.

Institutional Barber Shop is a one-story building, which is equipped with barber chairs, tools, and barber necessities and is staffed by qualified, trained hairstylists' inmates.

Community Custody Laundry is a one-story building designated strictly for laundering the clothes of community custody inmates.

Maintenance Shop is a one-story building, which contains tools, painting supplies, lawn mowers, etc. This is a secure building and only accessible with a staff member present.

Storage Building is a one-story building that contains the remaining tools and items from the maintenance shop; which is a secure building and is only accessible with a staff member present.

Barn Building is a large one story building which is an additional storage for inmate mattresses, blankets, and hygiene supplies. It also serves as storage for minimum custody inmate's personal property. This building is also a secured building with access only from a staff member.

Canteen & storage building is a one story building; it serves as the facility's store providing inmates with the ability to purchase additional food, hygiene and other provisions as needed. The facility has an existing contract with the Alabama Industries for the Deaf & the Blind for the operation of the canteen. The additional storage building provides space for overflow of canteen stock.

Pavilion is a one story open air building designated as the hobby or craft area; inmates can work on leather crafts or woodcrafts and is only accessible during the daylight hours.

Back Gate building is a one-story building and is the high traffic area of the facility; either foot traffic or vehicle traffic must pass through this point for entry into and upon leaving the facility compound. This building is equipped with metal detectors and privacy areas where staff members can conduct strip searches. It is staffed 24 hours a day, 7 days a week. Inmates who are assigned jobs in the community exit and enter the facility via the Back Gate building.

Facility Chapel is a one-story building and is the meeting place for religious activities and visitation area; Fatherhood and Aftercare meetings are held in the Chapel. Aftercare building is a one story building where NA and AA meetings / classes are held.

On the first day of the audit, an entrance meeting was held with the IPCM and the Facility Warden. Following the entrance meeting, the Auditor toured the facility from 0930 hours to 1230 hours. The Auditor was escorted by the IPCM and facility staff.

The Auditor used the *National PREA Resource Center, PREA Compliance Instrument-Instructions for PREA Audit Tour* when conducting the on-site review. The areas visited include all housing areas, medical area, intake and transfer, security control rooms, inmate classification, food service, laundry, maintenance, mailroom, commissary, educational and program rooms, work assignment areas, and inmate Chapel.

During the tour, the Auditor observed opposite gender announcements, tested the inmate phone system, viewed PREA Audit notifications posted throughout, and PREA educational material and contact information for rape crisis counseling and emotional support services. The Auditor observed PREA information posted in each dormitory, inmate common areas, recreational and educational buildings, and in the facility lobby. The Auditor also noted several PREA boxes located throughout the facility. These boxes, which are checked daily by the facility IPCM, are secured lock boxes that provide inmates the opportunity to submit a report anonymously.

The Auditor also observed multiple security cameras including the camera angles, privacy, and line of sight for shower and toilets. The shower and bathroom areas within each dorm contain concrete privacy walls, which are constructed in such a manner that provides privacy as well as allowing staff to have a partial view of the inmate (walls covers midsection of the body); this allow privacy as well as ensuring the safety and security of all inmates.

The Auditor noted blind spots located on the outside of the building and in the back of dormitory C between dormitory's D and E. Facility Staff are aware of the blind spots outside of the building and conduct security checks in these areas continuously and on irregular basis.

The Auditor observed supervision practices of unannounced rounds, supervision ratios and security staff ratios, and security staff posts throughout the facility. Security Staff demonstrated several inmate intake and transfer processes that also included the initial PREA education inmates receive upon arriving to the facility. The Institutional PREA Compliance Manager demonstrated to the Auditor the comprehensive PREA orientation inmates receive within the first 30 days.

The Facility Staff provided a complete overview of the inmate classification process and the risk screening process. The Auditor was able to observe these processes when the Classification Specialist Supervisor and the Institutional PREA Compliance Manager demonstrated the inmate classification interview and the inmate risk screening process. The Classification Specialist Supervisor provided the Auditor with a detailed overview of how the classification process begins upon their arrival to the facility, including one within 30 days of arrival, as well as multiple follow-up interviews during their incarceration at the facility.

Throughout the facility tour, the Auditor observed inmates participating in educational programs, various inmate movement throughout the facility, inmates participating in religious programs, and inmates actively working in assigned jobs throughout the facility compound. The Auditor was able to observe the interaction between staff and inmates inside the housing units and throughout the facility and conduct informal interviews of certified staff, civilian staff, contract staff, and inmates in each dormitory and throughout the facility compound.

The facility reported twenty-eight cameras installed and operational. Of the total, 20 are located in the interior of the buildings and eight on the exterior. The interior cameras are located in the facility lobby, throughout the facility hallways, multiple cameras in dormitory areas, program and educational areas, and intake and transfer. Exterior cameras are installed in all the exterior walkways and entrances and along the outside perimeter. During the on-site phase of the audit, the Auditor was informed the facility is in the beginning stages of upgrading, adding additional, and/or replacing its existing security cameras; the timeline for completion of the additional / upgraded cameras was not known at the time of the on-site audit phase.

The facility reported on the Pre-Audit Questionnaire, that Loxley WRC does not have administrative procedures to address inmate grievances regarding sexual abuse. During the on-site phase of the audit, the Auditor conducted interviews with the Facility Warden, PREA Director, and the Institutional PREA Compliance Manager. During each of these interviews, the Auditor verified that Loxley WRC does not have administrative procedures to address inmate grievances regarding sexual abuse.

Staff Interviews

The PREA Auditor handbook requires Auditors to interview a representative sample of staff, supervisors, and administrators in the audited facility. Auditors must conduct interviews with a random sample of staff selected from varying shifts and work assignments, as well as targeted interviews with staff, which have specialized roles and responsibilities within the facility.

The Auditor conducted 14 random sampling of staff interviews. This random sampling of staff included at least one member from each shift, staff from diverse work assignments, supervisors and line staff, males and females, and staff of various diversities. There are three security staff shifts, first shift hours are 0600 – 1400 hours; second shift hours are 1400 – 2200 hours; and third shift hours are 2200 – 0600 hours. Contract medical shift hours are the same as the facility security staff and civilian support staff hours are 0800 – 1600 hours. The facility is staffed with 39 sworn staff and 23 civilian staff at the time of the audit. Interviews with staff were conducted in designated rooms that provided privacy and were all completed without interruption.

Thirty-two targeted employee interviews were conducted and were selected based upon their work assignment and subject matter expertise. Interviews were conducted in designated rooms that provided privacy and all interviews were conducted without interruption.

The facility reported there are 6 contractors and 17 volunteers who may have contact with inmates. Three contractors were interviewed and two volunteers were interviewed. They were selected based upon their availability during the on-site visit.

All staff interviews were conducted in accordance with the *National PREA Resource Center PREA Compliance Audit Instruments Interview Guide*. Upon arrival to the facility, the Auditor requested an updated employee roster to assist with the selection process for the random and targeted staff interviews. A detailed list and quantities for each interviewed are listed below:

Staff Categories	Number of Interviews Conducted
Random Sample of Staff:	14
Agency and PREA Staff:	
Agency Head or designee	1
Facility Warden	1
PREA Director (Coordinator)	1

Specialized Staff:	
Agency Contract Administrator	1
Intermediate or Higher level Facility Staff	2
Medical Staff	1
Mental Health Staff	1
Administrative / Human Resources Staff	1
SAFE/SANE Staff	1
Lighthouse of Baldwin County Crisis Center	2
Volunteers	2
Contractors	3
Investigative Staff	2
Staff who perform screening for risk of victimization and abusiveness	2
Staff of the sexual incident review team	2
Designated staff member monitoring retaliation	1
First Responders	2
Intake Staff	2
Classification Staff	1
Total Random Staff Interviewed	14
Total Agency and PREA Staff	3
Total Specialized Interviewed	29
Total Staff Interviewed	46

Inmate Interviews

The inmate count on the first day of the audit was 371. In accordance with the *PREA Auditor Handbook Table 1: Required Number of Inmate Interviews*, the Auditor was required to conduct 13 random sample inmate interviews.

All inmate interviews were conducted in accordance with the *National PREA Resource Center, PREA Compliance Audit Instrument - Interview Guide*.

The Auditor conducted 26 random samples of inmate interviews; 26 random samples of inmates were initially requested, however one inmate randomly selected refused to be interviewed. The Auditor requested an up-to-date inmate roster (in alphabetical order) from every housing dormitory and selected every fifth inmate from the inmate rosters provided; inmates interviewed included every housing dormitory and inmates of various diversities.

In accordance with the *PREA Auditor Handbook Table 1: Required Number of Inmate Interviews*, the Auditor was required to interview at least 13-targeted inmates. The Auditor conducted eight targeted inmate interviews. The facility staff reported they did not have the following targeted inmate categories housed at their facility at the time of the on-site review. As a result, these categories of inmates were not interviewed.

- Youthful inmates
- Inmates who identify as transgender or intersex
- Inmates in segregated housing for high risk of sexual victimization
- Inmates who reported sexual abuse
- Inmates with a cognitive disability

Loxley WRC does not house youthful inmates, it does not have a segregated or protective custody-housing dormitory, therefore the categories of youthful inmates, and inmates in segregated housing for high risk of sexual victimization were not interviewed. There were no reported allegations of sexual abuse during the 12 months prior to the audit; therefore, inmates who reported sexual abuse were not interviewed. Specific details on the Auditors review of the reported allegations and completed investigations are discussed further on in this report. Loxley WRC did not have any inmates with a cognitive disability in custody during the on-site audit; therefore, inmates with a cognitive disability were not interviewed.

All inmate interviews were conducted in accordance with the *National PREA Resource Center PREA Compliance Audit Instruments Interview Guide*. The Auditor requested an updated facility inmate roster to assist with the selection process for the random and targeted inmate interviews. All interviews were conducted in private and without interference. A detailed list and quantities for each interviewed are listed below:

Inmate Categories	Number of Interviews Conducted
Random Sample of Inmates:	26
Targeted Inmates:	

Inmates with a physical disability	1
Inmates who are blind, deaf, or hard of hearing	2
Inmates who are limited English proficient	1
Inmates who identify as lesbian, gay or bisexual	3
Inmates who reported sexual victimization during risk screening	1
Total random inmates interviewed	26
Total targeted inmates interviewed	8
Total inmates interviewed	34

On-site Documentation Review

Based upon the information provided on the PAQ, the facility reported three allegations of sexual abuse and three allegations of sexual harassment during this auditing period of January 1, 2019 – December 31, 2019. The three sexual abuse allegations were against staff. One allegation was determined to be unsubstantiated and the other two sexual abuse allegations were unfounded.

One of the sexual harassment allegations was inmate-on-inmate and was determined to be unsubstantiated. The remaining two sexual harassment allegations were against staff with one closed as unsubstantiated and one closed as unfounded.

The Auditor reviewed all six investigations reported by the facility during the 12 months prior to the audit, which included one administrative sexual harassment investigation and five criminal sexual abuse investigations. All of these cases were selected and reviewed based upon the outcome and the Auditor's requirement to review all of the required steps and processes to verify compliance with multiple PREA Standards.

Employee personnel files are maintained in the Human Resources Department. Employee criminal background checks and training records are maintained in the employee personnel files. The Auditor reviewed documentation from six employee personnel files. The Auditor selected files of a newly hired employee, three long-term staff employee, and two employees with specialized training. All files reviewed contained the required training documentation, revealed thorough background investigations, and included updated documentation of current background investigations (five-year intervals) of current staff members.

The Alabama Department of Corrections inmate files are maintained by the Central Records Division. Inmate files contain an extensive amount of documents for each particular inmate and are specific to initial admissions forms, certification of commitment / sentence, parole letters, fingerprint cards, transport orders, and prior incarcerations are just a few examples.

The facility maintains an inmate record for each inmate assigned to the facility. An inmate record or institutional file contains documentation of an inmate relevant to his incarceration at the specific institution or facility. Examples of documents contained in an inmate record include initial transfer record, initial classification assessment, classification reassessments, security level designation, medical or mental health referrals, initial PREA education, and PREA comprehensive education, housing assignment, program assessment forms, job review screenings, and incident and disciplinary reports.

The Auditor reviewed six inmate files. These files were selected based upon the inmate sexual abuse and sexual harassment investigations, length at facility, and inmates that reported prior sexual victimization. Each inmate record contained the initial risk screening form, 30-day reassessment form, PREA education documentation, Classification / PREA Risk Factors checklist, and follow-up / reassessment for inmate who disclosed sexual victimization during initial screening.

Medical and mental health files are maintained in a secured section of the medical office. The Auditor reviewed two medical and mental health files. These files were reviewed based upon the screening for risk of sexual victimization and those inmates who identify as gay, lesbian, or bisexual. Medical files also contain a body chart, which is a form that is completed by medical staff when an inmate reports either a sexual harassment or sexual abuse allegation.

The list below details the documentation reviewed from the various files:

Type of File	Number of Files Reviewed
Administrative Investigative files	6
Human Resources (Personnel / Training) files	6
Inmate Institutional Records	6
Medical & Mental Health files	2
Total number of files reviewed	20

Exit Briefing

At the conclusion of this audit, an exit meeting was held with the Facility Warden, PREA Director, and the Institutional PREA Compliance Manager to discuss the audit findings. The Auditor informed all in attendance the need to review on-site observations, documentation, and interview responses in order to determine compliance for each standard and provision.

Facility Characteristics

The Loxley Community Based Facility / Community Work Center is located near the Gulf Coast region of Alabama, off County Road 64 in Loxley Alabama. Under the jurisdiction of the State of Alabama Department of Corrections, Loxley WRC is classified as a minimum custody facility housing low risk / minimum custody adult male inmates who perform community service work for state, county and city agencies. Alabama Department of Corrections classification / custody levels for Loxley WRC are either Security Level 1 – minimum community / work release or Security Level 2 – minimum out / honor camp.

The rated capacity of Loxley WRC is 386 with an average daily population (ADP) of 375 for the 12 months preceding the audit. The inmate population on the day of the audit was 371.

Alabama Department of Corrections Administrative Regulation 454 defines youthful inmates as any inmate housed in an adult facility whose age is under eighteen. The Loxley Work Release Center reported youthful inmates are not housed at the facility.

The Loxley Community Based Facility / Community Work Center compound is on 40 acres and encompasses nineteen buildings.

Main building, also known as the Admin Building, includes the administrative offices of the Facility Warden, Captain, Classification Supervisor, and Drug Program Specialist. It also connects to the Main Officer Station and the Transitional Unit (Holding Cell for Transfers).

Dormitory A is the Substance Abuse Program is a single story building with dormitory style beds and houses inmates who are a minimum out custody level. These inmates do not leave the facility unless it is for a medical appointment or a court appearance.

Dormitory B and F is a single story building with dormitory style beds and houses minimum out inmates, who are assigned jobs with either the county, state or the city work programs, and are closely monitored by the Facility Job Placement Officer (JPO).

Dormitory C is a single story building with dormitory style beds and houses community custody inmates who are assigned jobs within the local community and minimum out inmates who are assigned jobs within the facility compound.

Dormitory D and E are single story buildings with dormitory style beds and house inmates who are classified as community custody and are assigned jobs within the local community.

Dormitory G is a one-story building, which is currently undergoing renovations; this building also has the offices of the Job Placement Officer (JPO) and the minimum out custody level laundry.

Institutional Barber Shop is a one-story building, which is equipped with barber chairs, tools, and barber necessities and is staffed by qualified, trained hairstylists' inmates.

Community Custody Laundry is a one-story building designated strictly for laundering the clothes of community custody inmates.

Maintenance Shop is a one-story building, which contains tools, painting supplies, lawn mowers, etc. This is a secure building and only accessible with a staff member present.

Storage Building is a one-story building that contains the remaining tools and items from the maintenance shop; a secure building, which is only accessible with a staff member present.

Barn Building is a large one story building which is an additional storage for inmate mattresses, blankets, and hygiene supplies. It also serves as storage for minimum custody inmate's personal property. This building is also a secured building with access only from a staff member.

Canteen & storage building is a one story building; it serves as the facility's store providing inmates with the ability to purchase additional food, hygiene and other provisions as needed. The facility has an existing contract with the Alabama Industries for the Deaf & the Blind for the operation of the canteen. The additional storage building provides space for overflow of canteen stock.

Pavilion is a one story open air building designated as the hobby or craft area; inmates can work on leather crafts or woodcrafts and is only accessible during the daylight hours.

Back Gate building is a one-story building and is the high traffic area of the facility; either foot traffic or vehicle traffic must pass through this point for entry into and upon leaving the facility compound. This building is equipped with metal detectors and privacy areas where staff members can conduct strip searches. It is staffed 24 hours a

day, 7 days a week. Inmates who are assigned jobs in the community exit and enter the facility via the Back Gate building.

Facility Chapel is a one-story building and is the meeting place for religious activities and visitation area; Fatherhood and Aftercare meetings are held in the Chapel.

Aftercare building is a one story building where NA and AA meetings / classes are held.

The facility reported twenty-eight cameras installed and operational. Of the total, 20 are located in the interior of the buildings and eight on the exterior. The interior cameras are located in the facility lobby, throughout the facility hallways, multiple cameras in dormitory areas, program and educational areas, and intake and transfer. Exterior cameras are installed in all the exterior walkways and entrances and along the outside perimeter. During the on-site phase of the audit, the Auditor was informed the facility is in the beginning stages of upgrading, adding additional, and/or replacing its existing security cameras.

The facility is staffed with 39 sworn staff and 23 civilian staff at the time of the audit. There are three security staff shifts, first shift hours are 0600 – 1400 hours; second shift hours are 1400 – 2200 hours; and third shift hours are 2200 – 0600 hours.

Medical and Mental Health Staff are contracted with Wexford Health Services. Contract medical shift hours are the same as the facility security staff. The facility provides various mental health services and programs. The inmate canteen service is contracted with the Alabama Institute for the Deaf and Blind. The Food Service Department is contracted with W. L. Petrey Wholesale Company, Inc.

The PAQ indicated there are 6 contractors and 17 facility volunteers. Examples of volunteer services provided at the facility include Chaplain, Alcoholics Anonymous, adult basic education courses, general education diploma courses, substance abuse program, pre-release and reentry program, fatherhood initiative, anger management classes, and various worship services and religious programs.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 4

List of Standards Exceeded: 115.11; 115.31; 115.53; 115.64

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: 0

PREVENTION PLANNING

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Harassment*

Alabama Department of Corrections Administrative Regulation 318, *Employee/Inmate Relationships*

Alabama Department of Corrections Administrative Regulation 208, *Employee Standards of Conduct*

Code of Alabama Title 14

Alabama Department of Corrections Organizational Chart

Alabama Department of Corrections Staff Training Curriculum

Alabama Department of Corrections Inmate Handbook

Interviews conducted with:

ADOC PREA Director

Institutional PREA Compliance Manager (IPCM)

Random sample of Staff

Random sample of Inmates

On-site Review Observations:

PREA informational signage throughout the facility

PREA Inmate Orientation Video

PREA informational brochures for inmates

The Alabama Department of Corrections (ADOC) and the Loxley Work Release Center (Loxley WRC) has a written policy to ensure compliance with the Prison Rape Elimination Act standards. The auditor reviewed the written policy regarding sexual abuse and sexual harassment and it specifically outlines the facility's approach to preventing, detecting, and responding to and investigating the sexual abuse and sexual harassment of inmates under Alabama Department of Corrections care and control.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse and Harassment*, specifically outlines the zero-tolerance policy for all forms of sexual abuse and sexual harassment on inmates, to address the safety and treatment needs of inmates who have been sexually assaulted, and to discipline and prosecute those who sexually assault inmates.

Administrative Regulation 454 states, "It is the policy of the ADOC to maintain a zero-tolerance policy against inmate sexual abuse and harassment and custodial sexual misconduct. Any sexual conduct, whether inmate-on-inmate or employee-on-inmate, and whether consensual or forced, strictly prohibited".

As defined in the Code of Alabama Section 14-11-31 and Alabama Department of Corrections Administrative Regulation 208, *Employee Standards of Conduct and Discipline*, and Alabama Department of Corrections Administrative Regulation 318, *Employee / Inmate Relationships*, employees shall be subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies.

Alabama Department of Corrections Administrative Regulation 454 states in an effort to comply with PREA Standards has a designated PREA Director (Coordinator). The PREA Director will be an upper-level position and will have sufficient time and authority to develop, implement, and oversee efforts to comply with the PREA standards for all facilities within the Alabama Department of Corrections. The PREA Director reports directly to the ADOC General Counsel.

Alabama Department of Corrections Administrative Regulation 454 states the PREA Director shall be responsible for developing written policies that follow Correctional best practices and meets the intent of the PREA Standards. The PREA Director shall develop and implement training plans that fulfill the PREA training requirements, monitor inmate screening procedures, investigations, and medical and mental health care treatment. The PREA Director also supervises the facility's data collection efforts and provide appropriate access and materials to auditors. The PREA Director is also responsible for conducting annual internal audits of ADOC institutions to ensure compliance with AR 454 and Federal PREA Standards.

The Alabama Department of Corrections Administrative Regulation 454 states each facility shall have an Institutional PREA Compliance Manager (IPCM) responsible for monitoring inmates identified as being sexual aggressors, potential sexual aggressors, victims of sexual abuse, and potential victims of sexual abuse. The IPCM shall also review, monitor, and maintain records of all PREA related incidents, forms, and documents in order to ensure compliance.

The IPCM is also responsible for conducting all inmate orientations housed within the assigned institution and ensure all inmates and employees in PREA related incidents receive all services required and submit appropriate reports. The IPCM also is responsible for ensuring all volunteers and contractors at the facility receive the required PREA training and assist with developing and updating the institutional standard operating procedures and action plan as it relates to PREA. The IPCM reports directly to the Facility Warden. The Alabama Department of Corrections also designates an additional staff member at the Loxley WRC to serve as a back-up IPCM when needed.

Interviews with staff and inmates demonstrated the agency's efforts to ensure a zero tolerance facility; training curriculum (staff, volunteers, & contractors) and inmate education for the prevention, detection, and response to sexual abuse and sexual harassment were verified through these interviews. During the staff interviews, the Auditor was impressed with the demonstration of knowledge, thorough understanding, and systematic recollection

of the PREA prevention, detection, and reporting standards; staff were very articulate and provided specific details of their responsibilities as it relates to PREA.

Inmates also demonstrated a thorough understanding of the zero tolerance policy and PREA standards. Each inmate recalling specific details of the PREA Orientation video, inmate handbook, as well as the informational PREA signage, and PREA confidential reporting boxes.

The Auditor conducted an interview with the PREA Director and verified she has sufficient time and authority in her position to accomplish PREA responsibilities for the agency. The PREA Director oversees all the ADOC Institutional PREA Compliance Managers (twenty-six IPCM's) and meets with each of them on a regular basis to ensure all facilities maintain compliance with each standard. A review of the ADOC organizational chart and administrative regulation provided evidence that the agency has designated an upper-level position as the PREA Director.

During the on-site phase of the audit, the Auditor interviewed the IPCM and verified he has sufficient time and authority in his position to accomplish the PREA responsibilities for the Loxley WRC. Evidence shows that Alabama Department of Corrections has designated a facility PREA Compliance Manager (Institutional PREA Compliance Manager, IPCM) for Loxley WRC as verified through a review of the ADOC organizational chart and interviews with the IPCM and the Facility Warden.

During the on-site phase of the audit, the Auditor was provided a facility tour and observed PREA informational signage and informational brochures throughout the facility.

Upon review of the policies stated above, the agency organizational chart, and the inmate handbook and after completion of interviews conducted with inmates, staff, the IPCM, PREA Director, and the Facility Warden during the on-site visit, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with and exceeds the PREA standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*
Pre-Audit Questionnaire

Interviews conducted with:

Agency Contract Administrator
Facility Warden
PREA Director
Institutional PREA Compliance Manager (IPCM)

The Loxley Work Release Center does not contract with other entities for confinement of inmates. During the on-site phase of the audit, the auditor verified there are no contracts with other entities during interviews with the Agency Contract Administrator, the Warden, the PREA Director, and the Institutional PREA Compliance Manager.

Upon review of the policies and upon completion of the interviews with staff, the Loxley Work Release Center demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Harassment*
Loxley Community Based Facility Standard Operating Procedure 910, *Coordinated Response to Sexual Abuse*
Loxley Community Based Facility Standard Operating Procedure 911, *Housing Designation Screening*
Loxley Community Based Facility Standard Operating Procedure 908, *Staffing Plan*
Loxley Community Based Facility 2019 Staffing Plan
Loxley Community Based Facility Deviation from Staffing Plan (2)
Facility Blueprint
Annual Secure Facility Assessment Report (May 2019)
Facility Housing Logs (all shifts)
Staff Roster / Schedule
Activity Schedules

Interviews conducted with:

Facility Warden
PREA Director
Institutional PREA Compliance Manager (IPCM)
Intermediate / Upper-level Supervisory Staff

On-site Review Observations:

Daily operational functions
Staff interaction with inmates
Inmate movement
Supervisory staff conducting rounds

The Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states the PREA Director shall consult with the Associate Commissioner of Operations and the facility Warden to provide input on the institutional staffing plans and surveillance monitoring equipment. At least annually, the PREA Director will assess, determine, and document if any adjustments are needed to the staffing plan, video monitoring systems, or other available resources the facility has to commit to ensure adherence to the staffing plan.

The Loxley WRC Standard Operating Procedure 908, *Staffing Plan*, the Warden shall ensure that the staffing plan is developed, implemented, and documented and will be updated annually or as needed. The plan will provide for adequate levels of staffing and where applicable, video monitoring to protect inmates against sexual abuse.

Upon the Auditor's review of the Loxley WRC 2019 Staffing Plan, the facility, when reviewing staffing requirements and the appropriate numbers of assigned staff, took into consideration the following requirements:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any inadequacy from internal or external oversight bodies;
- Any findings of inadequacy from Federal investigative agencies;
- All the components of the facility's physical layout (including blind spots);
- Composition of inmate population;
- Number of and placement of supervisory staff;
- Institution programs specific to each shift;
- All applicable State or local laws;
- Prevalence of substantiated and unsubstantiated incidents of sexual abuse;
- Any other relevant factors.

The Loxley WRC 2019 Staffing Plan also included the review of the recent findings (April 2, 2019) from the United States Department of Justice Civil Rights Division into the Alabama State Prisons for Men and the review of the Annual Secure Facility Assessment Report which included all components of the facilities physical plant. The average daily number of inmates on which the facility-staffing plan was predicated on was 366 Security Level 1 Minimum Community and Security Level 2 Minimum Out custody inmates. The most common reasons for deviation from the staffing plan in the past 12 months include inmate transfers, responding to another prison/facility, FMLA, unscheduled staff training, and unscheduled events.

The Loxley WRC Standard Operating Procedure 908, *Staffing Plan* states that when the staffing plan is not complied with, the facility shall document and justify all deviations from the plan and supervisory staff is responsible for following procedures to ensure adequate staffing. An interview with the Warden and IPCM verified that if deviations from the staffing plan were to occur, the deviation is documented and justified in accordance to ADOC Administrative Regulation and the Loxley WRC Standard Operating Procedure.

During the pre-onsite phase of the audit, the Auditor reviewed two documents of deviation from the staffing plan during the past 12 months. During the on-site phase of the audit, the auditor conducted an interview with supervisory staff and confirmed the procedures that are followed if a shift has inadequate staffing. The supervisory staff member explained there is an on-call facility duty officer that is notified immediately and if necessary, the supervisory staff shall require staff from relieving shift to remain on duty until the on-call officer arrives. The documentation of such deviation and justification shall be forwarded to the Warden, Captain, and Institutional PREA Compliance Manager (IPCM).

An interview with the PREA Director also verified annual reviews of the staffing plan are conducted with the Associate Commissioner of Operations, the facility Warden and the facility IPCM to determine whether adjustments are needed with staffing numbers, video monitoring technology, and any additional agency resources that would ensure compliance to the staffing plan.

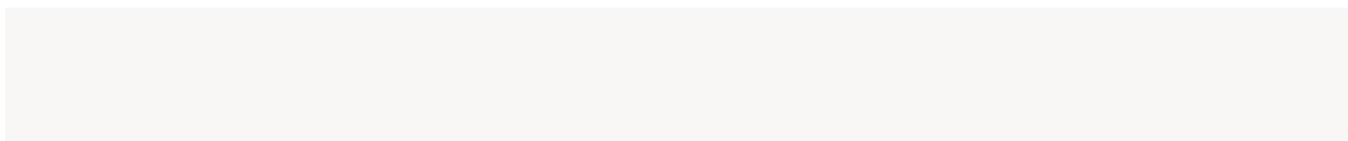
The average daily number of inmates' report, staff shift rosters, facility blueprint, and daily inmate activity schedules were reviewed to verify adequate staff coverage in comparison to inmate population, inmate movement, and facility size and layout. During the on-site phase of the audit, the Auditor toured the facility and witnessed the daily operational functions, staff interaction with inmates, general inmate movement, and supervisory staff conducting rounds. These observations provided additional verification of policy and PREA standard compliance.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states each facility shall have intermediate and higher-level staff shall conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The unannounced rounds shall be conducted on all shifts and staff shall not alert other staff members that a round is being conducted.

The Auditor reviewed housing logs of supervisor unannounced rounds and verified the unannounced rounds are being conducted and documented in accordance to the facility SOP and the PREA Standard. The sample of housing logs reviewed covered several days and were from every shift. In the samples reviewed, the auditor did not find any consistent patterns or inadequacies.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states that staff will not alert other staff members of unannounced rounds conducted by supervisory level staff. During the on-site phase of the audit, the Auditor conducted supervisory level staff interviews and inquired how this is completed. Supervisor level staff indicated this is completed by monitoring radio transmissions, observing staff movement, alternating movement patterns (being unpredictable with times or walking pattern), or listening to staff conversations while conducting rounds throughout the facility.

Upon review of the policies stated above, all documentation listed above and previously discussed, and after completion of interviews conducted during the on-site visit, in addition to the observations made throughout the on-site visit, Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.



Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Interviews conducted with:

Facility Warden

PREA Director

Institutional PREA Compliance Manager (IPCM)

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* defines youthful inmate as any inmate housed in an adult facility whose age is under eighteen (18). The Loxley WRC does not house youthful inmates. This was verified during interviews with the Facility Warden, PREA Director, and the IPCM.

Upon review of the policies and upon completion of the interviews with staff, the Loxley Work Release Center demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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 have procedures 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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*
 Alabama Department of Corrections Administrative Regulation 336, *Searches*
 Alabama Department of Corrections Staff Training Curriculum / Records
 Staff Roster
 Staff Schedules

Interviews conducted with:

Facility Warden
 Institutional PREA Compliance Manager (IPCM)

Contract Medical Staff
Random Sample of Staff
Random Sample of Inmates

On-site Review Observations:
Daily operational functions
Staff interaction with inmates
Inmate movement

The Loxley Community Based Facility / Community Work Center houses only male inmates. The Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*, and Administrative Regulation 336, *Searches*, prohibits female staff members from conducting cross-gender strip-searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by contract medical staff. If such an exigent circumstance were to occur, the facility documents the incident on the shift log and ADOC Form 302-A.

During the on-site phase of the audit, the Auditor conducted an interview with Contract Medical Staff and she confirmed that if a cross-gender strip search or cross-gender visual body cavity search was necessary, such searches would be performed by contract medical staff.

Documentation provided by the facility indicated there were no cross-gender strip searches or cross-gender visual body cavity searches conducted during the last 12 months. During the on-site phase of the audit, the Auditor conducted an interview with the Facility Warden and the IPCM and verified that no cross-gender strip searches or cross-gender visual body cavity searches were conducted.

During the pre-on-site phase of the audit, the Auditor reviewed the provided documentation to include shift schedules, shift rosters, and daily inmate activity schedule. During the on-site phase of the audit, the Auditor compared the information reviewed with her observations made during the facility tour and noted the number of male staff members is more than adequate and covers all shifts.

During the on-site phase of the audit, the Auditor observed the facility operations throughout the day, to include continuous inmate movement throughout the facility, continuous physical interactions between staff and inmates, and inmates performing job assignments throughout the facility and within the compound grounds. The Auditor also observed opposite gender announcements being conducted throughout the facility tour.

In addition, the Auditor noticed there is a limited number of female staff members assigned to the facility who serve in the same capacity as their male counterparts, however since a male staff member is always present on

every shift, female staff members are prohibited from conducting cross-gender pat-down searches of male inmates.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*, states that each facility shall implement procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The procedures shall require staff of the opposite gender to announce their presence when entering an inmate-housing unit.

During the on-site phase of the audit, the Auditor conducted interviews with a random sampling of inmates. Twenty-six random sample of inmate interviews were completed and twenty-five of the twenty-six confirmed they have privacy while showering, changing clothes, or using the bathroom facilities. Additionally, all twenty-six random sample of inmates confirmed staff of the opposite gender announce her presence prior to entering the housing unit.

During the on-site phase of the audit, the Auditor toured the facility and observed opposite gender announcements being conducted throughout the facility tour. The Auditor observed all dormitories within the facility to include the shower and bathroom areas within each dorm. All contained concrete privacy walls, which are constructed in such a manner that provides privacy as well as allows staff to have a partial view of the inmate (walls covers midsection of the body); this allows privacy as well as ensuring the safety and security of all inmates.

During the on-site phase of the audit, the Auditor completed a review several samples of housing logs and observed entries indicating opposite gender entering housing dormitory with notification to inmates being announced prior to opposite gender entry. The sample of housing logs reviewed covered several days throughout the month and were from all shifts. The Auditor also observed the announcement of an opposite gender entering a housing dormitory during the on-site tour of the facility, which provided additional documentation and the facility's compliance with this standard.

Loxley WRC restricts cross-gender viewing by non-medical staff of inmates who are performing bodily functions or changing clothes unless in the event of an emergency or exigent circumstance. During the on-site phase of the audit, the Auditor observed that male staff covers all shifts, which enforces the female staff members from entering a housing area unless in the event of an emergency or exigent circumstance.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* prohibits staff members from searching or physically examining a transgender or intersex inmate to determine the inmate's genital status. If unknown, an inmate's genital status may be determined during conversations with the inmate. If after such conversations, the inmate's genital status is still unknown, contract medical staff will conduct a broader medical examination in private by medical personnel.

During the pre-on-site phase of the audit, a review of the documentation provided showed the facility has had zero searches of a transgender or intersex inmate during the past 12 months. During the on-site phase of the

audit, the Auditor-conducted interviews with the Classifications Supervisor, Institutional PREA Compliance Manager and Facility Warden with each confirming the documentation previously provided was accurate and that the facility had zero searches of a transgender or intersex inmate.

At the time of the on-site visit phase of the audit, the Auditor requested an inmate roster for transgender or intersex inmates to conducted targeted inmate interviews, however there were no transgender or intersex inmates in custody. The Classification Specialist Supervisor, the IPCM, and the Facility Warden all verified that Loxley WRC has not housed any transgender or intersex inmates during the past 12 months.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*, outlines the policy and procedures for all staff members with inmate contact are provided training on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates, in a professional and respectful manner and consistent with security needs.

During the pre-on-site phase of the audit, the Auditor reviewed the training curriculum provided to staff members who may have contact with inmates, how to perform cross-gender pat-down searches and searches of transgender and intersex inmates. The training curriculum outlined the agency's policy on cross-gender pat-down searches and searches of transgender and intersex inmates, policy prohibiting search of inmates for the sole purpose of determining the inmate's genital status, defining exigent circumstances, and conducting searches in a professional and respectful manner.

Upon review of staff training records and training curriculum, observations during the on-site visit, and information obtained during random staff interviews conducted during the on-site phase, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and with the requirements of the PREA standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment Memorandum of Understanding* w/Alabama Institute for the Deaf & Blind
 Alabama Department of Corrections Inmate Handbook (multiple languages)
 PREA Orientation Brochures (multiple languages)

Inmate PREA Educational documentation & signed acknowledgment forms

Alabama Department of Corrections, Loxley Facility Staff Training Curriculum & Training Records

Interviews conducted with:

Facility Warden

Random sample of Staff

Inmates with disabilities

On-site Review Observations:

PREA informational signage posted in multiple languages

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states during the intake process and upon transfer to any ADOC institution, all inmates shall be given verbal and written, understandable information explaining the ADOC's zero tolerance PREA policy. The zero tolerance policy also includes the prevention of sexual abuse and harassment, self-protection, methods of reporting, and the availability of treatment and counseling services.

Alabama Department of Corrections Administrative Regulation 454 states inmates who are Limited English Proficient (LEP), deaf, or disabled have equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. All LEP, deaf, or disabled inmates will be provided with the means necessary to report sexual abuse or sexual harassment to staff directly through interpretive technology or through non-inmate interpreters.

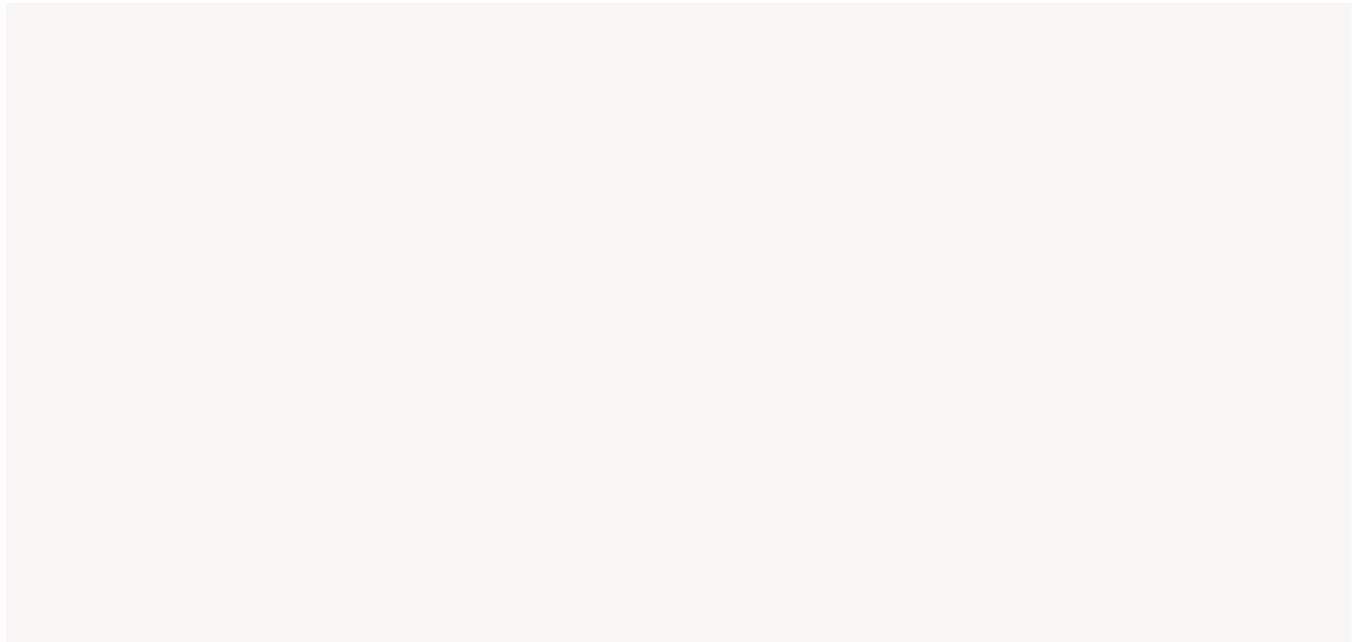
The Auditor was able to confirm compliance with agency regulation 454 during the on-site visit when staff demonstrated the process used to communicate with an inmate who is LEP, deaf, or disabled. Staff provided a thorough demonstration of providing all the required PREA information to include the facility zero tolerance policy, how to report sexual abuse or sexual harassment, counseling services and programs available.

Alabama Department of Corrections and the Alabama Institute for the Deaf and Blind have an existing Memorandum of Understanding. The Alabama Institute for the Deaf and Blind (Mobile, AL Regional Office) provides interpreter services for inmates who are hearing or vision impaired.

During the on-site visit, the Auditor interviewed three targeted inmates with disabilities and each inmate articulated the receipt of PREA information during intake / transfer process. Each inmate recalled receiving the comprehensive PREA orientation, conducted by the Institutional PREA Compliance Manager (IPCM), within the first few days of arriving at the Loxley facility. Additionally, the inmates acknowledged the information was provided to them in an accessible format specific to their individual needs.

In addition to the interviews conducted with staff during the on-site and the observations made during the facility tour, the Auditor also reviewed the staff training curriculum on communicating with LEP inmates, the inmate handbook provided in multiple languages, and the PREA informational bulletins (in multiple languages) posted throughout the facility.

The Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.



Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Alabama Department of Corrections Administrative Regulation 216, *Background Investigations*

Alabama Department of Corrections Administrative Regulation 208, *Standards of Conduct & Discipline*

Interviews conducted with:

Alabama Department of Corrections Personnel Director

On-site Review Observations:

Personnel Records

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states that the agency shall not hire or promote anyone who has engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility, or other institution. The agency shall not hire or promote anyone 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 has been civilly or administratively adjudicated to have engaged in the such activity.

Alabama Department of Corrections Administrative Regulation 216, *Background Investigations* establishes responsibilities, policies, and procedures for governing background investigations. ADOC Administrative Regulation 216 also requires all ADOC employees, interns, contractors, visitors, vendors, and volunteers for employment and/or entry into any ADOC offices/institutions to have a criminal records background investigation completed.

Alabama Department of Corrections Administrative Regulation 216 establishes the responsibilities for conducting and ensuring criminal records background investigations are completed on all eligible ADOC candidates is the responsibility of the Director of Personnel. Additionally, the ADOC Personnel Director also ensures a criminal records background check is completed on all current ADOC and contract employees at least once every five years.

During the on-site phase of the audit, the Auditor conducted a telephone conference with the ADOC Personnel Director who confirmed the agency conducts the required criminal background checks prior to hiring a new employee, employees who are considered for promotions, or enlisting the services of a contractor and at least once every five years. The ADOC Personnel Director also confirmed the agency utilizes the Alabama Communications & Operations Portal (AlaCOP), the Law Enforcement Tactical System (LETS), and the FBI's National Crime Information Center (NCIC).

The Loxley Community Based Facility / Community Work Center reported that five criminal background checks were performed within the past 12 months of persons hired who may have contact with inmates. During the on-site visit, the Auditor reviewed a sample of personnel files of new hires in the last 12 months, employees with tenure, and employees with specialized training and each file contained the required documentation to include thorough background investigations, which were completed as required in the ADCO Administrative Regulations 216.

Upon review of the policies stated above and completion of the interview with the ADOC Personnel Director and upon completion of the on-site file review, the Loxley WRC demonstrated facility wide practices that are consistent with policy and the requirements of the PREA standard.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*
Loxley WRC Facility Security Camera Schematic
Loxley WRC Facility Assessment Report

Interviews conducted with:

Facility Warden

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states the facility will use video monitoring systems and other cost-effective and appropriate technology to supplement its sexual abuse prevention, detection, and response efforts. Annually, the facility will assess the feasibility of and need for new or additional monitoring technology and/or equipment.

During the on-site phase of the audit, the Auditor conducted an interview with the Facility Warden. During the interview, the Facility Warden confirmed that prior to designing or acquiring any new facility or when planning any substantial expansion or modification, of existing facilities, the facility shall consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect inmates from sexual abuse. The Facility Warden also confirmed that prior to the installation of the additional cameras the facility shall considered how the addition of such technology would enhance the agency's ability to protect inmates from sexual abuse.

The Facility Warden also informed the Auditor, that although a formal review of security monitoring equipment is conducted annually, the Facility Warden frequently discusses with supervisory and line staff on the placement of additional cameras and security mirrors in an effort to continue enhancing the overall safety and security for all inmates and staff. During the Auditor's interview with the Facility Warden, it was evident that continuing to improve the overall safety and security of the Loxley WRC for inmates and staff is a top priority.

Loxley WRC has not undergone any modifications or expansions to the facility since the last audit, however during the on-site phase of the audit, a request / purchase order for additional and/or upgraded cameras for the facility was in the early stage of processing. The exact timetable of the approval and installation is unknown. The Auditor toured the area the additional cameras will be installed and observed that the additional technology would enhance the facility's ability to ensure safety of inmates and staff as well as enhance the overall security of the facility.

Upon review of the policy and documentation from the security assessment review and upon completion of the interview with the Facility Warden and observations made during the on-site tour, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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 evidentiary 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Alabama Department of Corrections Administrative Regulation 454-B, *PREA Investigation Checklist*

Alabama Department of Corrections Administrative Regulation 300, *Investigations & Intelligence*

SANes / SAFEs Uniform Evidence Protocol

Memorandum of Understanding (MOU) with Alabama Coalition Against Rape (ACAR)

Interviews conducted with:

Institutional PREA Compliance Manager

ADOC Investigations & Intelligence Investigator

SANes/SAFEs Nurse

Rape Crisis Counselor

Random Sample of Staff

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*, states any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, and custodial sexual misconduct shall be reported to the Institutional PREA Compliance Manager, PREA Director, and the Investigation & Intelligence Investigator immediately.

Alabama Department of Corrections Administrative Regulation 300, *Investigations & Intelligence*, shall thoroughly review and/or investigate sexual abuse, sexual harassment, and custodial sexual misconduct will be investigated by trained investigators assigned to the Alabama Department of Corrections Investigation & Intelligence Unit.

During the post-on-site phase of the audit, the Auditor established that investigators assigned to the Investigations & Intelligence Unit follow the United States Department of Justice, "A National Protocol for Sexual Assault Medical Forensic Examinations" a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceeding and criminal prosecutions.

The Auditor conducted a conference call with an investigator assigned to the ADOC Investigations & Intelligence Unit who confirmed the responsibilities of an investigator, reviewed the process of an investigation, and confirmed the use of a uniform evidence protocol for the collection of physical evidence.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*, states victims of sexual abuse shall receive timely, unimpeded access to forensic medical examinations and crisis

intervention services. These services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with an investigation.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*, states that a victim's advocate will be made available to victims of sexual abuse to accompany them through the forensic exam process and shall provide the victim with access to outside victim advocates for emotional support services related to sexual abuse. The facility shall enable reasonable communication between inmates and the organizations providing such services in as confidential manner as possible. The evaluation and treatment of such victims shall include follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to other facilities or upon release from custody.

During the pre-on-site audit phase, the Auditor reviewed the documentation provided to include the SANEs/SAFEs evidence protocol and the MOU with Alabama Coalition Against Rape (ACAR). ACAR is a statewide non-profit agency, which has fifteen member rape crisis centers throughout the State that provides confidential emotional support services related to sexual abuse. ACAR also provides a confidential, toll-free hotline for inmates at each ADOC facility. The Lighthouse of Baldwin County is the rape crisis center that provides these services for Loxley WRC.

The Auditor contacted The Lighthouse of Baldwin County and conducted two telephone interviews. The interviews were conducted with the SANE Nurse responsible for conducting forensic examinations for the facility and with a certified rape crisis counselor employed with The Lighthouse of Baldwin County.

The Auditor conducted an interview with the certified SANE Nurse, she explained to the Auditor the procedure of a forensic medical examination, to include following the Department of Justice (DOJ) National Protocol for Sexual Assault Medical Forensic Examinations Adults. The SANE Nurse explained when a victim (inmate) arrives at the SANE Center they are immediately escorted into a private room for examination and treatment. The SANE Nurse verified that no forensic medical examinations have been conducted for Loxley WRC for the past 12 months.

The Auditor also conducted an interview with the certified rape crisis counselor and she confirmed the existing MOU with the facility. She stated The Lighthouse of Baldwin County offers victim advocate services to every victim (inmate) to include one-on-one peer counseling and support groups for victims. She also verified that the crisis center staffs the dedicated PREA hotline (for the inmates) 24 hours a day, 7 days a week.

During the on-site phase of the audit, the Auditor interviewed a random sample of staff regarding his/her role as a First Responder to an allegation of sexual abuse. The staff members provided specific details of their responsibilities as a First Responder. These responsibilities include separating the victim and abuser, preserving, and protecting the crime scene, requesting that the alleged victim not take any actions that could destroy physical evidence, ensuring the alleged abuser does not take any actions, which would destroy physical evidence, and to immediately notify medical and mental health. In addition, each staff member acknowledged the importance of the agency's response protocol to a sexual abuse allegation as well as his or her role as a First Responder.

The Loxley WRC reported no forensic medical exams conducted during the past 12 months. During the on-site phase of the audit, the Auditor conducted interviews with the Institutional PREA Compliance Manager and the Facility Warden and both confirmed this information is correct. As previously stated above, the Auditor also confirmed this information during the interview with the certified SANE Nurse.

Upon review of the policy, the SANES/SAFEs Uniform Evidence Protocol, the Memorandum of Understanding (MOU) and upon completion of interviews conducted prior to the on-site visit and during the on-site visit, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Alabama Department of Corrections Administrative Regulation 300, *Investigations & Intelligence*

Alabama Department of Corrections Administrative Regulation 302, *Incident Reporting*

Investigative reports of sexual abuse and sexual harassment (6)

Alabama Department of Corrections Agency Website

Alabama Department of Corrections Investigations & Intelligence Southern Division List of Investigators

Alabama Department of Corrections Investigator Training, Credentials

Interviews conducted with:

Facility Warden

Investigative Staff

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states that any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, or sexual misconduct are referred for investigation to the ADOC Investigations & Intelligence Division. Investigations into allegations of sexual abuse and sexual harassment shall be conducted promptly, thoroughly, and objectively for all allegations including third party and anonymous reports. Referrals for investigation will be documented on the Alabama Department of Corrections Form 302-A as directed in ADOC AR 300.

Alabama Department of Corrections Administrative Regulation 300, *Investigations & Intelligence* and Administrative Regulation 302, *Incident Reporting*, states investigators shall gather and preserve evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Alabama Department of Corrections publishes agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation on the agency website <http://www.doc.state.al.us/PREA>

During the past 12 months, Loxley WRC reported six allegations of sexual abuse and sexual harassment. The Auditor reviewed one administrative sexual harassment investigation and five criminal sexual abuse and sexual harassment investigations.

The Auditor reviewed each case thoroughly and systematically to ensure each case contained all of the correct procedures, completed documentation, and that all processes were completed as required, to include the report

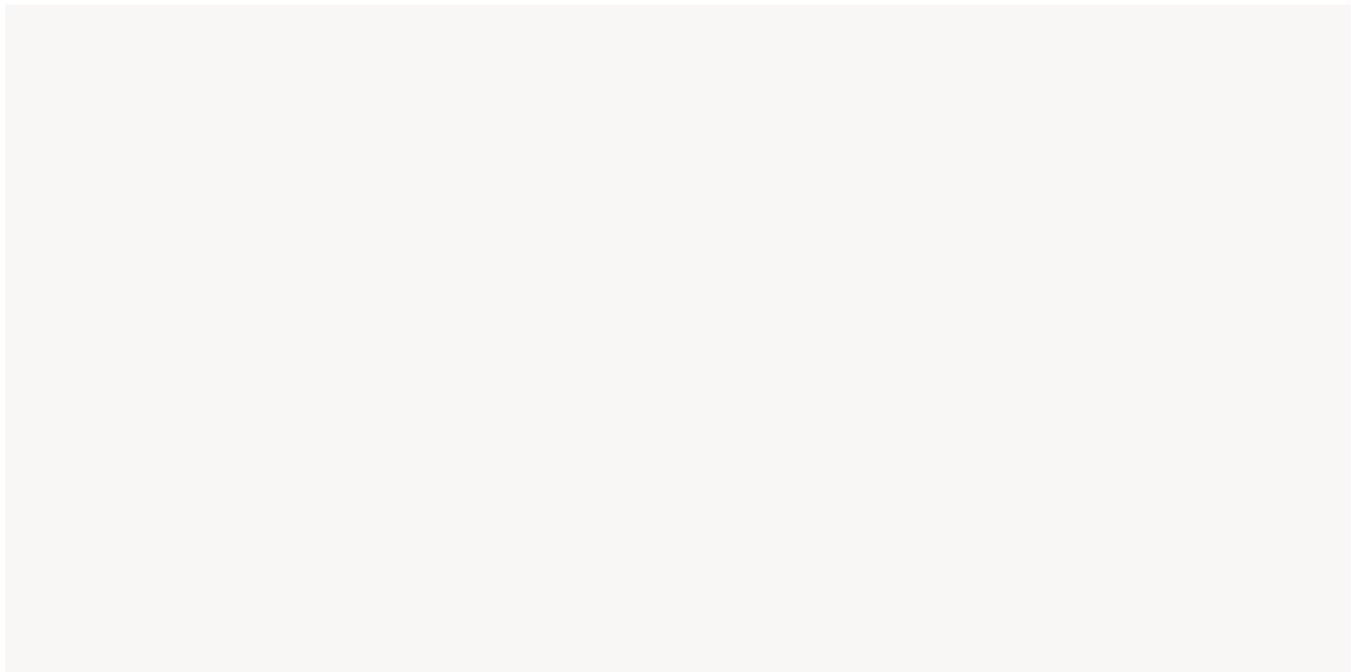
findings. The Auditor found each case contained all the appropriate documentation and determined that each incident was investigated promptly, thoroughly, and objectively by a qualified Alabama Department of Corrections Investigator who has received training and education and has the authority to conduct such investigations.

The determination of a qualified investigator is predicated on the documentation provided by the facility which validates the facility's multiple investigator's credentials as either as a certified in law enforcement officer or corrections officer with specialized training to conduct sexual abuse and sexual harassment investigations in confinement settings.

During the on-site phase of the audit, the Auditor conducted an interview with a staff member assigned to the Investigations & Intelligence Division (I & I Division). The Investigator confirmed agency policy requiring all allegations of sexual abuse or sexual harassment must be referred to the I & I Division. The Investigator also confirmed ADOC Investigators are certified law enforcement officers and have the authority to conduct investigations. ADOC Investigators also received specialized training from the National Institute of Corrections.

During the on-site visit, the Auditor conducted an interview with the Facility Warden who articulated in detail, the investigative process for all sexual abuse and sexual harassment allegations reported at the facility. The Facility Warden also confirmed that ADOC Investigators have the proper authority and specialized training to conduct such investigations.

Upon review of the policy and documentation listed above and previously discussed, and upon completion of the interviews conducted during the on-site visit, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.



TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*
Alabama Department of Corrections PREA Training Curriculum
Alabama Department of Corrections Training Roster / Staff Signatures
Alabama Department of Corrections Prison Rape Elimination Act (PREA) – A Trauma Informed Guide for First Responders

Interviews conducted with:

Random sample of staff
Institutional PREA Compliance Manager (IPCM)

On-site Review Observations:

Personnel Training Records

Monthly PREA Training

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states all employees who may have contact with inmates will receive PREA training necessary to fulfill their responsibilities in the prevention, detection, and response to inmate sexual abuse and sexual harassment allegations. The Auditor reviewed the PREA training curriculum, which included the following:

- Agency's zero tolerance for sexual abuse and sexual harassment
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment; prevention, detection, reporting, and response policies and procedures;
- Inmates' rights to be free from sexual abuse and sexual harassment;
- The right of inmates & staff to be free from retaliation for reporting sexual abuse or harassment;
- Dynamics of sexual abuse & sexual harassment in confinement settings;
- Common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened & actual sexual abuse;
- How to avoid inappropriate relationships with inmates;
- Communicating effectively & professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates;
- How to comply with relevant laws related to mandatory reporting of sexual abuse;

During the pre-on-site phase of the audit, the Auditor reviewed training curriculum and documentation of staff signatures verifying training comprehension and attendance. The training curriculum outlined the staff member's responsibilities in preventing, detecting, and response to inmate sexual abuse and sexual harassment. The curriculum also provided staff with communicating effectively and professionally with inmates, understanding that inmates have the right to be free from sexual abuse and sexual harassment. During the on-site phase of the audit, the Auditor reviewed additional training records that also verified receipt of the required PREA training, to include certificates of specialized training.

During the on-site phase of the audit, the Auditor conducted interviews with staff members. Each staff member interviewed articulated the agency's zero tolerance policy on sexual abuse and sexual harassment, their role and responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, how to communicate effectively and professionally with inmates, and an inmates right to be free from sexual abuse and sexual harassment.

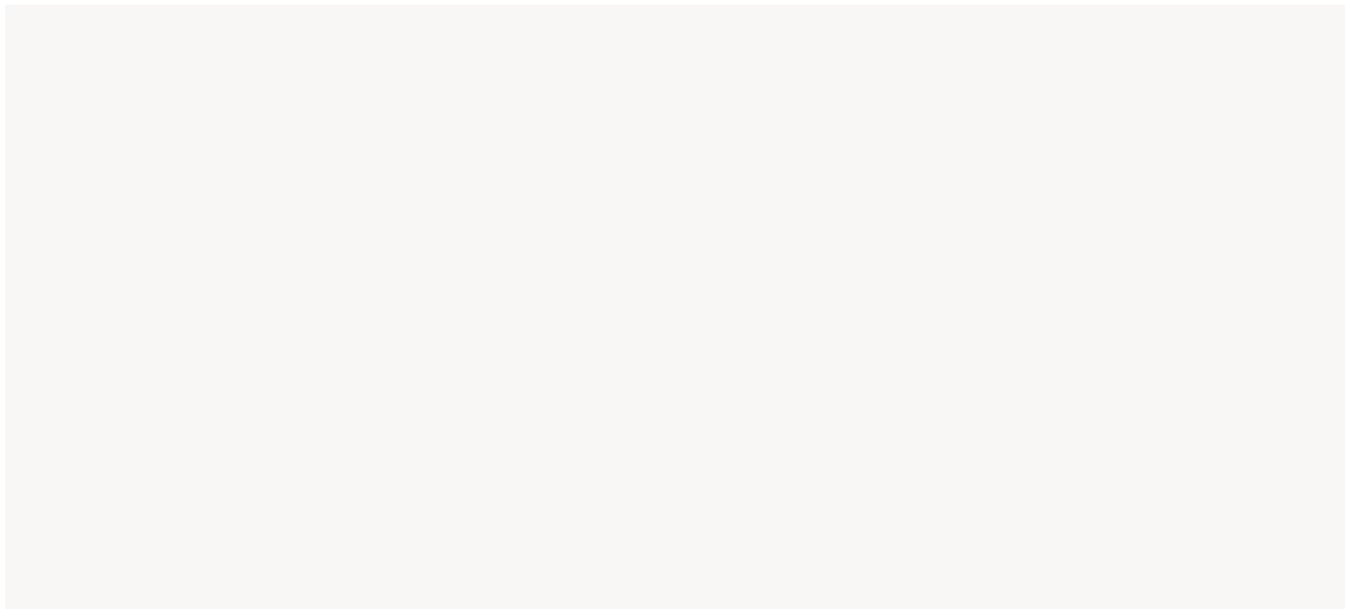
The Auditor conducted fourteen random staff interviews and throughout the interview process, thirteen of the fourteen interviewed often referred to the *Alabama Department of Corrections Prison Rape Elimination Act (PREA) – A Trauma Informed Guide for First Responders* as their source of information / quick reference.

The Auditor conducted an interview with the PREA Director, who provided the Auditor with a copy of the *First Responder Pocket Guide*. The PREA Director confirmed that the Alabama Department of Corrections collaborated with QuickSeries Publishing to have the *First Responder Pocket Guides* created specifically for Alabama Department of Corrections. The *First Responder Pocket Guide*, issued to every staff member, is now mandated as part of the staff uniform making it readily available. The Auditor noted how quickly staff responded to interview questions and many staff members credited their knowledge to the *First Responder Pocket Guide*.

During these interviews, staff articulated the various monthly PREA training received throughout the past year describing the training as very informative. In addition to the annual PREA training each member receives, staff articulated in detail the monthly PREA training provided to them by the Institutional PREA Compliance Manager. Each month the IPCM provides a PREA specific training bulletin for all staff to review and acknowledge understanding by signature. The IPCM selects a specific standard or element of PREA and provides a detailed lesson plan for staff review.

During the on-site phase of the audit, the Auditor conducted an interview with the Institutional PREA Compliance Manager. The IPCM provided further detail and verification of the monthly PREA training conducted during the past 12 months.

Upon review of the policies and documentation listed above and previously discussed, and after completion of interviews conducted during the on-site visit, in addition to the files reviewed during the on-site visit, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with and exceeds the PREA standard.



Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*
Alabama Department of Corrections Contract & Volunteer Staff Training Curriculum
Alabama Department of Correction Contract & Volunteer Staff Roster with Signatures

Interviews conducted with:

Volunteer & Contract Staff who have contact with inmates

Institutional PREA Compliance Manager (IPCM)

The Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states the Institutional PREA Compliance Manager will ensure that all volunteers and contractors who have contact with inmates are trained on their responsibilities in regards to this policy as it relates to the prevention, detection, and response to inmate sexual abuse allegations.

Training for volunteers and contractors will be tailored based on the services they provide and the level of contact they have with inmates. At a minimum, volunteers and contractors will receive training on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and the proper reporting of such incidents.

During the pre-on-site phase, the Auditor reviewed training documentation to include training curriculum and attendance roster for contract and volunteer staff. Additional documentation included signatures from each contract staff and volunteer staff confirming understanding of policies and training received. The volunteer and contractor training was tailored based on the services they provide and the level of contact they have with inmates and included the agency's zero-tolerance policy regarding sexual abuse and sexual harassment along with how to report such incidents.

During the on-site visit, the Auditor conducted interviews with volunteers and contract staff; each staff member confirmed and acknowledge understanding of the agency's zero tolerance policy and PREA standards and reporting responsibilities. The Auditor also conducted an interview with the IPCM and confirmed his responsibility of ensuring all contract and volunteer staff members receive and maintain their PREA training requirements.

Upon review of the policy and documentation and after completion of interviews conducted during the on-site visit, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*
Alabama Department of Corrections Form 454-A, *Inmate Awareness Acknowledgement*
Alabama Department of Corrections Inmate Handbook
Memorandum of Understanding with ADOC & Alabama Institute for the Deaf and Blind
PREA Informational Pamphlet (multiple languages)
Sexual Assault Prevention Brochure (multiple languages)

Interviews conducted with:

Institutional PREA Compliance Manager (IPCM)
Random sample of Inmates
Targeted Inmates (Limited English Proficient, Deaf, or Disabled)

On-site Review Observations:

Inmate files – Comprehensive PREA Education documentation

PREA Informational Signage posted throughout facility

PREA Informational video

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states during the initial intake process into the facility, staff shall inform all inmates verbally and through written material of the agency's zero tolerance policy including how to report incidents of sexual abuse and sexual harassment. In addition, inmates shall be given verbal, visual, and written information regarding PREA during orientation upon their transfer to any ADOC institution.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states inmates shall receive a comprehensive educational PREA orientation by the Institutional PREA Compliance Manager (IPCM). The comprehensive educational information shall include prevention of sexual abuse and harassment, self-protection, methods of reporting, and the availability of treatment and counseling at no cost to the inmate; the orientation must be completed within 30 days of an inmate's arrival into the facility. Upon completion of the orientation and for documentation purposes, the IPCM shall have the inmate sign an ADOC Form 454-A, *Inmate Awareness Acknowledgement*.

During the pre-on-site phase of the audit, the Auditor reviewed the comprehensive PREA educational video, provided in multiple languages, that is given to all ADOC inmates within 30 days of arriving to the facility. The facility utilizes the PREA educational video titled "*PREA: What You Need to Know*" produced by Just Detention International and the PREA Resource Center. The Auditor also reviewed multiple comprehensive documentation forms (ADOC Form 454-A) with inmate signatures and acknowledgment of understanding. The facility maintains documentation of inmate participation by scanning them into the inmate's record.

During the on-site phase of the audit, the Auditor conducted an interview with the IPCM and discussed the inmate comprehensive PREA orientation and documentation process. The IPCM provided specific details on the process of educating inmates including the initial orientation upon intake into the facility, the comprehensive orientation video, and the continued educational process by using PREA informational pamphlets, sexual assault prevention brochures, and the signage posted throughout the facility.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states inmates who are Limited English Proficient (LEP), deaf, or disabled have equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. All LEP, deaf, or disabled inmates will be provided with the means necessary to report sexual abuse or sexual harassment to staff directly through interpretive technology or through non-inmate interpreters. The

IPCM shall be responsible for providing PREA information in an accessible educational format for inmates with language barriers, visually impaired, limited reading skills, or otherwise disabled.

During the pre-on-site phase of the audit, the Auditor reviewed the existing Memorandum of Understanding between the Alabama Department of Corrections and the Alabama Institute for the Deaf and Blind (AIDB). In accordance with the agreements set forth in the MOU, the AIDB shall provide interpretative services for inmates who are hearing impaired or have visual impairment. The Auditor also reviewed PREA accessible educational formats for inmates with limited reading skills or otherwise disabled. The facility utilizes a translating service for inmates that are limited English proficient.

During the on-site phase of the audit, the Auditor conducted a tour of the Intake and Transfer section of the facility. During the tour, the Auditor observed a staff member providing a new intake (inmate) with the initial PREA education information. The inmate acknowledged understanding of the information verbally and with his signature.

During the on-site phase of the audit, the Auditor conducted 26 interviews with a random sample of inmates. All inmate interviews were conducted with the guidance of the National PREA Resource Center, PREA Compliance Audit Instrument - *Interview Guide for Inmates*. The Auditor requested an up-to-date inmate facility roster (in alphabetical order) from every housing dormitory and selected every fifth inmate from the inmate rosters provided.

Inmates from every housing unit and of various diversities were interviewed. Every inmate interviewed recalled receiving both the initial PREA orientation and the comprehensive (video) orientation. All inmates also acknowledged the zero tolerance policy on sexual abuse sexual harassment and the various ways to report such incidents.

Inmates also referred to utilizing the multiple PREA informational bulletins, pamphlets, and brochures, which are posted throughout the facility, as a source of information. Several of the inmates interviewed, referred to consulting with the inmate handbook or speaking directly with an officer or the Institutional PREA Compliance Manager as the most direct method to report or inquire about PREA information.

During the on-site phase of the audit, four targeted inmates were interviewed. These targeted interviews consisted of inmates who were either Limited English Proficient, hearing impaired, or disabled. Inmates interviewed acknowledged receiving both the initial PREA orientation during their transfer into the facility and the comprehensive (video) orientation within days of arriving to the facility. All four inmates acknowledging receiving the information in accessible formats specific to his individual need.

Upon review of the policy and documentation listed above and previously discussed, and after completion of interviews conducted during the on-site visit, in addition to the observations made throughout the on-site visit, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Alabama Department of Corrections Administrative Regulation 300, *Investigations & Intelligence*

National Institute of Corrections Training Curriculum

Training Certificates

Interviews conducted with:

Investigative Staff

On-site Review Observations:

Training files

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states to ensure compliance with the standards of PREA, investigators for the Alabama Department of Corrections will receive training in conducting sexual abuse investigations in a confinement setting. The specialized training for investigators will include the following areas: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states the agency shall maintain verification of an investigator's completion of specialized training. Training shall be documented and verified through employee signature and forwarded to the Training Director for retention.

During the pre-on-site audit phase, the Auditor reviewed training documentation which included the specialized training curriculum from the National Institute of Corrections, "Specialized Training: Investigating Sexual Abuse in Confinement Settings" and training certificates of completion verifying investigative staff that conduct sexual abuse investigations attended and completed the required specialized training.

During the on-site phase of the audit, the Auditor reviewed personnel files to verify training certificates were retained and on record. The Auditor also interviewed a ten-year veteran of the Alabama Department of Corrections who is assigned to the Investigative Unit within the Alabama Department of Corrections. The Investigator confirmed his attendance and successful completion of the required specialized training curriculum from the National PREA Resource Center, "Specialized Training: Investigating Sexual Abuse in Correctional Settings".

The Investigator clearly articulated the comprehensive training he had received which included investigating sexual harassment allegations, investigating sexual abuse allegations, understanding the impact of victim trauma, techniques for interviewing sexual abuse victims, preservation of crime scene and evidence collection, proper use of Miranda and Garrity and the importance of each, and criteria required for administrative action and prosecution referrals. The Investigator also stated that all allegations of sexual abuse or sexual harassment are taken seriously and investigated professionally and promptly.

Upon review of the policy and documentation listed above and previously discussed, and after completion of interviews conducted during the on-site visit, in addition to the observations made throughout the on-site visit, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*
Alabama Department of Corrections Contract Staff Training Curriculum
Alabama Department of Corrections Contract Staff Training Certificates
Memorandum of Understanding (MOU) with Alabama Coalition Against Rape (ACAR)

Interviews conducted with:

Medical & Mental Health Staff
Certified Sane Nurse
Certified Rape Crisis Counselor

On-site Review Observations:

Medical Staff Training Records

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states to ensure compliance with the standards of PREA, medical staff assigned to the facility will receive the same training as all volunteer and contractors in how to detect and assess signs of sexual abuse and sexual harassment. Medical Staff will receive additional training to include how to preserve physical evidence, how to

respond effectively and professionally to all victims of sexual abuse and harassment, and how to and whom to report allegations of suspicions of sexual abuse.

Medical Staff will also receive specialized training on recognizing the special medical and mental health needs of all inmates and factors to consider in an inmates' risk of sexual victimization. The agency shall document training of all medical staff to denote employee understanding of material and verified through employee signature.

During the pre-on-site phase of the audit, the Auditor reviewed medical staff training curriculum and certificates of completion. The training curriculum included the required elements of the standard. During the on-site phase, the Auditor conducted an interview with medical & mental health staff and confirmed receipt of specialized training in sexual abuse and sexual harassment.

Alabama Department of Corrections has an existing Memorandum of Understanding with the Alabama Coalition Against Rape to conduct forensic exams. During the pre-on-site audit phase, the Auditor reviewed the documentation provided to include the SANEs/SAFEs evidence protocol and the MOU with Alabama Coalition Against Rape (ACAR). ACAR is a statewide non-profit agency, which has fifteen member rape crisis centers throughout the State that provides confidential emotional support services related to sexual abuse. ACAR also provides a confidential, toll-free hotline for inmates at each ADOC facility. The Lighthouse of Baldwin County is the rape crisis center that provides these services for Loxley WRC.

The Auditor contacted The Lighthouse of Baldwin County and conducted two telephone interviews. The interviews were conducted with the SANE Nurse responsible for conducting forensic examinations for the facility and with a certified rape crisis counselor employed with The Lighthouse of Baldwin County.

The Auditor conducted an interview with the certified SANE Nurse, who first verified she has received the required training to conduct forensic examinations. The SANE Nurse also explained to the Auditor the procedure of a forensic medical examination, to include following the Department of Justice (DOJ) National Protocol for Sexual Assault Medical Forensic Examinations Adults. The SANE Nurse described the process when a victim (inmate) arrives at the SANE Center, there is very little waiting time as they are immediately escorted into a private room for examination and treatment. The SANE Nurse verified that no forensic medical examinations have been conducted for Loxley WRC for the past 12 months.

The Auditor also conducted an interview with the certified rape crisis counselor and she confirmed the existing MOU with the facility. She stated The Lighthouse of Baldwin County offers victim advocate services to every victim (inmate) to include one-on-one peer counseling and support groups for victims. She also verified that the crisis center staffs the dedicated PREA hotline (for the inmates) 24 hours a day, 7 days a week.

Upon review of the policy and documentation listed above and previously discussed, and after completion of interviews conducted, in addition to the observations made during the on-site visit file review, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*
Alabama Department of Corrections Administrative Regulation 300, *Inmate Classification*
Alabama Department of Corrections Form 454-C, *PREA Risk Factors Checklist*

Interviews conducted with:

Classification Specialist Supervisor – Staff responsible for Risk Screening
Institutional PREA Compliance Manager (IPCM)
PREA Director
Random sample of inmates

On-site Review Observations:

Inmate Records of Initial Assessment & Reassessment

The Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states all inmates transferring into the facility shall undergo screening screened to assess their risk of being sexually abused by other inmates and/or their risk of being sexually abusive toward other inmates.

The Classification Specialist is responsible for screening all inmates within 72 hours of initial arrival into all ADOC facilities. The screening will be documented utilizing ADOC Form 454-C, *PREA Risk Factors Checklist*, for potential risk of sexual vulnerability and potential risk of sexual aggression. If at any time an inmate refuses to participate or answer any screening questions, the ADOC shall take no formal or informal disciplinary action against the inmate.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states the facility has designated the ADOC Form 454-C, *PREA Risk Factors Checklist* as an objective screening instrument. The *PREA Risk Factors Checklist* considers at a minimum,

- Experienced prior sexual victimization
- Mental or physical disabilities
- Age and physical build of the inmate
- Previously been incarcerated
- If the criminal history is exclusively nonviolent
- 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.
- Inmate's own perception of vulnerability
- Detained solely for civil immigration purposes
- Prior acts of sexual abuse
- Prior convictions for violent offenses
- History of prior institutional violence or sexual abuse

During the pre-on-site phase of the audit, the Auditor reviewed eighteen *PREA Risk Factors Checklist* screening forms completed during this audit period. Each form was filled out completely and in accordance to the agency policy.

During the on-site visit, the Auditor conducted 26 interviews with a random sample of inmates. All inmate interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*. The Auditor requested an up-to-date inmate roster (in alphabetical order) from every housing unit and selected every fifth inmate from the inmate rosters provided.

Inmates from every housing unit and of various diversities were interviewed. Responses from the interview questions varied with each inmate, from inmates having an immediate response to some inmates having difficulty recalling the specific questions asked during their initial risk assessment interview.

Twenty-one of the twenty-six inmates interviewed recalled specific details of the assessment process, such as being asked specific questions regarding prior incarcerations, if they had been sexually abused, whether they identified as gay, lesbian, or bisexual, and if they felt vulnerable to being sexually abused while incarcerated at the facility. However, the remaining five inmates could not recall the specific details of these questions (such as identifying as gay, lesbian, or bisexual) but they did recall the assessment being completed.

The Auditor discovered the variation between inmate responses could be correlated with the length of time at the facility. Inmates who were in custody for 12 months or longer could not recall specific questions asked during the initial risk-screening interview, however they did recall the risk-screening interview occurring; inmates with less incarceration time in the facility could recall more specific details of risk screening conducted by the Classification Specialist Supervisor.

During the on-site phase of the audit, the Auditor conducted an interview with the Classification Specialist Supervisor regarding her responsibility to conduct screenings for risk of victimization and abusiveness. The Classification Specialist Supervisor provided the Auditor with a complete overview of the inmate classification process and the inmate risk screening process to include how all inmates are screened within 72 hours (or less) of their arrival to the facility. She explained how she meets with the inmate privately and conducts an in depth interview with each inmate that not only includes the classification and risk assessment process, but also includes program opportunities, qualifications for job assignments, upcoming court appearances, and dormitory assignment. The Classification Specialist Supervisor works closely with the Institutional PREA Compliance Manager when conducting the inmate 30-day reassessments.

The Auditor inquired to the Classification Specialist Supervisor how inmates who refuse to cooperate or answer the questions in the risk screening process; she quickly responded that inmates are not required to provide answers, if this occurs, herself or the Institutional PREA Compliance Manager will conduct a follow-up interview. The Classification Specialist Supervisor continued to explain that inmates are not disciplined for refusing to cooperate or answer the questions in the risk screening process.

The Classification Specialist Supervisor has over 20 years of experience with the ADOC and their facilities. During the Auditor's interview with the Classification Specialist Supervisor, the Auditor was impressed with the classification and screening process completed by the Classification Specialist Supervisor. She utilizes her professional expertise and attention to detail to ensure all inmates are properly screening in accordance to agency policy and the PREA Standard.

The Auditor reviewed six inmate records. These records were selected based upon the inmate sexual abuse investigations, length at facility, and inmates that reported prior sexual victimization. Each file contained the initial risk screening form as well as the 30-day reassessment form; all were filled out completely and in accordance to the facility's policy.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states if upon the completion of the risk assessment and interview or prior known information reflects that the

inmate is at high risk to be victimized or screens as sexually aggressive, the Classification Specialist will recommend further review by a Mental Health Professional prior to assigning permanent housing. If the screening indicates, the inmate has prior sexual victimization or sexual aggression in their history, the Mental Health professional shall offer a follow-up meeting with Mental Health within 14 days of the initial screening.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states within 30 days from the inmate's arrival to the facility, the inmate's risk of victimization or abusiveness will be reassessed. Additionally, an inmate's risk level shall be reassessed when warranted due to a referral, request, and incident of sexual abuse or receipt of any additional information that bears on the inmate's risk of sexual victimization or abusiveness.

During the on-site visit phase of the audit, the Auditor interviewed the Institutional PREA Compliance Manager (IPCM) regarding the screenings for risk of victimization and abusiveness. The IPCM explained if an inmate provides conflicting responses or refuses to answer during the initial risk screening completed by the Classification Specialist Supervisor, he would conduct a follow-up interview with the inmate. The IPCM conduct a review of each inmates *PREA Risk Factors Checklist* to determine if additional monitoring is needed.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* the facility shall implement appropriate controls on the dissemination within the facility of responses to the questions asked pursuant to risk screenings to ensure privacy of sensitive information that may be used for exploitation by staff or other inmates.

During the pre-on-site phase of the audit, the Auditor conducted a telephone conference interview with the Alabama Department of Corrections PREA Director on how the agency controls who has access to an inmate's risk assessment with the facility in order to protect sensitive information from exploitation. The PREA Director explained how the agency utilizes a secure program (Laserfiche) that requires each user to be provided access and a password; the PREA Director oversees this procedure and only provides access to those who have been deemed necessary.

The Auditor inquired to the PREA Director, with respect to the Loxley WRC, what staff members, if any, have access to view the completed risk screening forms (and the inmate responses). The PREA Director explained that only Classification Supervisor Specialist, Medical, and Mental Health staff and the Institutional PREA Compliance Manager has access to such sensitive information.

Upon review of the policies and upon completion of the interviews with staff, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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
- 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: transgender 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
- 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: intersex 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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Alabama Department of Corrections Loxley WRC SOP 911, *Housing Designation Screening*

Alabama Department of Corrections Form 454-C, *PREA Risk Factors Checklist*

Interviews conducted with:

Classification Specialist Supervisor – Staff responsible for Risk Screening

Institutional PREA Compliance Manager (IPCM)

Inmates who identify as Transgender/Intersex/Gay

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states the facility shall use the information obtained during the risk-screening interview to assist in the initial classification and institutional assignment of the inmate. In addition, the facility shall use the information obtained to determine work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Alabama Department of Corrections Loxley WRC SOP 911, *Housing Designation Screening* states staff shall make individualized determinations about how to ensure the safety of each inmate.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states the facility will make the decision to assign a transgender or intersex inmate to a facility for male or female inmates and other housing and programming assignments on a case-by-case basis. Such placement considerations should ensure the inmate's health and safety and prevent management and security issues.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states placement and programming assignments for each transgender or intersex inmate shall be reassessed no less than twice a year to review any threats to safety experienced by the inmate. A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

During the on-site visit, the Auditor conducted two separate interviews with the Classification Specialist Supervisor and the Institutional PREA Compliance Manager regarding their responsibilities to conduct risk screenings during the intake process of an inmate transferred in from another facility.

The Classification Specialist Supervisor and the IPCM both articulated the process required when conducting a risk screening for each inmate entering the facility, recalling each question asked to each inmate. The Classification Specialist Supervisor explained how the facility uses the information obtained from the risk screening interviews to determine housing assignment for each inmate, which is done strictly on a case-by-case basis. She further explained a transgender or intersex inmate's own views on safety is given consideration during this process and if placed in protective custody, such placement is done at the request of the inmate or solely based on the inmate's classification level. The Classification Specialist Supervisor and the IPCM both verified that Loxley WRC has not housed any transgender or intersex inmates during the past 12 months.

During the on-site visit phase of the audit, the Auditor conducted an interview with the Institutional PREA Compliance Manager (IPCM) on how the facility uses information obtained from the risk screening during intake to keep inmates from being sexually victimized or being sexually abusive. The IPCM described the risk screening process and explained how depending upon the responses given by the inmate is used to assist in the initial classification and with determining the risk level of vulnerability. Specific responses to the questions may require a more in depth interview to ensure the inmate's health and overall safety and if necessary, either the IPCM or the Classification Specialist Supervisor will consult with Medical and Mental Health before determining housing assignments.

During the on-site visit phase of the audit, the Auditor requested a facility inmate roster for gay inmates to conduct targeted inmate interviews. The Auditor conducted three interviews with inmates who identify as gay. Each inmate was questioned whether they were placed in a housing area only for gay or lesbian inmates. Each inmate acknowledged being housed in a general population housing area for all inmates of the same level of classification. Each inmate explained the classification levels are based on criminal history.

At the time of the on-site visit phase of the audit, the Auditor requested an inmate roster for transgender or intersex inmates to conduct targeted inmate interviews, however there were no transgender or intersex inmates in custody. The Classification Specialist Supervisor, the IPCM, and the Facility Warden all verified that Loxley WRC has not housed any transgender or intersex inmates during the past 12 months.

Upon review of the policies and upon completion of the interviews with staff, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Interviews conducted with:

Facility Warden

Institutional PREA Compliance Manager (IPCM)

The Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states inmates at high risk for sexual victimization or those who report sexual victimization shall not be placed in involuntary administrative or punitive segregation unless a determination has been made that there is no available alternative means of separation from likely abusers.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states in cases where segregated housing is the only means to protect such an inmate, the inmate shall have access to all programs, privileges, education and work opportunities, to the extent possible. Inmates placed in segregated housing for this purpose, shall only be until an alternative means of separation from likely abusers can be arranged and should not ordinarily exceed thirty days.

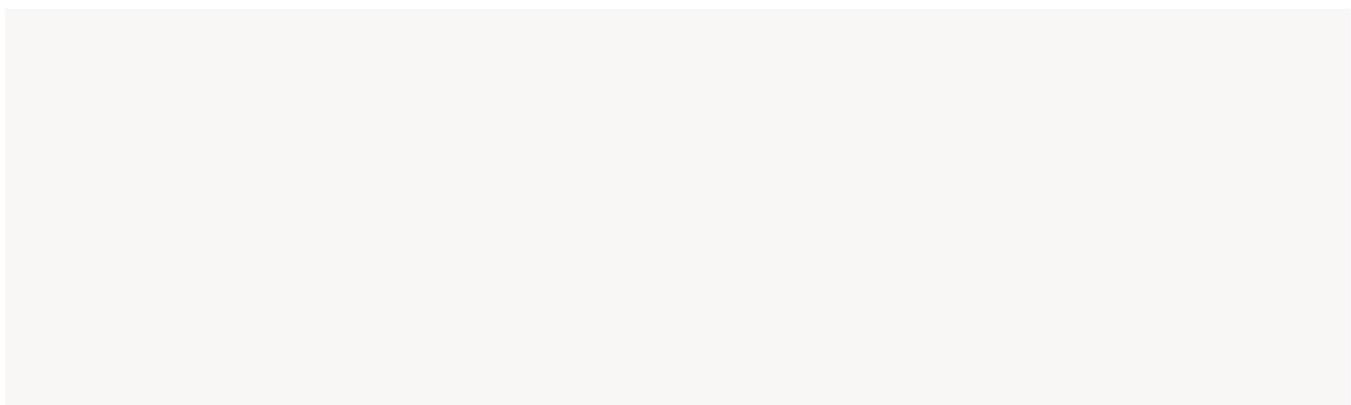
Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states in cases that exceed thirty days, the facility must conduct a review to determine whether there is a continuing need for separation from the general population. Additionally, the facility shall clearly document the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged.

The Loxley WRC reported it does not have a segregation unit; any form of protective custody would consist of other alternatives to include transferring the inmate(s) to another facility.

During the tour of the facility, the Auditor verified that Loxley WRC does not have a segregation unit however, Loxley WRC has a secure holding cell for inmates awaiting transfer, and this cell can be used as a temporary holding cell for an inmate for protection while awaiting reassignment / transfer to another facility. Any inmate placed in the secured holding cell as a means of protection, will be placed in the secured cell alone.

During the on-site phase of the audit, the Auditor conducted interviews with the Facility Warden and IPCM and both verified that a segregation unit does not exist at Loxley WRC and any inmate requiring protective custody would be transferred to another facility immediately.

Upon review of the policy and upon completion of the interviews with staff, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.



REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*
Alabama Department of Corrections Administrative Regulation 302, *Incident Reporting*
Alabama Department of Corrections Inmate Handbook
Memorandum with Alabama Coalition Against Rape (ACAR)
PREA Informational Posters (multiple languages)
Sexual Assault Prevention Brochure

Interviews conducted with:

Institutional PREA Compliance Manager (IPCM)
Random sample of Staff
Random sample of Inmates

On-site Review Observations:

PREA informational signage posted throughout facility
ACAR Hotline
Secured PREA Intel boxes (for staff and inmates)

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states inmates may report allegations of sexual abuse or sexual harassment verbally, in writing, to through a third party or anonymously. Inmates may file a report directly with the Institutional PREA Compliance Manager, contact Investigations & Intelligence via the pre-addressed envelopes provided at the facility, or file a report with any staff member, volunteer, or medical staff. Inmates may also file a report anonymously by submitting a report in one of several secured PREA Intel boxes located throughout the facility.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states inmates can report allegations of sexual abuse and sexual harassment privately to the Alabama Coalition Against Rape (ACAR) hotline. The hotline is a secure phone line, which is handled by a contracted outside entity that is staffed 24 hours, 7 days a week.

Alabama Department of Corrections has an existing Memorandum of Understanding with the Alabama Coalition Against Rape (ACAR). ACAR is a statewide non-profit agency, which has fifteen member rape crisis centers throughout the State that provides confidential emotional support services related to sexual abuse. The crisis center for Loxley WRC is The Lighthouse of Baldwin County.

During the pre-on-site phase of the audit, the Auditor conducted an interview with the certified rape crisis counselor and she confirmed the existing MOU with the facility. She stated The Lighthouse of Baldwin County offers victim advocate services to every victim (inmate) to include one-on-one peer counseling and support groups for victims. She also verified the dedicated PREA hotline is staffed 24 hours a day, 7 days a week.

During the on-site phase of the audit, the Auditor conducted 26 interviews with a random sample of inmates. All inmate interviews were conducted with the guidance of the National PREA Resource Center, PREA Compliance Audit Instrument - *Interview Guide for Inmates*. The Auditor requested an up-to-date inmate facility roster (in alphabetical order) from every housing dormitory and selected every fifth inmate from the inmate rosters provided.

Inmates from every housing dormitory and of various diversities were interviewed. Inmates were asked how they would report an incident of sexual abuse or sexual harassment if it happened to them or another inmate. Inmate responses varied from telling the Institutional PREA Compliance Manager or another staff member directly, to calling the PREA Hotline or submitting a report via the secured PREA Intel boxes. A majority, if not all of the inmates interviewed expressed a high level of respect and confidence in reporting such an incident directly to the IPCM.

Alabama Department of Corrections Administrative Regulation 302, *Incident Reporting*, states all reports of sexual abuse or sexual harassment received by a staff member will be documented immediately (Form AR 454-I) and shall be investigated thoroughly and in a timely manner in accordance to agency policy.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states staff may privately report sexual abuse or sexual harassment of inmates to their immediate supervisor or Facility Warden without fear of retaliation. Staff may also report sexual abuse or sexual harassment of inmates anonymously via the ACAR Hotline or the agency's website.

During the on-site phase of the audit, the Auditor-conducted interviews with a random sample of staff and asked each staff member how an inmate can privately report sexual abuse and sexual harassment or retaliation by other inmates or staff for previously reporting sexual abuse and sexual harassment.

Each staff member interviewed was able to articulate the various methods an inmate may privately report an allegation of sexual abuse or sexual harassment (ACAR Hotline, third party reporting, PREA Hotline). Staff

members also explained that reports concerning sexual abuse or sexual harassment, whether reported verbally or in writing, are considered confidential and must be documented immediately.

The Auditor inquired to each staff member how he/she would report an allegation of sexual abuse or sexual harassment of inmates privately. Responses varied from speak to his/her direct supervisor, speaking directly with the Institutional PREA Compliance Manager, to submitting an anonymous call to the agency's third party contractor (ACAR) or placing a note in the secured PREA Intel boxes that are located throughout the facility. Staff members expressed confidence in reporting privately to his/her supervisor and no one reported fear of retaliation.

During the on-site phase of the audit, the Auditor conducted an interview with the Institutional PREA Compliance Manager (IPCM) to verify reporting methods for sexual abuse or sexual harassment allegations that are available for inmates and staff. The IPCM confirmed the multiple methods of reporting allegations of sexual abuse or sexual harassment available for inmates and staff. The IPCM stated these reports can be made either verbally, in writing, by a third party and may be done so in private or anonymously. The IPCM also stated that all reports are considered confidential and handled promptly and professionally.

During the on-site visit, the Auditor conducted a facility tour. During the tour of the facility, the Auditor conducted informal interviews with inmates in the housing dormitories, inmates working in various work assignments, and while touring the Chapel / Inmate Program building. The Auditor questioned the inmates regarding the use of the PREA hotline and all confirmed it is accessible 24 hours a day, 7 days a week and is considered confidential.

Upon review of the policies and upon completion of the interviews with staff, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Interviews conducted with:

Facility Warden

PREA Director

Institutional PREA Compliance Manager (IPCM)

An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse. The Loxley WRC reported it does not have an inmate grievance policy.

During the on-site phase of the audit, the Auditor conducted interviews with the Facility Warden, PREA Director, and the Institutional PREA Compliance Manager. During each of these interviews, the Auditor verified that Loxley WRC does not have administrative procedures to address inmate grievances.

Upon review of the policies and upon completion of the interviews with staff, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*
Alabama Department of Corrections Inmate Handbook
Memorandum of Understanding (MOU) with Alabama Coalition Against Rape (ACAR)
PREA Informational Pamphlet (multiple languages)
Sexual Assault Prevention Brochure (multiple languages)

Interviews conducted with:

Institutional PREA Compliance Manager (IPCM)
Random sample of inmates

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states emotional support services and treatment shall be offered to all inmates who have been a victim of sexual abuse. The facility shall provide outside confidential emotional support services and treatment for sexual abuse victims without financial cost to the inmate. The facility shall inform the inmate of the extent to which these services are confidential and that such communication is governed by mandatory reporting laws.

During the pre-on-site phase of the audit, the Auditor reviewed the documentation provided to include the MOU with the Alabama Coalition Against Rape (ACAR), inmate PREA comprehensive orientation, inmate PREA informational pamphlets, and brochures. The inmate informational pamphlets and brochures contained the toll free phone number and mailing address for the crisis center.

The Auditor reviewed the existing MOU with Alabama Coalition Against Rape (ACAR). ACAR is a statewide non-profit agency, which has fifteen member rape crisis centers throughout the State that provides confidential emotional support services related to sexual abuse. ACAR also provides a confidential, toll-free hotline for inmates at each ADOC facility. The Lighthouse of Baldwin County is the rape crisis center that provides these services for Loxley WRC.

During the on-site phase of the audit, the Auditor conducted an interview with the certified rape crisis counselor, she verified the existing MOU with the facility. She stated the Lighthouse of Baldwin County Crisis Center offers victim advocate services to every victim to include one-on-one peer counseling, counseling support services, and support groups for victims. The Crisis Counselor also disclosed that prior to providing such services, inmates are informed of the duty to report requirement. She also verified that the crisis center staffs the dedicated PREA hotline 24 hours a day, 7 days a week.

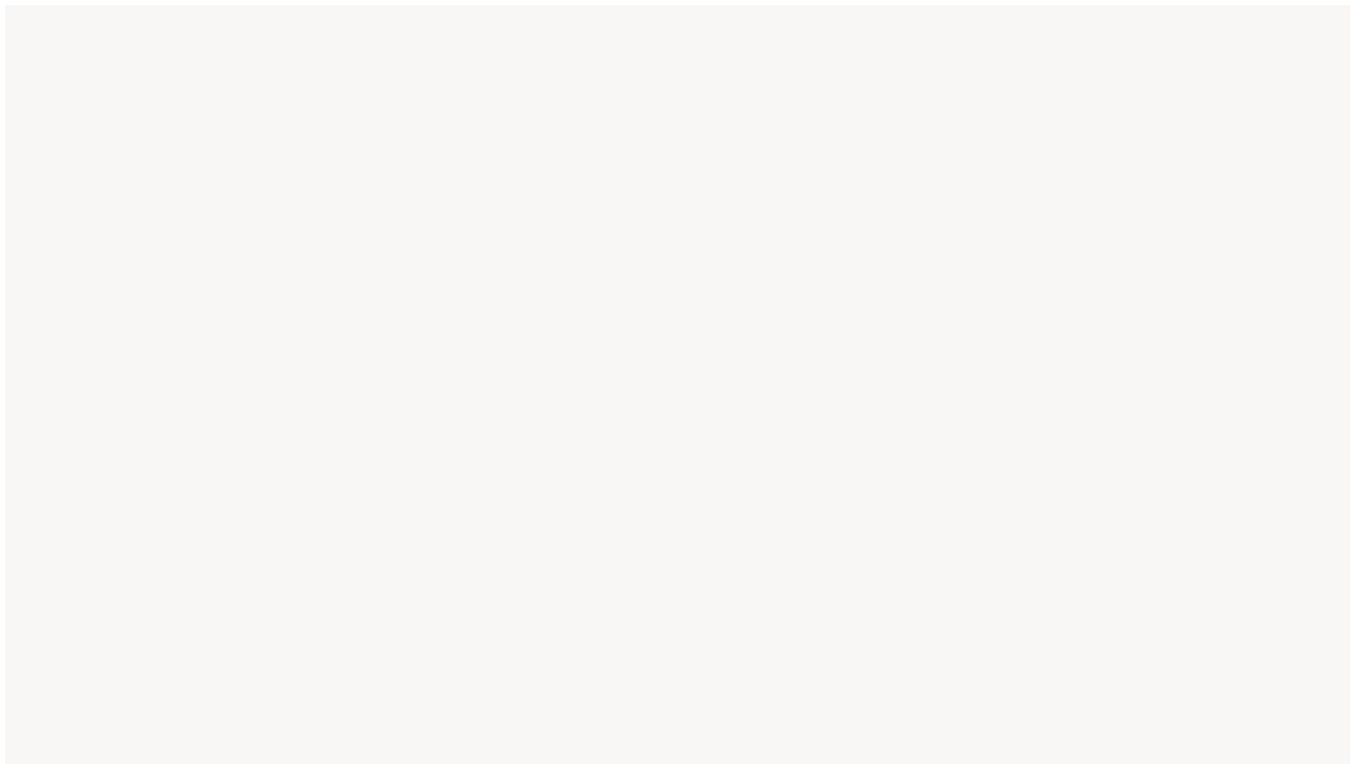
During the on-site phase of the audit, the Auditor conducted 26 interviews with a random sample of inmates. All inmate interviews were conducted with the guidance of the National PREA Resource Center, PREA Compliance

Audit Instrument - *Interview Guide for Inmates*. The Auditor requested an up-to-date inmate facility roster (in alphabetical order) from every housing dormitory and selected every fifth inmate from the inmate rosters provided.

Inmates from every housing dormitory and of various diversities were interviewed. Inmates were asked if the facility provides services for victims of sexual abuse. A majority of inmate responses demonstrated they are aware of outside support services available 24 hours a day, 7 days a week. Each inmate described the information is readily available on the PREA informational signage posted throughout the facility which contains the crisis center toll-free number and mailing address. Inmates also described learning about such services during the comprehensive PREA orientation.

During the on-site phase of the audit, the Auditor conducted an interview with the Institutional PREA Compliance Manager regarding sexual abuse allegations during the past 12 months. The IPCM confirmed there were no reports of sexual abuse allegations during the past 12 months; therefore, the Auditor was unable to interview inmates who had reported sexual abuse.

Upon review of the policies and upon completion of the interviews with staff, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with and exceeds the PREA standard.



Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*
Alabama Department of Corrections Inmate Handbook
Alabama Department of Corrections Website <http://www.doc.state.al.us/PREA>
Alabama Department of Corrections Form 454-A, *Inmate Awareness Acknowledgement*
PREA Informational Pamphlet (multiple languages)
Sexual Assault Prevention Brochure (multiple languages)

Interviews conducted with:

Random sample of Staff
Random sample of Inmates

On-site Review Observations:

Inmate files – Comprehensive PREA Education documentation
PREA Informational Signage posted throughout the facility
PREA Informational video

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states during the initial intake process into the facility, staff shall inform all inmates verbally and through written material of the agency's zero tolerance policy including how to report incidents of sexual abuse and sexual harassment. In addition, inmates shall be given verbal, visual, and written information regarding PREA during orientation upon their transfer to any ADOC institution.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states inmates shall receive a comprehensive educational PREA orientation by the Institutional PREA Compliance Manager (IPCM). The comprehensive educational information shall include prevention of sexual abuse and harassment, self-protection, methods of reporting, and the availability of treatment and counseling at no cost to the inmate; the orientation must be completed within 30 days of an inmate's arrival into the facility. Upon completion of the orientation and for documentation purposes, the IPCM shall have the inmate sign an ADOC Form 454-A, *Inmate Awareness Acknowledgement*.

During the pre-on-site phase of the audit, the Auditor reviewed the comprehensive PREA educational video, provided in multiple languages, that is given to all ADOC inmates within 30 days of arriving to the facility. The facility utilizes the PREA educational video titled "*PREA: What You Need to Know*" produced by Just Detention International and the PREA Resource Center. The Auditor also reviewed multiple comprehensive documentation forms (ADOC Form 454-A) with inmate signatures and acknowledgment of understanding. The facility maintains documentation of inmate participation by scanning them into the inmate's record.

During the on-site phase of the audit, the Auditor conducted an interview with the IPCM and discussed the inmate comprehensive PREA orientation and documentation process. The IPCM provided specific details on the process of educating inmates including the initial orientation upon intake into the facility, the comprehensive orientation video, and the continued educational process by using PREA informational pamphlets, sexual assault prevention brochures, and the signage posted throughout the facility.

During the on-site phase of the audit, the Auditor conducted 26 interviews with a random sample of inmates. All inmate interviews were conducted with the guidance of the National PREA Resource Center, PREA Compliance Audit Instrument - *Interview Guide for Inmates*. The Auditor requested an up-to-date inmate facility roster (in alphabetical order) from every housing dormitory and selected every fifth inmate from the inmate rosters provided.

Inmates from every housing dormitory and of various diversities were interviewed. Every inmate interviewed recalled receiving both the initial PREA orientation and the comprehensive (video) orientation. All inmates also acknowledged the zero tolerance policy on sexual abuse sexual harassment and the various ways to report such incidents.

When questioned about third party reporting, all inmates acknowledged how to submit a third party report (ask a family member or friend to submit a report or call the PREA hotline); in addition, several of the inmates referred to the PREA bulletins posted throughout the facility as it contains the directions on how to submit a third party report.

During the pre-on-site phase of the audit, the Auditor visited the agency's website and confirmed the availability for the public to submit a report of sexual abuse or sexual harassment on behalf of an inmate. The report may also be submitted anonymously.

Upon review of the policies and upon completion of the interviews with staff, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*
Alabama Department of Corrections Administrative Regulation 302, *Incident Reporting*
Alabama Department of Corrections Administrative Regulation 208, *Employee Standards of Conduct & Discipline*

Interviews conducted with:

Random sample of Staff
Medical & Mental Health Staff

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states all employees who may have contact with inmates will receive PREA training necessary to fulfill their responsibilities in the prevention, detection, and response to inmate sexual abuse and sexual harassment allegations

Alabama Department of Corrections Administrative Regulation 208, *Employee Standards of Conduct & Discipline*, employees shall be subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies.

Alabama Department of Corrections Administrative Regulation 302, *Incident Reporting*, states all reports of sexual abuse or sexual harassment received by a staff member will be documented immediately (Form AR 454-I) and shall be investigated thoroughly and in a timely manner in accordance to agency policy.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

During the on-site phase of the audit, the Auditor conducted Interviews with staff members. Each staff member interviewed articulated the agency's zero tolerance policy on sexual abuse and sexual harassment, their role and responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, how to communicate effectively and professionally with inmates, and an inmates right to be free from sexual abuse and sexual harassment. Staff members also acknowledged that reports concerning sexual abuse or sexual harassment, whether reported verbally or in writing, are considered confidential and must be documented immediately.

During the on-site phase of the audit, the Auditor conducted interviews with medical and mental health staff regarding responsibilities to disclose to inmates the confidentiality limitations and reporting incidents of sexual abuse or sexual harassment. Both articulated in detail step-by-step process when reporting incidents of sexual abuse or sexual harassment as well as expressed the requirement to report such incidents immediately. Both staff members acknowledged disclosing the confidentiality limitation prior to the initiation of services with any inmate. The Auditor inquired if any inmates had reported an incident of sexual abuse or harassment during the past 12 months to them and both indicated they had not received such reports.

Upon review of the policies and upon completion of the interviews with staff, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Interviews conducted with:

Facility Warden

Institutional PREA Compliance Manager (IPCM)

Random sample of Staff

On-site Review Observations:

Secured holding cell for inmates awaiting transfer

The Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states inmates at high risk for sexual victimization or those who report sexual victimization shall not be placed in involuntary administrative or punitive segregation unless a determination has been made that there is no available alternative means of separation from likely abusers.

The Loxley WRC reported it does not have a segregation unit; any form of protective custody would consist of other alternatives to include transferring the inmate(s) to another facility.

During the tour of the facility, the Auditor verified that Loxley WRC does not have a segregation unit however, Loxley WRC has a secure holding cell for inmates awaiting transfer, and this cell can be used as a means to hold an inmate for protection while awaiting reassignment / transfer to another facility. Any inmate placed in the secured holding cell as a means of protection, will be placed in the secured cell alone.

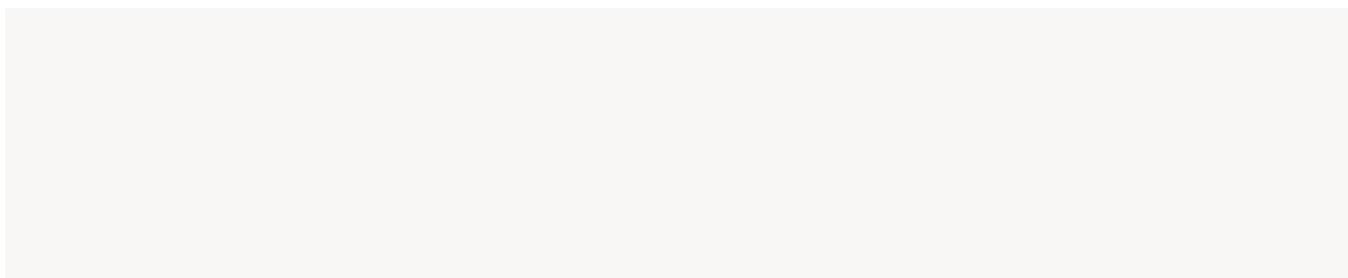
During the on-site phase of the audit, the Auditor conducted interviews with the Facility Warden and IPCM and both verified that a segregation unit does not exist at Loxley WRC and any inmate requiring protective custody would be transferred to another facility immediately.

During the on-site phase of the audit, the Auditor conducted interviews with a random sample of staff and inquired about his/her actions if they received information that an inmate was in imminent risk of sexual abuse. Each staff member articulated the agency's response protocol to receiving such information but all stated either "ensuring the inmate's safety is our first priority" or "remove the inmate (victim) from the area to ensure he/she is safe".

Each staff member was able to provide the Auditor with a detailed step-by-step response to receiving such information (remove the victim, identify alleged crime location and secure crime scene, gather all pertinent information, isolate the alleged aggressor, and make notifications (supervisor, IPCM and Medical and Mental Health).

During the on-site phase of the visit, the Auditor conducted an interview with the Facility Warden and inquired as to the action taken upon learning an inmate is subject to a substantial risk of imminent sexual abuse. The Facility Warden informed the Auditor that once any staff member receives information that an inmate may be at risk for sexual abuse or sexual harassment, that inmate is immediately removed from area and placed in the secured holding cell, in view of an officer at all times and an investigation is immediately conducted. If necessary, the victim would be transferred to another facility for protection from alleged aggressor.

Upon review of the policy, observations made during the on-site facility tour, and upon completion of the interviews with staff, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirement of the PREA standard.



Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Interviews conducted with:

Facility Warden

On-site Review Observations:

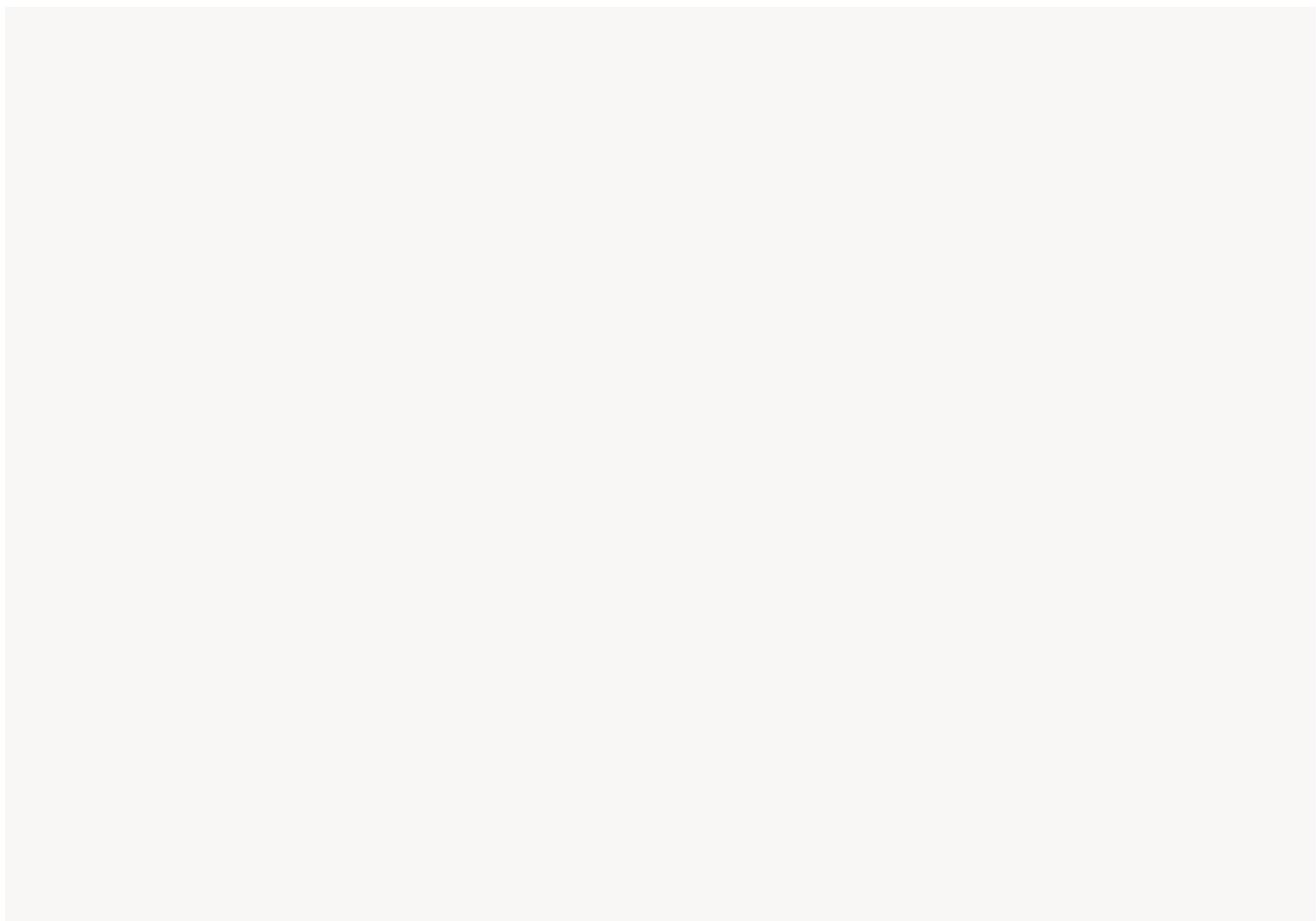
Investigative Case files

The Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states upon receiving an allegation that an inmate was sexually abused while confined at another institution, the Facility Warden shall notify the Facility Warden of the institution where the alleged abuse had occurred within 72 hours. The Facility Warden shall ensure such notification is documented including who the incident was report to at the offending facility.

During the on-site phase of the audit, the Auditor conducted an interview with the Facility Warden and inquired as to the actions taken when the facility receives a notification from another agency that an inmate was sexually abused during a past incarceration. The Facility Warden informed me that the allegation would be handled by the agency's Investigations & Intelligence and would be incident would be investigated promptly.

During the on-site phase of the audit, the Auditor reviewed case files from the last 12 months and there were no reports from allegations referred by another agency.

Upon review of the policy, investigative files, and upon completion of the interviews with staff, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.



Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Alabama Department of Corrections PREA Training Curriculum

Alabama Department of Corrections Prison Rape Elimination Act (PREA) – A Trauma Informed Guide for First Responders

Interviews conducted with:

Random sample of Staff

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states upon learning of an allegation of sexual abuse or sexual harassment, first responder staff must immediately separate the alleged victim and abuser, preserve and protect any crime scene. Additionally, the first responder staff, shall request to the alleged victim and abuser not to take any actions that could destroy physical evidence (washing, brushing teeth, changing clothes, urinating, drinking, etc.), until appropriate steps can be taken to collect any evidence. Staff must handle all sexual allegations in a professional and confidential manner throughout the investigation, notify your supervisor immediately, and complete an incident report.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states if a civilian staff member is notified of a sexual battery he/she will request that the alleged victim not take any actions that could destroy physical evidence and immediately notify security staff.

During the pre-on-site phase of the audit, the Auditor reviewed the staff-training curriculum, which discusses the responsibilities a staff member has as a First Responder to an allegation of sexual abuse or sexual harassment.

During the on-site visit, the Auditor conducted fourteen random sample of staff interviews. All fourteen were asked to describe their role as a First Responder when an inmate has reported an allegation of sexual abuse or sexual harassment. Each staff member interviewed clearly articulated the systematic process of separating and securing the victim and the abuser and instructing them to refrain from any actions that would destroy evidence (no washing, drinking, urinating, etc.). Staff also articulated the importance of securing the crime scene, properly documenting the incident, and notifying his/her immediate supervisor.

The Auditor conducted fourteen random staff interviews and throughout the interview process, thirteen of the fourteen interviewed often referred to the *Alabama Department of Corrections Prison Rape Elimination Act (PREA) – A Trauma Informed Guide for First Responders* as their source of information / quick reference.

The Auditor conducted an interview with the PREA Director, who provided the Auditor with a copy of the *First Responder Pocket Guide*. The PREA Director confirmed that the Alabama Department of Corrections collaborated with QuickSeries Publishing to have the *First Responder Pocket Guides* created specifically for Alabama Department of Corrections. The *First Responder Pocket Guide*, issued to every staff member, is now

mandated as part of the staff uniform making it readily available. The Auditor noted how quickly staff responded to interview questions and many staff members credited their knowledge to the *First Responder* Pocket Guide.

The facility reported there were no allegations of sexual abuse during the past 12 months; therefore, the Auditor was unable to interview staff who had responded to an allegation of sexual abuse.

Upon review of the policy, training documentation, and upon completion of the interviews with staff, the Loxley Work Release Center demonstrated facility-wide practices that are consistent with policy and the requirements that complies with and exceeds of the PREA standard.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*
Alabama Department of Corrections Loxley WRC Standard Operating Procedure 910, *Coordinated Response to Sexual Abuse*

Interviews conducted with:

Facility Warden

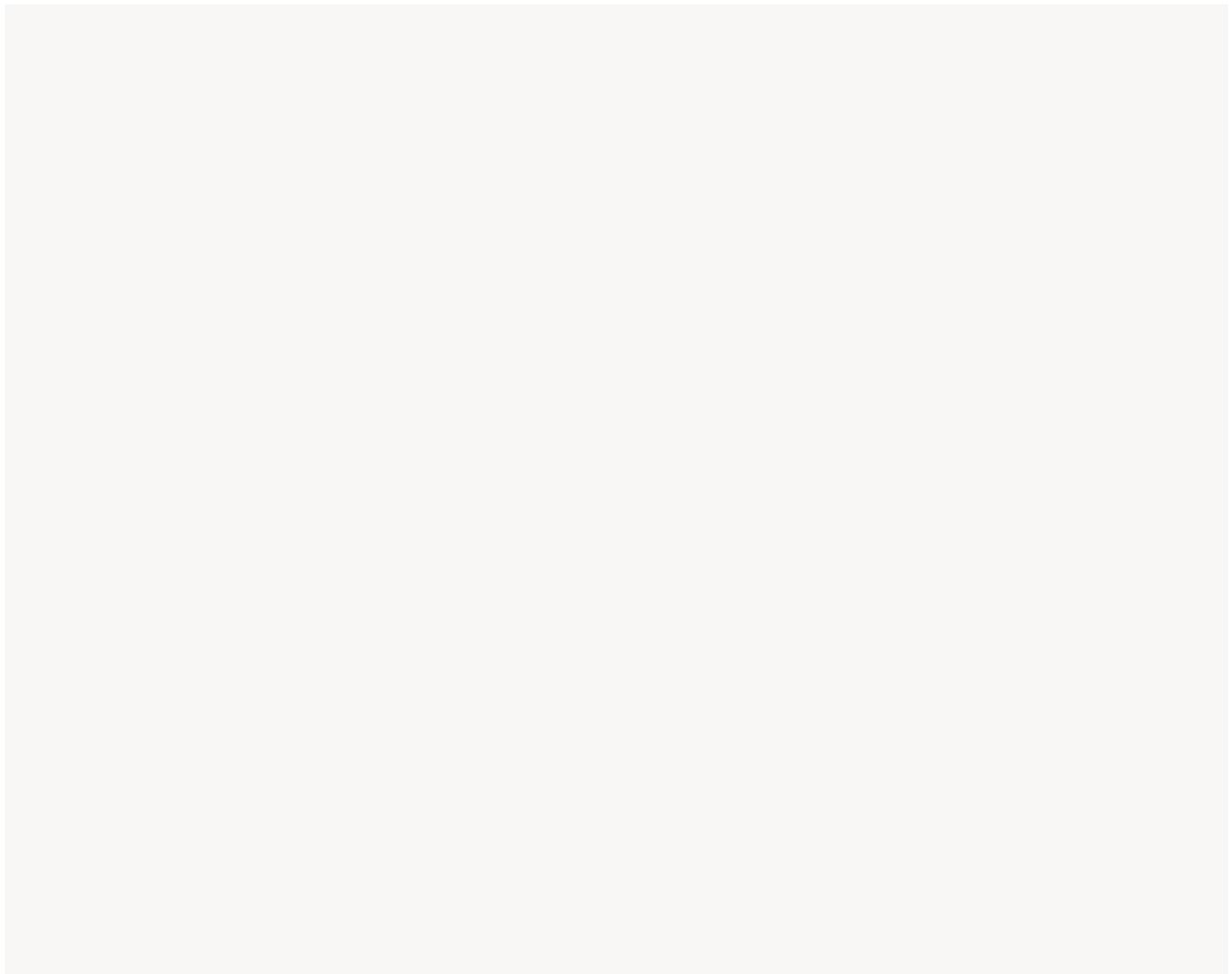
Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states all staff will report immediately to a supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. Staff shall also immediately report any knowledge, suspicion, or information regarding an incident of retaliation against inmates or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Alabama Department of Corrections Loxley WRC Standard Operating Procedure 910, *Coordinated Response to Sexual Abuse* outlines the written institutional plan to coordinate actions taken in response to an incident of

sexual abuse or sexual harassment for staff first responders, medical and mental health practitioners, investigators, and facility leadership.

During the pre-on-site phase of the audit, the Auditor reviewed the facility's *Coordinated Response to Sexual Abuse*. During the on-site phase of the audit, the Auditor conducted an interview with the Facility Warden and inquired as to the implementation of the *Coordinated Response to Sexual Abuse*. The Facility Warden provided a detailed description of the response plan and each staff member's responsibility when responding to an allegation of sexual abuse or sexual harassment.

Upon review of the policies and upon completion of the on-site interview with the Facility Warden, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.



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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Interviews conducted with:

Facility Warden

PREA Director

Institutional PREA Compliance Manager (IPCM)

The Alabama Department of Corrections and the Loxley Work Release Center does not engage in collective bargaining with Correction Officers or any facility or institutional staff member.

During the on-site phase of the audit, the Auditor verified that the ADOC and the facility does not engage in collective bargaining during interviews with the Warden, the PREA Director, and the Institutional PREA Compliance Manager.

Upon review of the policies and upon completion of the interviews with staff, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Interviews conducted with:

Agency Head

Facility Warden

Institutional PREA Compliance Manager (IPCM)

On-site Review Observations:

Retaliation Monitoring files

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states any staff member or inmate who reports sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected by this agency from retaliation by other inmates or staff.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states the Institutional PREA Compliance Manager (IPCM) shall be responsible for monitoring inmates identified as being sexual aggressors or potential sexual aggressors and victims or potential victims of sexual abuse.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states the facility shall employ multiple protection measures such as housing changes or transfers, removal of alleged staff or inmate abusers from contact with victims. The facility shall also provide emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with an investigation.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states for at least 90 days following a report of sexual abuse the agency shall monitor the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse. The facility shall monitor possible retaliation by inmates or staff and will act promptly to remedy any such situation. Such monitoring may include disciplinary reports, housing and program changes, or negative performance reviews/reassignments of staff. If deemed appropriate, the facility may continue to monitor beyond 90 days. Inmate monitoring will also include periodic status checks. The facility shall respond appropriately to protect any other individual who cooperates with an investigation and expresses a fear of retaliation.

During the on-site phase of the audit, the Auditor conducted an interview with the Institutional PREA Compliance Manager regarding his role and responsibilities. The IPCM acknowledged he was the primary staff member designated with monitoring retaliation; however, there is one other staff member and the Classification Supervisor Specialist who can monitor retaliation if the IPCM were unavailable for an extended period.

The IPCM articulated that in an effort to prevent retaliation against inmates and staff who report sexual abuse or harassment or those who cooperate with an investigation, he would monitor those individuals for at least 90 days. The IPCM reviews disciplinary reports, inmate housing or transfers, and negative performance reviews of staff members. If the IPCM had a concern that potential retaliation might occur beyond the 90 days, he would continue to monitor conduct and treatment until the issue or threat is resolved. When monitoring either staff or inmates, the IPCM completes a weekly status report to the Facility Warden and PREA Director. The IPCM also explained that he begins the retaliation monitoring process once the allegation has been filed and continues until the

investigation determines the incident is unfounded or when sustained he will continue for a minimum of 90 days; longer if necessary.

During the on-site phase of the audit, the Auditor reviewed ADOC PREA Sexual Abuse/Harassment Retaliation Monitoring files. Each file contained forms showing the IPCM conducted weekly retaliation monitoring interviews with inmates who previously alleged sexual abuse or sexual harassment. Each form provided a detailed explanation of the interview, statements from the victim inmate, and comments from the IPCM.

The IPCM also confirmed there were no reported allegations of sexual abuse during the past 12 months; therefore, the Auditor was unable to interview inmates who reported an allegation of sexual abuse.

During the pre-on-site phase of the audit, the Auditor conducted a phone conference with the Agency Head and inquired how the agency takes measures to protect an inmate, who cooperates with an investigation and has expressed a fear of retaliation. The Agency Head articulated to the Auditor how the facility has a designated staff member to monitor retaliation, however if an inmate expresses fear, the inmate would be transferred to another facility.

During the on-site phase of the audit, the Auditor conducted an interview with the Facility Warden and inquired as to how the facility protects inmates from retaliation. The Facility Warden articulated to the Auditor the facility has a designated staff member to monitor retaliation and if an inmate expresses fear, the inmate would be immediately transferred to another facility. Any inmate who has been identified as an aggressor would also be immediately transferred to another facility.

Upon review of the policy, investigative files, and upon completion of the interviews with staff, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Interviews conducted with:

Facility Warden

Institutional PREA Compliance Manager (IPCM)

On-site Review Observations:

Facility Tour – secure holding cell for inmates awaiting transfer

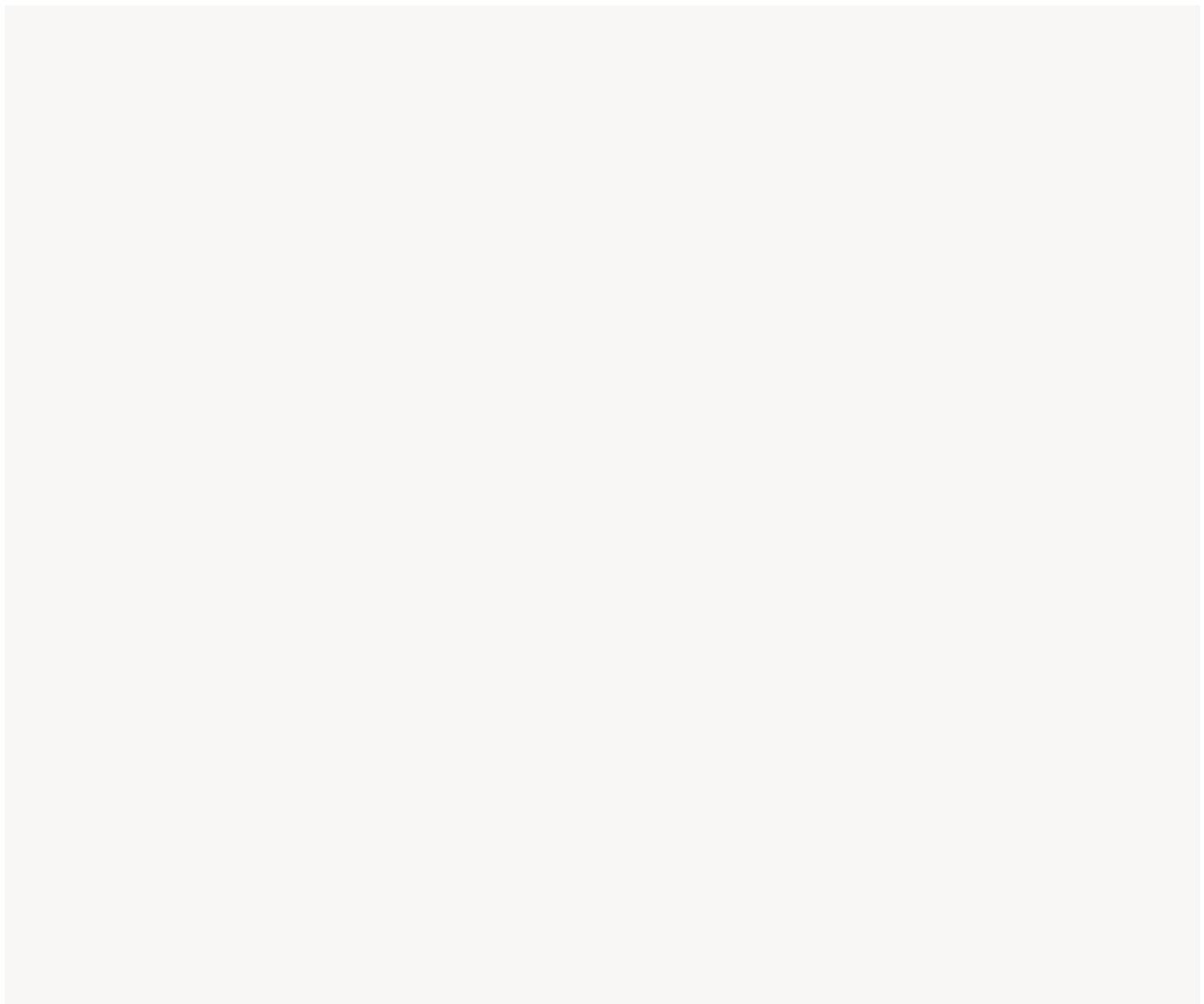
The Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states inmates who report sexual victimization shall not be placed in involuntary administrative or punitive segregation unless a determination has been made that there is no available alternative means of separation from likely abusers.

The Loxley WRC reported it does not have a segregation unit; any form of protective custody would consist of other alternatives to include transferring the inmate(s) to another facility.

During the tour of the facility, the Auditor verified that Loxley WRC does not have a segregation unit however, Loxley WRC has a secure holding cell for inmates awaiting transfer, and this cell can be used as a means to hold an inmate for protection while awaiting reassignment / transfer to another facility. Any inmate placed in the secured holding cell as a means of protection, will be placed in the secured cell alone.

During the on-site phase of the audit, the Auditor conducted interviews with the Facility Warden and IPCM and both verified that a segregation unit does not exist at Loxley WRC and any inmate requiring protective custody would be transferred to another facility immediately.

Upon review of the policies, observations made during the facility tour, and upon completion of the interviews with staff, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.



INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Alabama Department of Corrections Administrative Regulation 300, *Investigations & Intelligence*

Administrative and Criminal Investigate Cases

Alabama Department of Corrections Notification to Inmate of Case Disposition

National Institute of Corrections Training Curriculum

Training Certificates

Interviews conducted with:

Investigative Staff

On-site Review Observations:

Training files

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states any knowledge suspicion or information regarding sexual abuse or sexual harassment shall be reported immediately to an Investigations and Intelligence Investigator.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states all allegations of sexual abuse or sexual harassment will be investigated promptly, thoroughly, and objectively including third-party and anonymous reports.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states investigators shall preserve all available evidence, to include physical and DNA evidence and if possible, electronic monitoring data. Investigators will interview alleged victims, suspected aggressor, and witnesses and will review prior complaints and reports of sexual abuse involving the suspected aggressor as part of the investigation.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states the Investigative and Intelligence Division shall refer all substantiated criminal cases to the local District

Attorney's office and will be available, as requested, to work with authorities to support criminal prosecution of those cases.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states the standard of proof in all investigations of sexual abuse and sexual harassment is a preponderance of the evidence.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states administrative investigations shall include an effort to determine whether staff actions or failure to act contributed to the abuse and report any violations of rules or procedures. Criminal and administrative investigations shall be documented in a written report that contains a thorough description of physical, testimonial, documentary evidence, and investigative facts and findings.

Based upon the information provided in the PAQ, the Auditor determined the facility had three allegations of sexual abuse and three allegations sexual harassment reported during this auditing period of January 1, 2019 – January 1, 2020.

The three sexual abuse allegations were staff-on-inmate, with one allegation being determined as unsubstantiated and two were determined to be unfounded. The three sexual harassment allegations included one inmate-on-inmate, which was determined to be unsubstantiated, and two staff-on-inmate allegations with one determined to be unsubstantiated and one unfounded.

The Auditor reviewed one administrative sexual harassment investigation and five criminal sexual abuse investigations reported by the facility. All of these cases were selected and reviewed based upon the outcome and the Auditor's requirement to review all of the required steps and processes to verify compliance with multiple PREA Standards. Upon completion of reviewing all case files, the Auditor determined that the facility (to include but not limited to Investigators, Staff First Responders, Medical and Mental Health, and Institutional PREA Compliance Manager) followed the required steps and processes for all reported allegations.

Each administrative and criminal investigative case reviewed by the Auditor, contained all documented reports for that specific incident, an inmate body chart, inmate notifications, a description of the physical and testimonial evidence, the reasoning behind credibility assessments and the investigative facts and findings. Additionally, each completed report included an assessment as to whether staff actions or a failure to act on the part of staff contributed to the abuse.

Alabama Department of Corrections Administrative Regulation 300, *Investigations & Intelligence* states Inspectors shall receive specialized training and shall include techniques for interviewing sexual abuse victims, appropriate application of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for prosecution referral.

Alabama Department of Corrections Administrative Regulation 300, *Investigations & Intelligence* states the credibility of an alleged victim, aggressor, or witness shall be assessed on an individual basis and shall not be determined by the individual's status as an inmate or staff.

Alabama Department of Corrections Administrative Regulation 300, *Investigations & Intelligence* states the Investigations and Intelligence Division shall conduct all investigations utilizing investigative techniques and procedures applicable

Alabama Department of Corrections Administrative Regulation 300, *Investigations & Intelligence* states the agency shall retain all administrative and criminal investigative reports, pursuant to a sexual battery investigation, as long as the alleged abuser is incarcerated, supervised, or employed by the agency plus five years.

During the pre-on-site audit phase, the Auditor reviewed training documentation, which included the specialized training curriculum from the National Institute of Corrections, *Specialized Training: Investigating Sexual Abuse in Confinement Settings* and training certificates of completion verifying investigative staff that conduct sexual abuse investigations attended and completed the required specialized training.

During the on-site phase of the audit, the Auditor reviewed personnel files to verify training certificates were retained and on record. The Auditor also interviewed a ten-year veteran of the Alabama Department of Corrections who is assigned to the Investigative Unit within the Alabama Department of Corrections. The Investigator confirmed his attendance and successful completion of the required specialized training curriculum from the National PREA Resource Center, *Specialized Training: Investigating Sexual Abuse in Correctional Settings*.

The Investigator clearly articulated the comprehensive training he had received which included investigating sexual harassment allegations, investigating sexual abuse allegations, understanding the impact of victim trauma, techniques for interviewing sexual abuse victims, preservation of crime scene and evidence collection, proper use of Miranda and Garrity and the importance of each, and criteria required for administrative action and prosecution referrals. The Investigator also stated that all allegations of sexual abuse or sexual harassment are taken seriously and investigated professionally and promptly.

During the on-site phase of the audit, the Auditor conducted an interview with the Institutional PREA Compliance Manager regarding sexual abuse allegations during the past 12 months. The IPCM confirmed there were no reports of sexual abuse allegations during the past 12 months; therefore, the Auditor was unable to interview inmates who had reported sexual abuse.

Upon review of the policies, investigative case files, and documentation listed above, and upon completion of the interviews with staff, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Alabama Department of Corrections Administrative Regulation 300, *Investigations & Intelligence*

Alabama Department of Corrections PREA Administrative and Criminal Investigate Cases

Interviews conducted with:

Investigative Staff

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states any knowledge suspicion or information regarding sexual abuse or sexual harassment shall be reported immediately to an Investigations and Intelligence Investigator.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states all allegations of sexual abuse or sexual harassment will be investigated promptly, thoroughly, and objectively including third-party and anonymous reports.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states the standard of proof in all investigations of sexual abuse and sexual harassment is a preponderance of the evidence.

During the on-site phase of the audit, the Auditor interviewed a ten-year veteran of the Alabama Department of Corrections who is assigned to the Investigative Unit within the Alabama Department of Corrections. The Investigator confirmed his attendance and successful completion of the required specialized training curriculum from the National PREA Resource Center, *Specialized Training: Investigating Sexual Abuse in Correctional Settings*.

The Investigator clearly articulated the comprehensive training he had received which included investigating sexual harassment allegations, investigating sexual abuse allegations, understanding the impact of victim trauma, techniques for interviewing sexual abuse victims, preservation of crime scene and evidence collection, proper use of Miranda and Garrity and the importance of each, and criteria required for administrative action and prosecution referrals. The Investigator also stated that all allegations of sexual abuse or sexual harassment are taken seriously and investigated professionally and promptly.

The Auditor reviewed one administrative sexual harassment investigation and five criminal sexual abuse investigations reported by the facility. All of these cases were selected and reviewed based upon the outcome and the Auditor's requirement to review all of the required steps and processes to verify compliance with multiple PREA Standards. Upon completion of reviewing all case files, the Auditor determined that the facility (to include but not limited to Investigators, Staff First Responders, Medical and Mental Health, and Institutional PREA Compliance Manager) followed the required steps and processes for all reported allegations.

Each administrative and criminal investigative case reviewed by the Auditor, contained all documented reports for that specific incident, an inmate body chart, inmate notifications, a description of the physical and testimonial evidence, the reasoning behind credibility assessments and the investigative facts and findings. Additionally, each completed report included an assessment as to whether staff actions or a failure to act on the part of staff contributed to the abuse.

Upon review of the policies, investigative case files, and upon completion of the interviews with staff, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Alabama Department of Corrections Administrative Regulation 300, *Investigations & Intelligence*

Alabama Department of Corrections PREA Administrative and Criminal Investigate Case Final Notifications

Interviews conducted with:

Facility Warden

Investigative Staff

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states following an investigation into an inmate's allegation, that he suffered sexual abuse the inmate shall be informed as to whether the allegation has been substantiated, unsubstantiated, or unfounded. All such notifications will be documented as part of the case file.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states an inmate's allegation that a staff member committed sexual abuse, the facility shall inform the inmate, unless the allegation is unfounded, whenever the staff member is no longer working in the inmate's housing dormitory, or if the staff member is no longer employed at the facility. The facility shall also inform the inmate if the staff member has been indicted on a charge related to sexual abuse or if the staff member has been convicted on a charge related to sexual abuse within the facility.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states an inmate's allegation that he was sexually abused by another inmate, the facility shall inform the alleged victim if the facility has knowledge that the alleged abuser has been indicted, charged, or convicted on a charge related to sexual abuse within the facility.

During the pre-on-site phase of the audit, the Auditor reviewed Administrative and Criminal Investigative Case files from the 12 months prior to the audit. Each file contained an inmate notification form documenting the outcome of the case (substantiated, unsubstantiated, or unfounded) with the signature of the inmate documented on the notification.

During the on-site phase of the audit, the Auditor conducted an interview with Investigative Staff and inquired to him if there are agency procedures regarding notification to an alleged victim of sexual abuse when the case is closed and whether the allegation has a final determination of substantiated, unsubstantiated, or unfounded. The Investigator confirmed such notifications are completed by the Investigative Staff assigned to the case and is documented in the case file.

During the on-site phase of the audit, the Auditor conducted an interview with the Facility Warden and inquired regarding how the facility notifies an inmate who makes an allegation of sexual abuse when the case is closed and a determination as to either substantiated, unsubstantiated, or unfounded. The Facility Warden confirmed that such notifications are made and explained the process and documentation required.

Upon review of the policies, investigative case files, and upon completion of the interviews with staff, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

Alabama Department of Corrections Administrative Regulation 208, *Employee Standards of Conduct & Discipline*

Interviews conducted with:

Human Resources Director

On-site Review Observations:

Personnel / Training Files

Alabama Department of Corrections Administrative Regulation 208, *Employee Standards of Conduct & Discipline* states staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual assault, sexual abuse, sexual harassment, or sexual misconduct policies.

The facility reported there have been no staff violations or terminations of the agency's sexual assault, sexual abuse, sexual harassment or sexual misconduct polices during the 12 months prior to the audit.

During the on-site phase of the audit, the Auditor conducted an interview with Human Resources Director who confirmed that the Loxley WRC has not had any staff members violate or terminated for violating the agency's policy against sexual assault, sexual abuse, sexual harassment, or sexual misconduct during the past 12 months.

Upon review of the policy, personnel files, and upon completion of staff interviews, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Interviews conducted with:

Facility Warden

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states any contractor or volunteer who engages in sexual assault, sexual abuse, sexual harassment, or sexual misconduct shall be reported to law enforcement agencies unless the act was clearly not criminal. In the case of

any other violation of the facility's sexual assault, sexual abuse, sexual harassment, or sexual misconduct policies by a contractor or volunteer the facility will take appropriate remedial measures and will consider whether to prohibit further contact with inmates.

The facility reported there have been no contractor or volunteer violations or terminations of the agency's sexual assault, sexual abuse, sexual harassment or sexual misconduct policies during the 12 months prior to the audit.

During the on-site phase of the audit, the Auditor conducted an interview with the Facility Warden regarding any violation of the facility's sexual assault, sexual abuse, sexual harassment, or sexual misconduct by a contractor or volunteer. The Facility Head articulated the policy clearly states any such contact by a volunteer or contractor who violates the sexual assault, sexual abuse, sexual harassment, or sexual misconduct policy will be removed from contact with inmates immediately.

Upon review of the policy and upon completion of staff interviews, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*
Alabama Department of Corrections Inmate Handbook

Interviews conducted with:

Facility Warden
Medical / Mental Health

On-site Review Observations:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in an inmate on inmate sexual abuse or following a criminal finding of guilt for inmate on inmate sexual abuse.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states sanctions shall commensurate with the nature and circumstance of the abuse committed the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

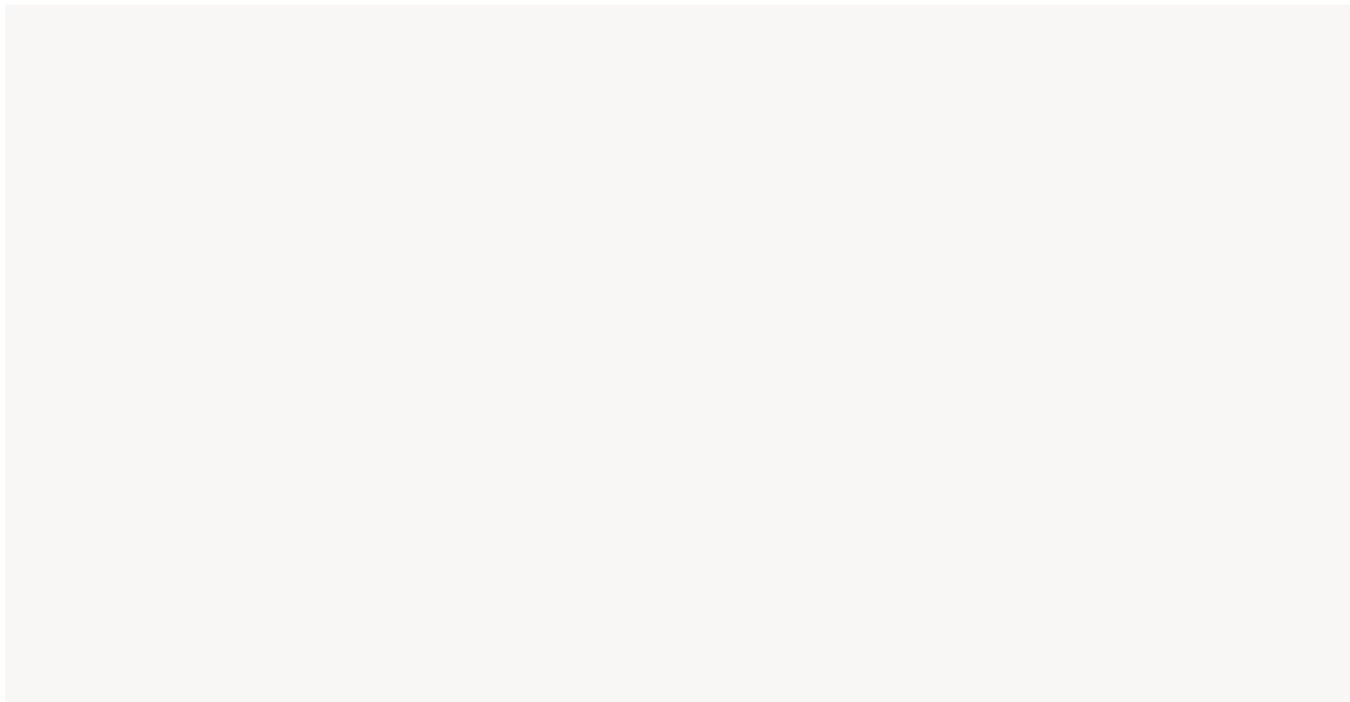
Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident even if an investigation does not establish evidence sufficient to substantiate the allegation.

Alabama Department of Corrections Inmate Handbook states "...inmates are not permitted to have sexual contact with other inmates, ADOC staff, volunteers or anyone else". In addition, the Inmate Handbook states "...this information applies to all inmates at your institution of admission and at all other correctional institutions". Upon arriving and processing into the Alabama Department of Corrections facility, inmates sign for and receive a ADOC Inmate Handbook.

During the on-site phase of the audit, the Auditor conducted an interview with the Facility Warden and discussed the facility's policy on disciplinary sanctions for an inmate after an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. The Facility Warden referred to the existing policy that an inmate would be subject to disciplinary sanctions, which would be conducted in accordance to the formal disciplinary process.

During the on-site phase of the audit, the Auditor conducted an interview with Medical and Mental Health Staff and discussed the victim advocate services available to inmates and counseling services available for abusers. The Medical and Mental Health Staff explained the services provided at the facility and through the local county crisis center and include one-on-one counseling and support groups. These services are offered for victims of sexual abuse or sexual harassment as well as offenders of sexual abuse.

Upon review of the policy, ADOC Inmate Handbook, and upon completion of staff interviews, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.



MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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

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*)

Instructions for Overall Compliance Determination Narrative

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Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Alabama Department of Corrections Administrative Regulation 300, *Inmate Classification*

Alabama Department of Corrections Form 454-C, *PREA Risk Factors Checklist*

Interviews conducted with:

Inmates who disclose sexual victimization at risk screening

Staff responsible for risk screening

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states if upon the completion of the risk assessment and interview or prior known information reflects that the inmate is at high risk to be victimized or screens as sexually aggressive, the Classification Specialist will recommend further review by a Mental Health Professional prior to assigning permanent housing. If the screening indicates, the inmate has prior sexual victimization or sexual aggression in their history, the Mental Health professional shall offer a follow-up meeting with Mental Health within 14 days of the initial screening.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* the facility shall implement appropriate controls on the dissemination within the facility of responses to the questions asked pursuant to risk screenings to ensure privacy of sensitive information that may be used for exploitation by staff or other inmates.

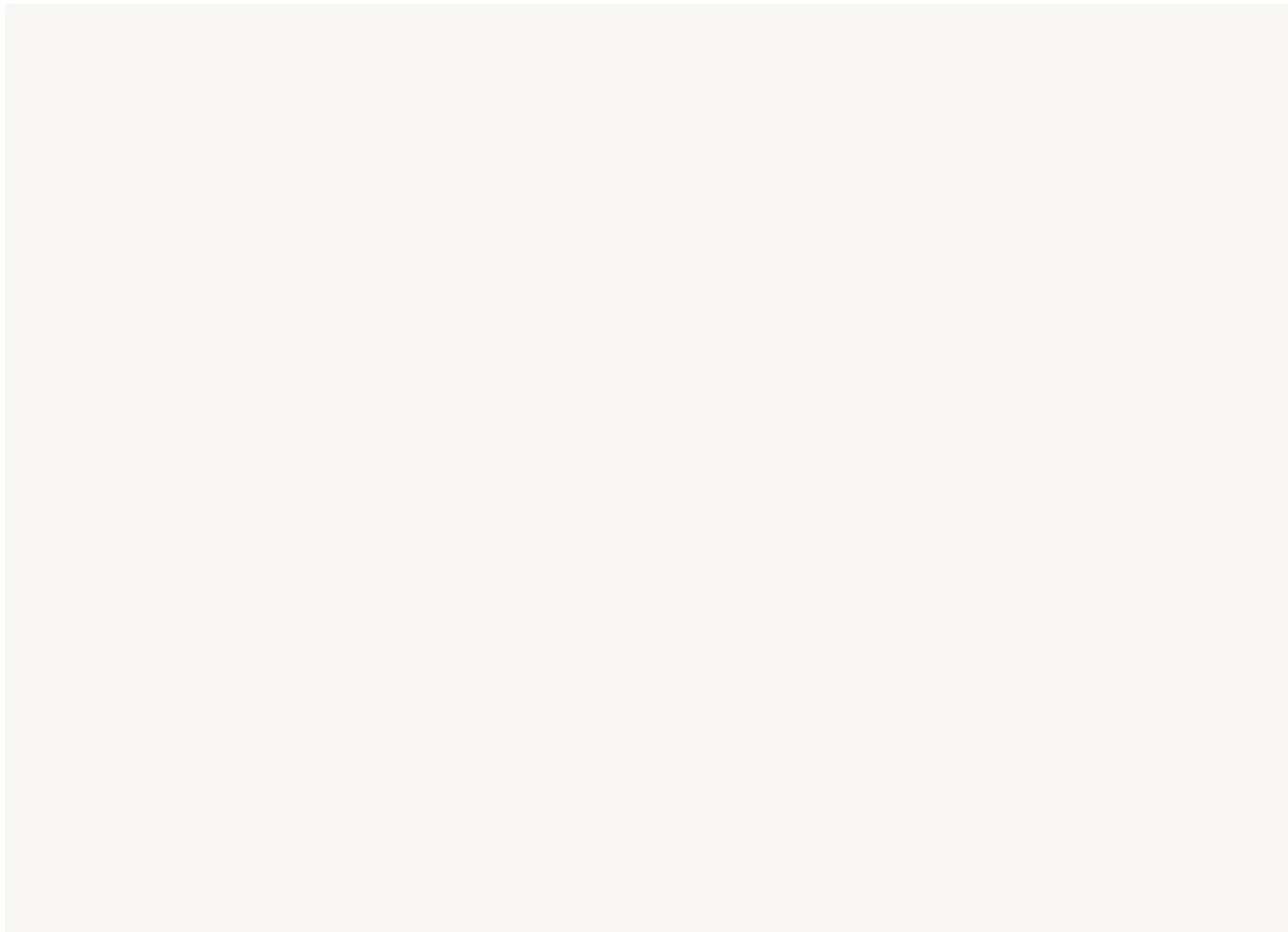
During the on-site phase of the audit, the Auditor conducted an interview with the Classification Specialist Supervisor regarding her responsibility to conduct screenings for risk of victimization and abusiveness. The Classification Specialist Supervisor provided the Auditor with a complete overview of the inmate classification process and the inmate risk screening process to include how all inmates are screened within 72 hours (or less) of their arrival to the facility. She explained how she meets with the inmate privately and conducts an in depth interview with each inmate that not only includes the classification and risk assessment process, but also includes

program opportunities, qualifications for job assignments, upcoming court appearances, and dormitory assignment. The Classification Specialist Supervisor works closely with the Institutional PREA Compliance Manager when conducting the inmate 30-day reassessments.

During the on-site visit phase of the audit, the Auditor interviewed the Institutional PREA Compliance Manager (IPCM) regarding the screenings for risk of victimization and abusiveness. The IPCM explained if an inmate provides conflicting responses or refuses to answer during the initial risk screening completed by the Classification Specialist Supervisor, he would conduct a follow-up interview with the inmate. The IPCM conduct a review of each inmates *PREA Risk Factors Checklist* to determine if additional monitoring is needed.

During the on-site phase of the audit, the Auditor was notified there was one inmate in custody who disclosed prior sexual victimization during the risk screening process. The Auditor conducted an interview with the inmate and inquired if he was offered a follow-up meeting with a medical or mental health provider after disclosing prior sexual victimization. The inmate informed the Auditor he was offered a meeting but declined.

Upon review of the policy, documentation, and upon completion of staff interviews, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.



Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Alabama Department of Corrections Memorandum of Understanding with Alabama Coalition Against Rape

Interviews conducted with:

Medical / Mental Health

SANE/SAFE Staff

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states victims of sexual abuse at the facility shall be referred immediately to Medical. Victims shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states emotional support services and treatment shall be offered to all inmates who have been a victim of sexual abuse. The facility shall provide outside confidential emotional support services and treatment for sexual abuse victims without financial cost to the inmate. The facility shall inform the inmate of the extent to which these services are confidential and that such communication is governed by mandatory reporting laws.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, the facility shall take preliminary steps to protect the victim according to policy and shall immediately notify the appropriate medical and mental health practitioners.

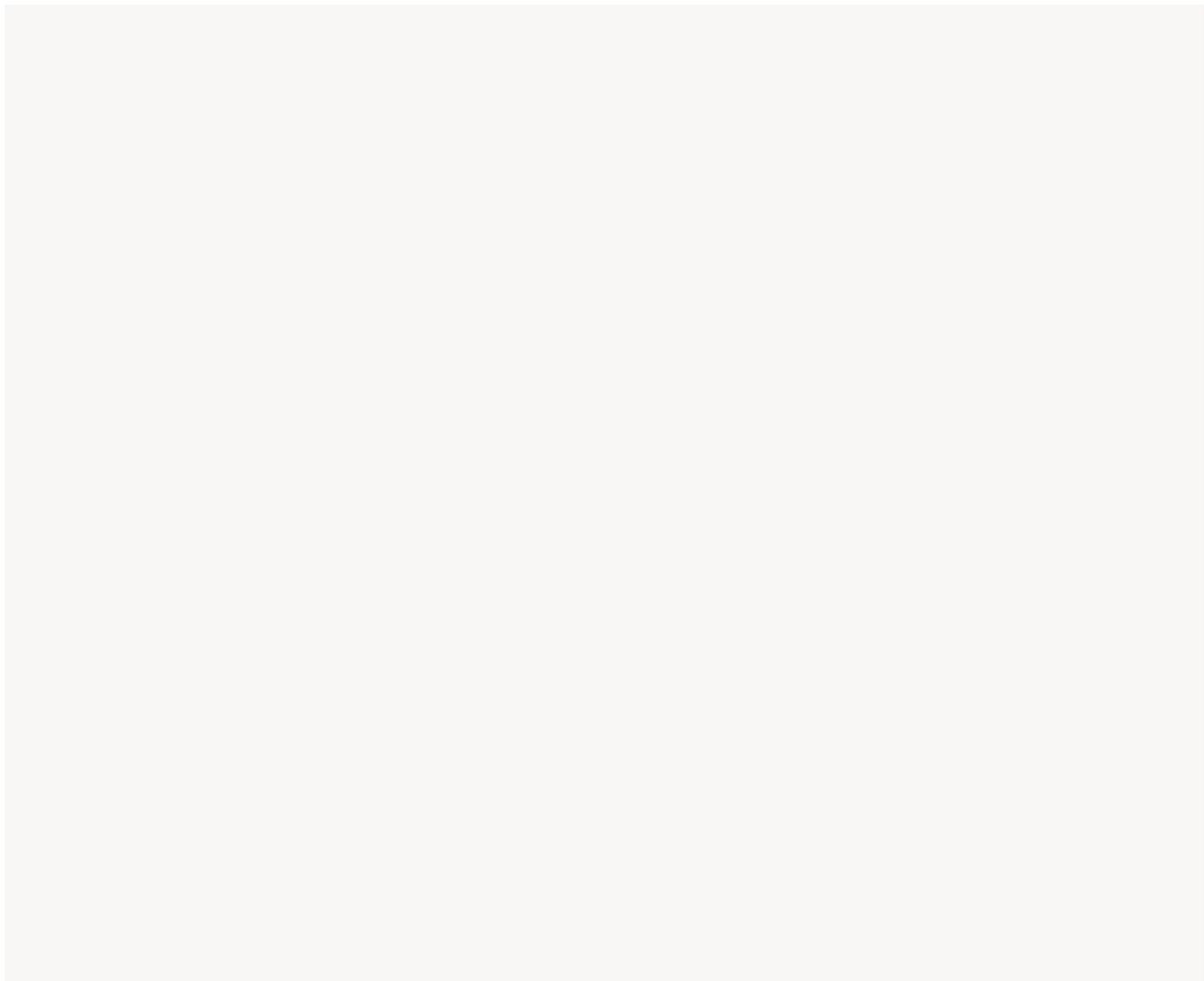
Alabama Department of Corrections has an existing Memorandum of Understanding with the Alabama Coalition Against Rape to conduct forensic exams. During the pre-on-site audit phase, the Auditor reviewed the documentation provided to include the SANEs/SAFEs evidence protocol and the MOU with Alabama Coalition Against Rape (ACAR). ACAR is a statewide non-profit agency, which has fifteen member rape crisis centers throughout the State that provides confidential emotional support services related to sexual abuse. ACAR also provides a confidential, toll-free hotline for inmates at each ADOC facility. The Lighthouse of Baldwin County is the rape crisis center that provides these services for Loxley WRC.

During the on-site phase of the audit, the Auditor conducted an interview with the certified SANE Nurse, who first verified she has received the required training to conduct forensic examinations. The SANE Nurse also explained to the Auditor the procedure of a forensic medical examination, to include following the Department of Justice (DOJ) National Protocol for Sexual Assault Medical Forensic Examinations Adults. The SANE Nurse described the process when a victim (inmate) arrives at the SANE Center, there is very little waiting time as they are immediately escorted into a private room for examination and treatment. The SANE Nurse verified that no forensic medical examinations have been conducted for Loxley WRC for the past 12 months.

During the on-site phase of the audit, the Auditor conducted an interview with the certified rape crisis counselor, she verified the existing MOU with the facility. She stated the Lighthouse of Baldwin County Crisis Center offers victim advocate services to every victim to include one-on-one peer counseling, counseling support services, and support groups for victims. The Crisis Counselor also disclosed that prior to providing such services, inmates are informed of the duty to report requirement.

During the on-site phase of the audit, the Auditor conducted an interview with the Medical / Mental Health Staff at the facility. Medical Staff confirmed that inmate victims are provided immediately access to medical treatment as well as crisis intervention services.

Upon review of the policy, contract agreement, and upon completion of staff interviews, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.



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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Interviews conducted with:

Medical / Mental Health Staff

SANE / SAFE Staff

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states the facility shall offer medical and mental health evaluations and treatment to all inmates who have been victimized by sexual abuse.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary referrals for continued care following their transfer to, or placement in, other facilities, or upon their release from custody.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states the facility shall provide such victims with medical and mental health services consistent with the community level of care.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states ongoing treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states an attempt shall be made to conduct a mental health evaluation of known inmate-on-inmate abusers within 60 days of learning such abuse history and offer treatment.

During the on-site phase of the audit, the Auditor conducted an interview with Medical / Mental Health Staff and inquired what types of services are available to inmate victims of sexual abuse and inmate abusers. The Medical / Mental Health Staff explained the services available to inmates including immediate medical treatment and crisis counseling services for both the victim as well as inmates who have a history of sexual abusiveness.

During the on-site phase of the audit, the Auditor conducted an interview with the certified SANE Nurse, she explained to the Auditor the procedure of a forensic medical examination, to include following the Department of Justice (DOJ) National Protocol for Sexual Assault Medical Forensic Examinations Adults. The SANE Nurse explained when a victim (inmate) arrives at the SANE Center they are immediately escorted into a private room for examination and treatment. The SANE Nurse also explained the treatment provided to inmate victims are the same level of services offered and consistent with community level of care. The SANE Nurse verified that no forensic medical examinations have been conducted for Loxley WRC for the past 12 months.

Upon review of the policy and upon completion of staff interviews, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Interviews conducted with:

Facility Warden

Institutional PREA Compliance Manager

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states within 30 days of the conclusion of a sexual abuse investigation, the Facility Warden shall convene a sexual abuse incident review team to review all substantiated and unsubstantiated PREA allegations. The review team shall include upper level management officials, with input from line supervisors, investigators, and medical or mental healthcare professionals.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states the review team shall

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race, ethnicity, gender identity; LGBTI identification, status, or perceived status or gang affiliation; or was motivated or otherwise caused by other group dynamics;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

- Assess the adequacy of the staffing levels in that area during different shifts;
- Assess whether monitoring technology would be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its finding including, but not necessarily limited to, determinations made pursuant to the above considerations and any recommendations for improvement.

Such report shall be submitted to the Facility Warden, Institutional PREA Compliance Manager, and PREA Director in a timely manner. The Facility Warden shall implement the recommendations for improvement, or shall document the reasons for not doing so. The Facility Warden, upon completion of the recommended improvement was not completed, shall submit ADOC Form 454-E, *Sexual Abuse Incident Review*, to the IPCM and PREA Director in a timely manner.

During the on-site phase of the audit, the Auditor conducted an interview with the Facility Warden and the Institutional PREA Compliance Manager and discussed the Incident Review process. The Facility Warden and the IPCM both confirmed that an incident review is completed upon the completion of a sexual abuse investigation. Although the facility reported that during the last 12 months, there were no reports of sexual abuse, both the Facility Warden and the IPCM explained the process of an incident review as well as the elements the team reviews for each sexual abuse incident review.

Upon review of the policy and upon completion of staff interviews, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Alabama Department of Corrections PREA Annual Reports 2015 – 2018

Department of Justice Survey of Sexual Violence Reports (submitted by ADOC) 2015 – 2018

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states the facility shall collect accurate, uniform data for every sexual abuse using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all the questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

During the pre-on-site phase of the audit, the Auditor reviewed four years of Survey of Sexual Violence Reports and Annual Reports, which contained sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews.

Upon review of the policy, Annual Reports, and SSV Reports the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*
Alabama Department of Corrections PREA Annual Reports 2015 – 2018

Interviews conducted with:

Facility Warden
PREA Director

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states the facility shall aggregate the incident based sexual abuse data at least annually. The Annual Reports shall be approved by the Commissioner of the Alabama Department of Corrections.

During the pre-on-site phase of the audit, the Auditor reviewed four years of the facility's Annual Reports. Each report included a comparison of the current year's data and corrective actions with those from prior years.

During the on-site phase of the audit, the Auditor conducted an interview with the Facility Warden regarding how the facility utilizes incident-based sexual abuse data to assess and improve sexual abuse, prevention, detection, and response policies, practices, and training. The Facility Warden described how the process of the incident reviews for incidents of sexual abuse are completed it provides the review team the opportunity to review each allegation in detail. During the review, the incident is discussed in detail to determine if the investigation reveals a need for a change in policy or practice. The Annual Report provides a second review of the incidents that occurred during the year and provides upper level management with a comprehensive assessment of the facility's progress in addressing sexual abuse, sexual assault, sexual misconduct, and sexual harassment.

During the pre-on-site phase of the audit, the Auditor conducted a phone interview with the PREA Director regarding how data is collected pursuant to PREA Standard 115.87. The PREA Director acknowledged that the data collected is securely retained and the facility takes corrective action on an ongoing basis based on the collected data. The PREA Director explained that the incident reviews conducted on sexual abuse provide an in-depth review of the allegation / investigation and if necessary, allows the facility to address an issues or problem areas immediately. The Annual Report provides a second review of the same incidents, however it also provides for a comparison to prior years.

Upon review of the policy, Annual Reports, and upon completion of staff interviews, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment*

Interviews conducted with:

PREA Director

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states the facility shall ensure that data collected pursuant to §115.87 are securely retained. The Annual Reports shall be approved by the Commissioner of the Alabama Department of Corrections and made readily available to the public. Prior to publication, the facility will redact specific material from the reports if such publication would present a clear and specific threat to the safety and security of a facility, but will indicate the nature of the material redacted.

Alabama Department of Corrections Administrative Regulation 454, *Inmate Sexual Abuse & Sexual Harassment* states the facility shall securely retain the sexual abuse data for ten years after initial collection unless federal, state, or local law requires otherwise.

During the pre-on-site phase of the audit, the Auditor verified the Annual Reports and other PREA related reports are readily available to the public via the agency's website <http://www.doc.state.al.us/PREA>

During the pre-on-site phase of the audit, the Auditor conducted an interview with the PREA Director regarding how data is collected pursuant to PREA Standard 115.87. The PREA Director acknowledged that the data collected is securely retained in Laserfiche. The PREA Director controls the access into Laserfiche and only provides access to those who require it based on his/her job assignment.

Upon review of the policy and upon completion of staff interviews, the Loxley WRC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

The Loxley Community Based Facility / Community Work Center had its first PREA Audit conducted on May 16 – 17, 2016; the third year of the first three-year auditing cycle. Loxley Community Based Facility / Community Work Center had its second PREA Audit conducted on May 1- 2, 2017; the first year of the second three-year auditing cycle. This audit was the facility's third audit and was conducted on January 22 – 24, 2020; the first year of the third three-year auditing cycle.

The Auditor was provided access to and observed all areas of the facility and outside compound. The Auditor was permitted to request and receive copies of any relevant documents.

The Auditor was permitted to conduct private interviews with inmates and staff. The Auditor verified the posting of the audit notifications including posting of the audit notifications in all housing dormitory's and common areas accessible and visible for inmates and staff. The Auditor verified through inmate and staff interviews that inmates and staff were permitted to send confidential correspondence to the Auditor in the same manner as if they were communicating with legal counsel.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

The Loxley Community Based Facility / Community Work Center has published all prior PREA Audit Reports on the agency website. The Auditor reviewed the prior PREA Audit Reports (May 2016 & May 2017) which are published on the agency website.

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Lynni O'Haver

March 8, 2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.