## Prison Rape Elimination Act (PREA) Audit Report

### Adult Prisons & Jails

- **Interim** ☐
- **Final** ☒

**Date of Report**: March 26, 2019

### Auditor Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
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<tbody>
<tr>
<td>Rick Winistorfer</td>
<td><a href="mailto:rwinistorfer@yahoo.com">rwinistorfer@yahoo.com</a></td>
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<table>
<thead>
<tr>
<th>Company Name</th>
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<tbody>
<tr>
<td>PREA Auditors of America</td>
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<table>
<thead>
<tr>
<th>Mailing Address</th>
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<tbody>
<tr>
<td>P.O. Box 2974</td>
<td>Rocklin, CA. 95677</td>
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<table>
<thead>
<tr>
<th>Telephone</th>
<th>Date of Facility Visit</th>
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<tbody>
<tr>
<td>707-249-1800</td>
<td>1/22/19 – 1/24/19</td>
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### Agency Information

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Governing Authority or Parent Agency (If Applicable):</th>
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<tbody>
<tr>
<td>Alabama Department of Corrections</td>
<td>State of Alabama</td>
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<table>
<thead>
<tr>
<th>Physical Address</th>
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<tbody>
<tr>
<td>301 S. Ripley Street</td>
<td>Montgomery, Ala. 36104</td>
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<table>
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<tr>
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<table>
<thead>
<tr>
<th>Telephone</th>
<th>Is Agency accredited by any organization?</th>
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<tbody>
<tr>
<td>334-353-8900</td>
<td>☐ Yes</td>
</tr>
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<table>
<thead>
<tr>
<th>The Agency is:</th>
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<tbody>
<tr>
<td>☐ Military</td>
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<tr>
<td>☐ Private for Profit</td>
</tr>
<tr>
<td>☐ Private not for Profit</td>
</tr>
<tr>
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</tr>
<tr>
<td>☒ State</td>
</tr>
<tr>
<td>☐ Federal</td>
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**Agency mission**: DEDICATED PROFESSIONALS PROVIDING PUBLIC SAFETY THROUGH THE SAFE AND SECURE CONFINEMENT, REHABILITATION, AND SUCCESSFUL RE-ENTRY OF OFFENDERS

<table>
<thead>
<tr>
<th>Agency Website with PREA Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.doc.state.al.us/PREA">http://www.doc.state.al.us/PREA</a></td>
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### Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>Jefferson Dunn</td>
<td>ADOC Commissioner</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Email</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:Jefferson.Dunn@doc.alabama.gov">Jefferson.Dunn@doc.alabama.gov</a></td>
<td>334-353-3870</td>
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### Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christy Vincent</td>
<td>PREA Director</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christy.Vincent @doc.alabama.gov</td>
<td>334-353-2501</td>
</tr>
</tbody>
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### Facility Information

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>Tutwiler Prison for Women</th>
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</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>8966 U.S. Hwy 231 Wetumpka, Alabama 36092</td>
</tr>
<tr>
<td>Mailing Address (if different than above):</td>
<td>Same as above</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>334-567-4369</td>
</tr>
<tr>
<td>The Facility Is:</td>
<td>☒ State</td>
</tr>
<tr>
<td>Facility Type:</td>
<td>☒ Prison</td>
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**Facility Mission:** Tutwiler serves as the receiving unit for all female inmates coming into the state prison system. The facility has a mental health unit, a medical infirmary, and units for inmates who are pregnant or aged and/or infirmed. Additionally, Tutwiler has an Auditorium, a chapel, and offers substance-abuse treatment and administrative ancillary services. Tutwiler’s clothing plant manufactures inmate clothing items for ADOC and county jails. As Tutwiler has a female death row unit, it is classified as a close custody facility.

**Facility Website with PREA Information:** [http://www.doc.state.al.us/PREA](http://www.doc.state.al.us/PREA)

### Warden/Superintendent

| Name: | Deidra Wright |
| Email: | Deidra.Wright@doc.alabama.gov |
| Title: | Correctional Warden III |
| Telephone: | 334-567-4369 ext. 102 |

### Facility PREA Compliance Manager

| Name: | Felisha Blanding |
| Email: | Felisha.Blanding@doc.alabama.gov |
| Title: | Correctional Lieutenant |
| Telephone: | 334-567-4369 ext. 502 |

### Facility Health Service Administrator

| Name: | Constance Johnson |
| Email: | constance.johnson@wexfordhealth |
| Title: | Health Services Administrator |
| Telephone: | 334-567-4369 ext. 400 |

### Facility Characteristics

| Designated Facility Capacity: | 700 / 250 |
| Current Population of Facility: | 641 / 249 |
| Number of inmates admitted to facility during the past 12 months: | 1,487 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | 1,375 |
### Number of Inmates Admitted

- **Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:** 1,487
- **Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:** 284

### Age Range of Population

<table>
<thead>
<tr>
<th>Youthful Inmates Under 18:</th>
<th>Adults: 19 - 76</th>
</tr>
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### Are youthful inmates housed separately from the adult population?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>NA</th>
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### Average Length of Stay

- **Average length of stay or time under supervision:** 0

### Facility Security Level

- **Facility security level/inmate custody levels:** Min-Out / 5

### Number of Staff

- **Number of staff currently employed by the facility who may have contact with inmates:** 180
- **Number of staff hired by the facility during the past 12 months who may have contact with inmates:** 51
- **Number of contracts in the past 12 months for services with contractors who may have contact with inmates:** 26

### Physical Plant

<table>
<thead>
<tr>
<th>Number of Buildings: 19</th>
<th>Number of Single Cell Housing Units: 23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Multiple Occupancy Cell Housing Units:</td>
<td>2</td>
</tr>
<tr>
<td>Number of Open Bay/Dorm Housing Units:</td>
<td>13</td>
</tr>
<tr>
<td>Number of Segregation Cells (Administrative and Disciplinary):</td>
<td>13</td>
</tr>
</tbody>
</table>

### Description of Monitoring Technology

The monitor room system within Tutwiler is secured and staffed 24/7/365. The facility has over 360 cameras, to date. The monitor room is host to eight (8) 50-inch continuous viewing monitors, four (4) monitors with constant views of the corridors, along with two monitors on constant rotation of various areas within the facility. Two personal work stations with the capability of selecting any area, and reviewing footage as needed. Tutwiler's cameras are positioned within the center aisle of the Dormitory, including front, middle and rear coverage. Privacy is provided near areas of showers and restroom, with a digital privacy bar strategically placed over the sensitive areas.

### Medical

- **Type of Medical Facility:** Health Care Unit
- **Forensic sexual assault medical exams are conducted at:** One Place Family Justice Center 530 S. Lawrence Street, Montgomery, Al 36104

### Other

- **Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:** 247
- **Number of investigators the agency currently employs to investigate allegations of sexual abuse:** 22
Audit Findings

Audit Narrative

The Julia Tutwiler Prison for Women (JTPW) is located at 8966 U.S. Hwy 231, Wetumpka, Alabama 36092. JTPW is participating in the Prison Rape Elimination Act (PREA) audit conducted by a certified Auditor. The on-site portion of the audit was conducted at the address stated above during the period of January 22 – 24, 2019. The assigned PREA Auditor is an independent sub-contractor, working for the primary contract holder from the Alabama Department of Corrections. Following coordination preparatory work and collaboration with management staff at the JTPW, some pre-audit work was completed prior to traveling to the facility for the on-site review portion of the Prison Rape Elimination Act (PREA) audit.

PRE-AUDIT PHASE

On October 23, 2018, an initial conference call with the Institutional PREA Compliance Manager (IPCM) was conducted with JTPW. Following brief introductions, an overview of the PREA audit was discussed, along with a brief outline of the timelines and audit expectations was provided on November 12, 2018, the Auditor provided the audit notice, in both English and Spanish, to the agency’s PREA Coordinator with instructions to post copies in the house units, and other places deemed appropriate by facility Staff. The audit notices advised the inmate population, both in English and Spanish, that a PREA audit was being conducted. The notice provided the dates of the intended audit, as well as a mailing address for the Auditor in the event that an individual wishes to contact the Auditor prior to arriving at the facility. The audit notice also advised that any correspondence can be sent in a confidential manner, consistent with the Legal Mail process. The legal mail process at JTPW allows the offender with a process to send legal correspondence to an approved recipient in a way that ensures the narrative content of the letter is not reviewed by facility staff, ensuring that information is relayed confidentially.

Notices were posted throughout the facility, in areas that were accessible to both offenders and staff. JTPW staff forwarded the Auditor (17) seventeen time/date stamped pictures of different locations within the facility to include general areas, housing units, Medical/Mental Health Clinics and dayrooms. The pictures reflected a date stamp of December 7, 2018, indicating that they were taken with the posted upcoming audit information in their assigned position. The posted notices were observed in the photographed locations, as well as numerous other locations, during the on-site audit tour.

On December 18, 2018, the Pre-Audit Questionnaire, audit process map, checklist of policies/procedures and other documents were received from the Alabama Department of Corrections (ADOC). Following a review by the Auditor, a PAQ Issue log was created that identified items that had not been included, or needed further clarification from the previously received documents. The PAQ Issue log was submitted to JTPW on January 15, 2019, with instructions to provide all requested items to the Auditor upon arrival at JTPW.

On January 10, 2019, an update call was conducted with JTPW management, including the IPCM. During the call numerous logistical items were discussed in regard to the upcoming on-site portion. The Auditor advised that an extremely comprehensive tour will be conducted, with un-impeded access to all areas of JTPW. Further discussion related to a quiet and private location where offenders & staff could be interviewed, as well as institutional guidelines for clothing, personal cellphones, laptop, etc.

On January 15, 2019 the Auditor contacted Just Detention International (JDI) to identify if any allegations have been received by their agency. A response was received that advised a review of their database indicates that they had not received any information or complaints regarding the Tutwiler facility in the past 12 months. In addition, the Auditor attempted to contact the U.S. Department of Justice contact listed on the January 17, 2014 Tutwiler Investigation memo, to ascertain if they had received any additional information or concerns. As of the writing of this report, no information has been received. The Auditor also contacted the Alabama Coalition Against Rape,
and was advised that there have not been any complaints or concerns received regarding any issues at JTPW. On January 18, 2019, the Auditor submitted a request to the Montgomery office of the ACLU, to ascertain if they had received any complaints or concerns regarding JTPW. On February 22, 2019 the Auditor received a response indicating that "we do not have a robust intake practice, and we certainly do not have the resources to comb through our intake nor the resources to get the permission of the individuals to share what they have shared with us. I am sorry that we cannot help with your audit of Tutwiler".

The Auditor was able to speak with executive staff from the Lighthouse Counseling Center, who advised that they are the contracted facility that would conduct all of the SAFE/SANE examinations in the event that JTPW required one. The Auditor was advised that in the past 12 months they have not heard of any issues at JTPW, nor have they conducted any examinations.

Pre-Audit Section of the compliance tool: In December 2018, the PREA Coordinator provided the completed pre-audit questionnaire, including supporting documentation, to the Auditor. The Auditor then completed the audit Section of the Auditor Compliance Tool (ACT) by transferring information from the pre-audit questionnaire and from supporting documentation to the pre-audit section of the compliance tool.

It should be noted that JTPW received their Final Report on June 8, 2016, for their last PREA on-site that occurred May 9 – 12, 2016. It should also be noted that JTPW has been under federal oversight since June 18, 2015, which required JTPW to comply with specific requirements of the federal court, including compliance with all PREA standards. Since that date, JTPW has had a total of (7) seven federal inspections on the following dates: Nov. 30-Dec. 4th, 2015, June 20-23, 2016, Dec. 5-9, 2016, June 26-29, 2017, Dec. 4-7, 2017, June 5-8, 2018, and Dec. 3-6, 2018.

ON-SITE PHASE

On January 22, 2019, the Auditor arrived at JTPW and met with the Warden, the PREA Director, the Captain, the Admin. Lt, and the Institutional PREA Compliance Manager Lt. F. Blanding. During the meeting the agenda was discussed, specifically the facility tour, staff & offender interviews, as well as document reviews. In addition, the audit process, timelines and expectations were discussed, which included the implementation and utilization of the newly established PREA Auditor handbook.

Upon arrival at JTPW the Auditor received a copy of each shift roster, including those staff in both management, and specialized positions. As well as a copy of the current roster of all offenders presently at the facility, including their identification numbers, and their bed/housing assignments.

JTPW custody staff work the straight (8) eight hour shift, (5) five day work week. Each staff roster was utilized to create a list of both staff and offenders, selected randomly for interviews. The list that was created did not specifically identify offenders according to each of the seven categories.

The Auditor had previously requested, and had been provided a listing of offenders classified into any of the following categories:

- Disabled Offenders
- Limited English Proficient Offenders
- Offenders identified as LGBTI
- Offenders in Segregated Housing or Isolation
- Offenders who Reported Sexual Abuse
- Offenders who reported Sexual Victimization during Risk Screening
- Contractors or Volunteers who have contact with Offenders

Note: Even though JTPW has a functional "Youthful Offender housing" trailer, they did not have any youthful offenders housed at the facility. This was confirmed on the first day of the audit after a review of the JTPW Offender roster, as well as a visual inspection of the housing area, which reflected that there was no indication of any youthful offenders present.
In addition to the offender and staff lists, the Auditor also requested and subsequently received the following listed items:

- All grievances made in the 12 months preceding the audit
- All incident reports from the 12 months preceding the audit
- All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit, whether Substantiated, Unsubstantiated, or Unfounded, and
- All hotline calls made during the 12 months preceding the audit

The PREA Compliance Manager provided the information requested, and a review of all information was conducted by the Auditor. During the past 12 months there have been a total of 1,650 grievances filed. Of those grievances, (5) five alleged Sexual Harassment, and (1) one was related to Sexual Abuse. The grievance filed for Sexual Abuse alleged unwanted sexual activity between the “writer/complainant” and an identified staff member. This matter was investigated by the PREA Compliance Manager, who was able to identify that the “writer/complainant” was not having any interaction with the staff member, and a handwriting sample conducted determined that the grievance was written by an unidentified individual. This grievance was determined to be unfounded. Of the (5) five grievances filed regarding Sexual Harassment, (4) four of them were filed anonymously regarding the same incident. This incident was investigated, as well as video footage reviewed, and could not be substantiated. The remaining grievance was investigated by the IPCM who could not sustain the allegation, noting that on the day the grievance was received the alleged perpetrator had been transferred from the main facility to the annex.

Further information received indicated that a total of (32) thirty-two Incident Reports were generated in the past 12 months. A total of (24) twenty-four Incident Reports have been generated in regard to Sexual Abuse, and (8) eight have been generated in regard to Sexual Harassment. Each of these was investigated and determined to be either unsubstantiated or unfounded.

Information that was received regarding the allegations of sexual abuse and sexual harassment indicate that in the past 12 months there have been a total of (24) twenty-four allegations of Sexual Abuse (eight Staff-on-Inmate & sixteen Inmate-on-Inmate), and (8) eight allegations of Sexual Harassment. Each of these allegations was investigated and determined to be either unsubstantiated or unfounded.

During the past 12 months a total of (40) forty PREA Hotline calls were received. Each of these calls was either investigated by the Institutional PREA Compliance Manager, the Institutional Investigator, or the Captain. Documentation supporting each Hotline call was received and reviewed by this Auditor.

Additional information received provided an overview of the Administrative and Criminal cases, including their status. During the past 12 months there have been a total of (33) thirty-three combined cases; (8) eight Administrative Cases, each of which were closed, and (25) twenty-five Criminal Cases, (24) twenty-four have been closed and (1) one is pending.

An extensive amount of internet research was conducted regarding the Julia Tutwiler Prison for Women (JTPW), and an abundance of information was recovered; news articles, editorials, inmate stories, lawsuits, to many to count, dating back many years. For decades, JTPW was fraught with significant civil rights related issues which had become a part of the underlying culture at the prison; understaffing, poor medical care, inadequate sanitary supplies, overcrowding and security issues fostered an environment where sexual violence and abuse thrived, according to the U.S. Department of Justice, which began their civil-rights investigation at the prison in 2013. Since 2015, the ADOC and JTPW have worked together with a court appointed independent monitor to bring about significant changes to all aspects of the prison.

As a result of the posted audit notices, the Auditor received one (1) letter from an offender at the facility prior to arrival. This offender was interviewed by the Auditor during the offender interview portion while on-site. The letter and subsequent discussion with the offender are addressed later in this report.
On-site Review: Following the entrance meeting, the Auditor conducted a thorough on-site tour of all areas of the facility. There are several housing areas that contain a total of thirty-four (34) single cells, twelve (12) dormitory style housing units, twenty-two (22) administrative and disciplinary cells, and two (2) very large multiple occupancy housing units, in addition to the medical, mental health, main kitchen, intake processing area, the laundry, educational areas, recreation yard, visiting area (currently under renovation), chapel, including the unoccupied “Youthful Offender Housing Unit”. In addition to custody staff, the facility maintains an extremely complex camera monitoring system, with over 360 individual cameras, which cover all areas of the facility, and is monitored by a staffed camera monitoring room that operates 24/7/365.

During the tour of the facility, the Auditor noted the Grievance and PREA boxes located in various locations throughout the facility. Each mailbox was distinctly marked with either PREA or Grievance in bold letters on the front of each mailbox. Both of these mailboxes were located in every housing area, common area, library, including the main hallway, and were both secured with padlocks. The PREA boxes located throughout the facility are secured with a padlock, the only person that has a key to the PREA box is the Institutional PREA Compliance Manager. When asked how often she checks these boxes, she indicated that she checks them at least once daily as she makes her rounds through the institution. I observed numerous offenders exchange casual conversation with the Institutional PREA Compliance Manager, reflecting a positive and approachable relationship with the population.

During the discussion with the institutional grievance coordinator, she indicated that she was the only one with the key to access the grievance boxes. She advised that she checks the grievance boxes every business day. The grievance coordinator advised that she will process grievances according to their priority: PREA related items are referred immediately to the Institutional PREA Compliance Manager, Emergency grievances are initially responded to within 48-hours, and regular grievances are responded to within 10 business days.

In addition, this Auditor was given an extensive tour of the adjoining facility which houses a training center that provides essential life skills and vocational skills training for approximately 100 of the offender population housed at JTPW. This center is a collaboration between the Alabama Department of Corrections (ADOC) and Ingram State Technical College. This location provides extensive training in various trades (welding, auto repair, cosmetology, etc.), as well as other critical life skills items, including computer learning, GED, Substance abuse, etc. In addition to custody staff the area operates a separate camera system which provides video surveillance of every area within the perimeter of the training center.

During the tour of the entire facility, the Auditor asked impromptu questions (informal interviews) of staff and offenders, noted the placement and coverage of surveillance cameras, inspected bathrooms and showers to identify potential cross gender viewing concerns, etc.

In the offender dorms the Auditor tested offender phones to determine the functionality of the facility’s hotline for reporting sexual abuse or harassment. Located within every housing unit the facility has placed 3 – 4 pay phones for offenders to utilize to remain in contact with those in the community. When each receiver is picked up, prior to the call being placed, the ADOC added an introductory message reminding every offender about their sexual safety, and their rights under PREA, and their ability to leave a confidential message. The offenders are advised to press the indicated number, which does not require that they provide any identifying information, and they will be able to leave a confidential message. This message cannot be bypassed by the offender prior to making their call, requiring that they listen to this message every time they make a phone call. During the on-site tour, each phone that was tested was able to connect to the functioning PREA hotline, which provided sufficient time to leave a detailed message for follow-up. The hotline messages are retrieved on a daily basis by the PREA director, and forwarded to the responsible party for follow-up and/or investigation.

In all offender areas, the Auditor assessed the level of staff supervision, by asking questions about who was assigned to a specific post or staff position, reviewing staffing rosters, and asking questions (informal interviews) to determine whether offenders are in lead positions over other offenders. When opposite-gender staff were observed entering into a housing area, an announcement was always made by the respective staff member. Prior
to opposite-gender staff entering into the shower/toilet area, the announcement was always made several times. If a response was received from within, then no entrance was made until the offender had completed their purpose, if no response was received after several announcements, a sufficient amount of time was waited prior to entrance. During the interviews, several offenders indicated that some of the male staff will not enter the shower/toilet area under any circumstances, and will always defer this responsibility to the female staff.

During the on-site tour the Auditor was able to sit with several classification staff members who were able to walk the Auditor through the intake screening and classification process. The classification staff were able to provide, and model the process that each offender is required to participate regarding these essential components. The classification staff discussed each of the documents and assessments utilized as we proceeded through the process(s). The classification staff also modeled each of the questions, providing the Auditor with a clear and thorough understanding of the overall intake and classification process.

The Auditor also noted the placement of PREA audit notices placed throughout the facility. In several areas, the Auditor took photos to document various aspects of the on-site review.

Throughout the on-site review, the Auditor discussed what was being observed and reviewed, there were no discrepancies identified, any anticipated discrepancies had already been previously addressed. The Auditor would seek any clarification, with appropriate responses being provided, or through demonstration of proper procedures.

**PREA Management Interviews:** During the audit period, the Auditor conducted on-site interviews with the following members of the management team:

- Deputy Commissioner (agency head designee)
- Warden
- Institutional PREA Compliance Manager

As a result of logistics, the Auditor conducted telephonic interviews with the following members of the management team:

- Human Relations Director
- Investigations & Intelligence Director
- PREA Director
- SAFE/SANE Nursing staff
- Victim Advocates

Each of their remarks and documentation presented are in this report. Each of these individuals was interviewed using the applicable interview protocols, and responses were recorded by hand.

The Auditor conducted the following number of Staff interviews during the onsite phase of the audit:

<table>
<thead>
<tr>
<th>Category of Staff</th>
<th>Numbers of Interviews Conducted</th>
</tr>
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<tbody>
<tr>
<td>Random Staff (Total)</td>
<td>23</td>
</tr>
<tr>
<td>Management Level Staff (Total)</td>
<td>8</td>
</tr>
<tr>
<td>Specialized Staff (Total)</td>
<td>18</td>
</tr>
<tr>
<td>Total Interviewed</td>
<td>49</td>
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**Breakdown of Specialized Staff Interviews**

- Intermediate or Higher Level Staff: 4
- Medical Staff: 1
- Mental Health: 1
- SAFE / SANE Nursing Staff: 1
Specialized Staff Interviews: Using the list of specialized staff received from the PREA Compliance Manager, the Auditor was later escorted to the work locations of the individual specialized staff to perform the required interviews.

During interviews with investigative staff, the Auditor learned that PREA investigations are initiated in several ways; the PREA complaint box which are located in various locations throughout the facility, "confidential" letters mailed to either the PREA Director or Investigations & Intelligence Director, or through PREA hotline calls. Depending on whether the PREA complaint is classified as Administrative or Criminal determines who will be assigned to investigate. In the event that the complaint has been categorized as inmate on inmate sexual harassment, it will be assigned to the Institutional PREA Compliance Manager for follow-up. In the event that the complaint is categorized as criminal, then it will be assigned to an Investigator from the Investigations & Intelligence Division of the ADOC.

Additionally, any grievance that is received by the Grievance Coordinator that makes an allegation of PREA, is removed from the grievance process, and handled similar to all other PREA allegations. When the circumstances dictated, the Auditor would ask to review documentation, logs, computerized tracking, or other material necessary to make a determination of compliance with the respective standard. During these interviews, the Auditor based the line of questioning on the interview protocols, and recorded the responses by hand.

Random Staff Interviews: There are 350 staff positions allocated at JTPW, 248 of these are custody positions. At this time, there is a significant custody staff vacancy rate, nearly 40%, or 98 vacancies. Utilizing the shift rosters, the variety of work assignments & locations, and the various shifts, the Auditor identified random staff to be interviewed. A total of (14) fourteen formal and (9) seven informal random staff interviews were conducted from various categories of staff from all three shifts. Because of staffing challenges/coverage, the Auditor would interview the random staff individually at their various work locations, in a quiet area off to the side of each location. The Auditor would introduce himself, communicate the advisory statement to the staff, and then proceed to ask the line of questions from the interview protocols for random staff, recording the answers by hand. The Auditor would provide clarification as needed, in order to ensure the response were clear enough to make a determination of compliance with applicable standards.

During the on-site tour, the Auditor would also stop, and briefly speak to numerous staff (Informal Interviews) in all categories, asking 2 to 3 questions about PREA issues, including, training, actions taken, response, communications, etc. These conversations did not take the place of the formal process of questions, they would only be used as an additional tool to supplement the overall audit information gathering process.

Work shifts for custody staff are as follows:

- 1st Shift: 0600 – 1400 hours
- 2nd Shift: 1400 – 2200 hours
• 3rd Shift: 2200 – 0600 hours

Non-custody staff worked similar variations of the three shifts.

At the present time, JTPW offers the offender population over 77 separate volunteer program services, ranging from Narcotics Anonymous, Support Groups, to numerous community church organizations, with a list of over 590 volunteers. The schedule for volunteers coming into the facility varies upon whether their program is scheduled daily, weekly, bi-monthly, to monthly. During the tour the Auditor conducted (3) three informal interviews with volunteers, who indicated that they had been trained in PREA prior to entering into the institution, and are aware of their responsibilities in the prevention of, and reporting requirements relative to PREA.

The only contractors that have any contact with the offender population are directly associated with the Medical and Mental Health services provided at the facility. At the present time, there are approximately 84 contract employees, with various classifications such as: Registered Nurses, Licensed Vocational Nurses, Nurse Practitioners, Mental Health Practitioners, Dental Staff, Mental Health Registered Nurses, etc. These contract staff are provided specific PREA training relative to health care providers, in addition they are provided ADOC specific PREA training. Four (4) formal interviews with contract medical/mental health staff, as well as an informal interview (1) with medical staff in the infirmary occurred, all of which provided this Auditor with a comprehensive and complete understanding of the medical/mental health screening and classification process the offenders are subject to not only upon arrival at the facility, but any subsequent screenings that might occur during their incarceration, in addition those instances when an offender reports a PREA specific item.

The Auditor conducted the following number of Offender interviews during the onsite phase of the audit:

<table>
<thead>
<tr>
<th>Category of Inmates</th>
<th>Numbers of Interviews Conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Random Offenders (Total)</td>
<td>33</td>
</tr>
<tr>
<td>Targeted Offenders (Total)</td>
<td>17</td>
</tr>
<tr>
<td>Total Offenders Interviewed</td>
<td>50</td>
</tr>
</tbody>
</table>

Breakdown of Targeted Offender Interviews

- Offenders who reported sexual abuse                                          3
- Offenders who disclosed prior sexual victimization during risk screening      3
- Offenders who identify as Lesbian, Gay, or Bisexual                           3
- Offenders who identify as Transgender or Intersex                            4
- Offenders in segregated housing for his risk of sexual victimization         0
- Offenders with physical disability, blind, deaf, hard of hearing, LEP        3
- Offenders with cognitive disability                                          1

Random Offender Interviews: The institutional count on the first day of the on-site was 776. The Auditor used the alphabetical roster of offenders to randomly select those offenders, from the various age groups, ethnicities, races, and assigned housing units. The Auditor also determined that at least one offender from each housing unit would be interviewed. Each offender chosen was selected randomly by housing area, while also ensuring that there was a diversity of age, and race. The Auditor was placed into one of the Wardens offices, located centrally within the facility, with each of the identified offenders being escorted to that location for their interviews.

During the on-site tour, the Auditor would stop, speak to various offenders (Informal interviews), and ask (2) two to (3) three questions about PREA issues, which included training, actions taken, responses, communications etc. These conversations did not take the place of the formal process of questions, they were only used as an additional tool to supplement the overall audit information gathering process. A total of (24) twenty-four formal and (9) nine
informal random offenders’ interviews were conducted from offenders living in various dormitory’s, which included all custody levels. Including those offenders on Death row (condemned inmates).

As a result of the PREA Audit announcement, a letter was received from one offender who had previously been accused of a sexual assault, prior to the Auditors arrival at the facility. The letter briefly describes the circumstances, and that she was briefly placed into segregation. The Auditor reviewed the Sexual Assault Incident package, which indicated that this matter had been “unsubstantiated”. The Auditor interviewed this offender utilizing the established PREA protocols, and determined that the offender merely wanted to point out that the “PREA system was being used as a weapon” against her, and other offenders throughout JTPW. Even though she had been absolved of all charges, almost a year later she indicated that she still feels emotional distress, and indicated that she was requesting some trauma counseling. The Auditor referred this matter to the Institutional PREA Compliance Manager, who indicated that she will refer the offender to the PREA counseling services, and place her onto the PREA Sexual Abuse/Harassment Retaliation Monitoring (ADOC form 454-D) program following up with the offender weekly, for (13) thirteen weeks.

During one of the random inmate interviews, one of the offenders revealed that during a previous incarceration in 2012 at JTPW, she had been Sexually Assaulted by one of the custody staff, who was still employed at the facility. She indicated that she had not previously disclosed this assault to anyone; however, she felt that she wanted to say something during the PREA interview. Interview protocol specific to offenders who reported sexual abuse was conducted following this disclosure. The Auditor stopped the interview, and contacted the Institutional PREA Compliance Manager, advising her of what had just been disclosed. The Institutional PREA Compliance Manager immediately escorted the offender to another area, and began the Sexual Assault Incident process. After all interviews had been concluded, the Auditor was provided a copy of the Sexual Assault Incident package, which reflected all established PREA protocols had been followed, including all medical and referral components. The Auditor even verified that the identified staff member was placed into a “non-contact” capacity, pending completion of the investigation.

In regards their personal safety at JTPW, each of the offenders that was interviewed indicated that they felt safe from Sexual Harassment & Sexual Abuse.

**Targeted Offender Interviews:** The Auditor also conducted a total of (17) seventeen interviews of those offenders who had been identified for interviews based upon their relevance to specific PREA standards. Between the (7) seven categories, there was a total eligible offender population of 349.

The Auditor selected offenders from the list received from the Institutional PREA Compliance Manager. Each of the offender’s housing location was determined from the alphabetical roster, and offenders were chosen at random from the respective listing. With the exception of the offenders on Death Row, each offender was escorted to the office where the Auditor was located.

At the beginning of each interview the Auditor would tell the offender why he was at the institution, what the role was in the PREA Audit process, explain why the interviews were necessary. The Auditor would also explain that the offender’s participation, although helpful, was also voluntary and that they could stay or leave at their convenience.

The Auditor would then ask if the offender wanted to participate, and if so, would begin to ask the series of questions in the respect interview protocols. The Auditor would also conduct additional interview questions if a random offender interviewee also disclosed information suggesting that one of the above categories of PREA interested applied to them.

In regards their personal safety at JTPW, every one of the offenders that was interviewed advised that they felt safe from Sexual Harassment & Sexual Abuse.
Document Reviews:

A thorough review of the Alabama State Policies, along with facility specific policies were included in all three phases of the audit: Pre-Audit, On-site portion, and the Post-Audit.

Prior to conducting the onsite visit to the facility, the Auditor requested that the facility identify a comprehensive list of inmates, staff, volunteers and contractors long with relevant facility records to determine the universe of information from which the Auditor would sample during the onsite portion of the PREA audit. From these listing, the Auditor selected representative samples for interviews (i.e., inmate and staff) and document reviews during the onsite portion of the audit. The listings requested by the Auditor in the pre-onsite audit phase included:

1. Complete alpha listing of all offenders assigned to Tutwiler Prison for Women
2. Roster of offenders with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, & cognitive disabilities)
3. Roster of offenders who are Limited English Proficient (LEP)
4. Roster of offenders in segregated housing
5. Roster of offenders who are or perceived as Gay, Lesbian, or Bisexual
6. Roster of offenders who are or perceived Transgender or Intersex
7. Roster of offenders who are in segregated housing for high risk of sexual victimization
8. Roster of offenders who reported prior sexual victimization during risk screening
9. Roster of offenders who reported sexual abuse that occurred in Tutwiler Prison for Women or occurred in a different facility
10. Complete staff roster
11. Complete alpha roster of staff promoted over the past 12 months
12. Complete list of Investigative staff who conduct sexual abuse investigations
13. Complete roster of contractors who have contact with offenders assigned to Tutwiler Prison for Women
14. Complete roster of volunteers who have contact with offenders assigned to the Tutwiler Prison for Women
15. Copies of all files of all Sexual Abuse and Sexual Harassment Investigations conducted over the past 12 months in the Tutwiler Prison for Women
16. Copies of all grievances submitted over the past 12 months which claim allegations of sexual abuse, sexual harassment or retaliation
17. List of all Rape Crisis Center hotline calls made over the past 12 months
18. List of all 3rd party reports of inmate sexual abuse, harassment or retaliation made over the past 12 months
19. Copies of all incident review team cases conducted over the past 12 months

The facility provided the Auditor the requested listings of documents, files and records. From this information, the Auditor selected and reviewed a variety of files, records and documents summarized in the following table and discussed in detail below:

<table>
<thead>
<tr>
<th>Name of Record</th>
<th>Total Number of Records</th>
<th>Number Sampled and Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel Records</td>
<td>183</td>
<td>16</td>
</tr>
<tr>
<td>Training Files</td>
<td>183</td>
<td>16</td>
</tr>
<tr>
<td>Offender Records</td>
<td>776</td>
<td>17</td>
</tr>
<tr>
<td>Grievance Forms</td>
<td>1,650</td>
<td>24</td>
</tr>
<tr>
<td>Incident Reports</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>Investigation Records (SA and SH)</td>
<td>33</td>
<td>33</td>
</tr>
</tbody>
</table>

**Personnel and Training Files:**

There was a total of (16) sixteen records reviews conducted on staff from the various categories, while also ensuring that the files reflected new employees, employees who were promoted, and those who have been at Julia Tutwiler Prison for Women for longer than 12 months. All of the files contained all of the required documentation, with the
exception of the initial criminal history check. Of the 16 files that were chosen, all contained verification of the original criminal history check, when the staff were initially hired.

**Offender Records:**

Additionally, there were (17) seventeen offender files, chosen randomly from the master roster, were reviewed, and reflect through their signed acknowledgement sheets, all had received an Orientation Booklet, PREA Brochure, and viewed the PREA either upon their arrival at JTPW or when the offender population was provided the PREA training, and viewed the PREA video. Of the 17 files that were reviewed, one (1) file was chosen because she was the offender that had mailed the letter to the Auditor. A review of her file reflected that she had also received a copy of the Orientation Booklet, PREA brochure, and had also attended and viewed the PREA training and video screening.

**Grievances:**

In the 12 months, the facility received a total of 1,650 grievances, the facility identified that a total of six (6) grievances had PREA overtones. One (1) of the grievances was alleging staff sexual abuse, as a result the grievance was referred to I & I for follow-up. Investigation revealed no evidence to support claim, including statement from offender indicating she was not the author of the grievance/claim,. Another grievance was received alleging that Sexual Harassment had occurred between two offenders. On the date the grievance was received the alleged was already in process of transferring to the Annex. Investigation was conducted by IPCM, yielding no evidence to validate claim. Four (4) grievances were received regarding the same allegations, each grievance was written anonymously, as such interviews could not be conducted. In addition, camera footage was reviewed with negative results, all investigative efforts were inconclusive/unfounded.

**Incident Reports:**

The Institutional PREA Compliance Manager provided the Sexual Incident Reports (SIR) for the thirty (30) allegations received during the previous 12 months. The list included the report number, date of report, name of the victim, name of the suspect, and the disposition or status of the case. The Auditor obtained the Sexual Incident Report and Investigative reports from facility investigative staff for each allegation. These reports were reviewed using the PREA audit investigative records review tool to record the following information relative to each investigative report:

- Case # / ID
- Date of Allegation
- Date of Investigation
- Staff or Inmate on Inmate
- Sexual Abuse or Sexual Harassment
- Final Disposition
- Is Disposition Justified
- Investigating Officers
- Notice Given to Inmate

**Investigation Files:**

Information that was received regarding the allegations of sexual abuse and sexual harassment indicate that in the past 12 months there have been a total of (25) twenty-five allegations of Sexual Abuse (eight Staff-on-Inmate & seventeen Inmate-on-Inmate), and (8) eight allegations of Sexual Harassment. Each of these allegations was investigated and determined to be either unsubstantiated or unfounded.

During the past 12 months a total of forty-six (46) PREA Hotline calls were received. There were at total of nine (9) calls pertaining to Sexual Abuse (S/I – 1 & I/I – 8), a total of twenty-six (26) Sexual Harassment (S/I – 3 & I/I – 23), a total of four (4) message calls to an investigator, and seven (7) misc. calls. Each of these calls was investigated
thoroughly by either the Institutional PREA Compliance Manager, the Institutional Investigator, or the Captain. All documentation supporting each Hotline call was received and reviewed by this Auditor.

Additional information received provided an overview of the Administrative and Criminal cases, including their status. During the past 12 months there have been a total of (33) thirty-three total cases; (8) eight Administrative Cases, each of which has been closed, including (25) twenty-five Criminal Cases, (24) twenty-four of which have been declined for prosecution and closed, (1) one case is pending.

The Auditor scheduled the exit briefing with the Warden and her executive staff, which was conducted on the last day of the audit, January 24, 2019. The Deputy Commissioner, PREA Director, and Institutional PREA Compliance Manager were in attendance at this meeting. During this exit briefing the executive staff, and the Institutional PREA Compliance Coordinator were provided with an overview of what had been observed.

**POST-AUDIT PHASE**

Following the on-site portion of the audit, all items were reviewed (tour notes, interview notes, additional documents, etc.), and utilized in the compilation of the completed report.

Per PREA procedure, starting on August 20, 2016, which is the first day of the first year of the second 3 year audit cycle. It is expected that if an Auditor determines that a facility does not meet one or more of the standards, this report will be considered and “interim report,” triggering a 180-day corrective action period, and the Auditor will include in the report recommendations for any required corrective action, and shall jointly develop with the agency a corrective action plan to achieve compliance. The Auditor is required to “take necessary and appropriate steps to verify implementation of the corrective action such as reviewing updated policies and procedures or re-inspecting portions of a facility.” At the completion of the corrective action period, the Auditor has 30 days to issue a “final report” with final determinations. Section 115.404 (d) states that, “after the 180-day corrective action period ends, the Auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action.” The final report is a public document that the agency is required to post on its website, or otherwise make publicly available, should include a summary of the actions taken during the corrective action period to achieve compliance.

This information was discussed with the JTPW Institutional PREA Compliance Manager and Warden, as well as provided to the agencies PREA Director.

**Audit Section of the Compliance Tool:** The Auditor reviewed onsite document review notes, staff and offender interview notes and site review notes, and began the process of completing the audit section of the compliance tool. The Auditor used the audit section of the compliance tool as a guide to determine which questions(s) in which interview guide(s), which onsite document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking appropriate “yes” or “no” boxes on the compliance tool for each applicable sub-section of each standard, the Auditor completed the “overall determination” section at the end of the standard indicating whether the facility’s policies, procedures and practices exceed, meets or does not meet standard.

**Final Audit Report:** Following completion of the compliance tool, the Auditor started completing the final report. The final report identified which policies and other documentation were reviewed, which staff and/or offender interviews were conducted, and what observations were made during the on-site review of the facility in order to make a determination of compliance for each standard provision. The Auditor then provided an explanation of how evidence listed was used to draw a final conclusion of whether the facility’s policies, procedures and practice exceeds, meets, or does not meet the standard.
Facility Characteristics

Julia Tutwiler Prison for Women opened in December 1942 and is located in Wetumpka, AL. The facility’s current Warden III is Deidra Wright. The prison capacity is 969 inmates, on the first day of the on-site, there were 788 inmates incarcerated at the facility. There are 350 staff positions allocated at JTPW, 248 of these are custody positions. At this time, there is a significant custody staff vacancy rate, nearly 40%, or 98 vacancies. JTPW serves as the receiving unit for all female inmates coming into the Alabama state prison system.

JTPW is the only major female facility that houses all custody levels; Minimum – Community, Minimum On-property, Minimum – Road Crews, Medium – Inside, and Close Custody – Death Row / LWOP. The inmates are not separated by custody level or by crime, with the exception of Death Row inmates. Because JTPW has a death row unit, it is classified as a close custody facility. Tutwiler is located on 268 acres of land, consisting of Dormitories A – M within the main facility, and Dormitories N & O at Tutwiler’s adjoining annex. Some of the security features of Tutwiler include an extensive security camera system, electronic detection at the annex, and is surrounded by reinforced fencing topped with razor wire, which also surrounds the main facility. The prison also has two (2) towers, that are armed 24-hours with Correctional Officers, including an armed perimeter rover.

The prison has twelve (12) dormitories, segregation, a mental health unit, a medical infirmary, and units for inmates who are pregnant or aged and/or infirmed, a chapel, a dining hall, and is presently undergoing construction of a new visiting area, with the creation of several adjoining areas for new services, which will include educational, substance abuse treatment, and life skills type classes. In addition, Tutwiler is home to the nation’s first “lactation room”, which provides the capability for those mothers, who gave birth while in prison, to continue to provide milk to their newborn children. After the milk is retrieved from the mother it is marked, and placed in a secured refrigerator until it can be transported out of the facility to a centralized location where arrangements are made to get the milk to the inmates infant.

JTPW incorporates several different housing unit styles into the facility design. There are several housing areas that contain a total of thirty-four (34) single cells, twelve (12) dormitory style housing units, twenty-two (22) administrative and disciplinary cells, and two (2) very large multiple occupancy housing units.

The women housed at Tutwiler Prison are fed three meals a day, except on holidays and Sunday’s; except wellness inmates, who received three (3) meals a day. The inmates are allowed access to phones, to remain in contact with friends & family. They have access to books, through the library, and in the “honor” dorm inmates are provided access to computers and tablets that provide movies and educational materials, and allow for letter writing. These computers and tablets do not have access to any internet options.

While incarcerated in JTPW, the inmates are able to participate in a large variety of programs, which include:

- Helping Women Recover (6 weeks)
- Beyond Trauma (6 weeks)
- Active Adult Relationships (6 weeks)
- Beyond Violence (10 weeks)
- Getting Ahead While Getting Out (12 weeks)
- Moving On (12 weeks)
- Parenting Inside/Out
- Everyday life skills (on-going)
- Mental Health – Offers a variety of groups on subjects such as Anxiety, Depression Trauma, Sleep Disorder, and Hygiene
- Behavior Modification Group (daily classes)
- Chaplin – Spiritual Formation, Journalism/Writing, Chapel Choir, and General Education Classes
There are numerous other outreach programs that have a regular scheduled meeting time/day for the inmates housed at both the main facility and annex.

Directly attached to JTPW is a separate facility that is surrounded by a fenced perimeter, topped with razor wire. Housed within this area is the Ingram State Technical College, which was established by the Alabama legislature in 1965, and exclusively serves incarcerated students/inmates at JTPW. At the present time, there is approximately 100 inmates from Tutwiler that participate.

At the JTPW location there are numerous programs available, such as:

- Career Technical Programs
  - Automotive Mechanics
  - Cosmetology
  - Logistics
  - Office Information Systems
  - Welding
- Adult Basic Education
  - GED / Alternative HS Diploma
- Special Education Services

**Summary of Audit Findings**

**Number of Standards Exceeded:** 4

115.31, 115.32, 115.33, 115.67

**Number of Standards Met:** 39


**Number of Standards Not Met:** 0

**Summary of Corrective Action (if any)**

N/A
**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**

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Julia Tutwiler Prison for Women, SOP #8-12
- Julia Tutwiler Prison for Women, SOP #9-16
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Interviews with the following:
  - PREA Compliance Manager
  - PREA Coordinator
Provision (a)

The agency has numerous policies and procedures relative to this provision. ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Section II, Page 1, as well as the Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18 Section II, Page 1, both indicate a zero-tolerance policy against sexual abuse, harassment and sexual misconduct. Any sexual conduct, whether inmate-on-inmate or employee-on-inmate, whether consensual or forced, is strictly prohibited.

Section III of both policies list the definitions describing prohibited behaviors in relation to sexual abuse and sexual harassment. Policy language is specific to providing the definitions of; substantiated, unsubstantiated, and unfounded allegations, as well as associated sanctions.

In addition, policy language in both documents outlines staff responsibilities, procedures for the prevention of, response to, and the reporting and investigation of sexual abuse and sexual harassment.

Each of the reviewed policies are consistent with PREA standards.

Provision (b)

ADOC Administrative Regulation # 454, regarding Operations & Legal, dated 1/4/16, Page 7, Section E, 1 – 10 identifies the roles and responsibilities of the PREA Director, and relate directly to the implementation, management, and monitoring of the ADOC’s compliance with PREA standards, including collaboration with the various levels of management ranging from the Warden/Director to the Associate Commissioner levels, as well as the collaboration with the ADOC Legal Division. The reviewed policy is consistent with the PREA standards and outlines the agency’s approach to sexual safety.

The ADOC PREA Director is classified at the Director level as confirmed through a review of the Department's organizational chart. The Director has regular contact with the numerous facilities throughout the state through site visits, emails, and direct conversations with the twenty-six (26) assigned PREA Compliance Managers who are assigned in various locations, as well as the twenty-six (26) Back-up PREA Compliance Managers. These additional managers ensure that the PREA Director has sufficient coverage at each ADOC facility, and allow her sufficient time to carry out her varied responsibilities and ensure PREA compliance.

Provision (c)

Tutwiler SOP # 8-12, dated 12/4/18, page 6, Section IV, B, 1 – 9, establishes, identifies, and outlines the roles and responsibilities of the JTPW Institutional PREA Compliance Manager (IPCM), which includes the collaboration with various levels of institutional management. In addition, Tutwiler SOP # 9-16, dated 2/23/16, Section I, Page 1, establishes and identifies the responsibilities and procedures for the IPCM to coordinate the institution’s efforts to comply with PREA standards. Each of the reviewed policies is consistent with the PREA standards and outlines the agency’s approach to sexual safety.

The JTPW IPCM is classified at the level of Lieutenant, which was confirmed following a review of the Institutional organizational chart. A review of the organization chart also reflects that the IPCM reports directly the Warden of the facility. Through interview, it was confirmed the IPCM has no other responsibilities other than to ensure the institutions compliance with the PREA standards, and has the authority to make any changes needed to address any PREA issues.

During interviews with the IPCM, she indicated that she has been given sufficient time to complete her responsibilities. It is evident that she is very knowledgeable with the expectations, and is able to implement in her daily responsibilities.
**Conclusion:**

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency is meets standard regarding a zero tolerance for sexual abuse and sexual harassment; PREA coordinator. No recommendations or corrective actions are required.

**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 OR the response to 115.12(a)-1 is "NO").  ☒ 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**

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Memo from Lt. F. Blanding advising no existing contracts
- Interviews with the following:
  - PREA Compliance Manager
  - PREA Coordinator

**Provision (a)**

*During the interview with both the PREA Compliance Manager and the Agency's contract administrator, they advised that there were no contracts for the confinement of ADOC offenders.*
Provision (b)

During the interview with both the PREA Compliance Manager and the Agency’s contract administrator, they advised that there were no contracts for the confinement of ADOC offenders.

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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ 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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Julia Tutwiler Prison for Women, SOP # 9-6
- Julia Tutwiler Prison for Women, SOP # 8-12
- Two (2) copies of annual PREA Staffing reviews
- Assorted JTPW shift documents
- Interviews with the following:
  - Warden or Designee
  - PREA Compliance Manager
  - PREA Coordinator
  - Intermediate-or-Higher Level Facility Staff

Provision (a)

The ADOC AR # 454, Operations & Legal, dated 1/4/16, Page 14, D, 1 & 2, indicate that the Warden will assist in the development and will make his/her best effort to comply with the staffing plan. The plan will provide for adequate levels of staffing and, where applicable, video monitoring to protect inmates against sexual abuse. This section also requires that the PREA Director meets with the Warden annually to discuss the need for any adjustments that need to be made to the staffing plan, video monitoring systems and other monitoring technologies.

In addition the Julia Tutwiler Prison for Women SOP # 9–6, Staffing Plan, dated 5/19/16, page 1, II, indicates that it is the policy of JTPW to ensure that all relieved posts are staffed at the times specified in the staffing plan and all gender-restricted posts are staffed by female officers only. When it is necessary to close a post(s) due to insufficient staffing, the decision must be approved by a Warden or Captain.

JTPW SOP # 8-12, dated 12/4/18, page 11, 4, D, 1 also states that the Warden will assist in the development and implementation of the facility staffing plan based on gender-responsive principles and PREA requirements, and will make best efforts to comply with the staffing plan. The policy requires that the plan requires for the adequate levels of staffing and, where applicable video monitoring to protect inmates against sexual abuse. Additional language in the policy requires that the staffing analysis shall include:

- Generally accepted detention and correctional practices;
- ADOC and Tutwiler’s determination of which necessary duties will be handled by Tutwiler staff, ADOC staff, or outside agencies;
- Any findings of inadequacy from any investigative agencies within ADOC;
- Any findings of inadequacy from internal or external oversight bodies;
- The Camera Management Plan and all components of the facility’s physical plant;
- The composition of the inmate population;
- The number and placement of supervisory staff;
- Institution programing and options for supervision of inmates;
- A Tutwiler specific shift relief-factor;
- Any applicable state or local laws, regulations, or standards; and
- The prevalence of substantiated or unsubstantiated incidents of sexual abuse and sexual harassment.

In addition, the Auditor reviewed copies of two (2) annual PREA staffing plans (2017 & 2018). Each of the plans provided were comprehensive and addressed each of the bullet items required according to Provision (a). On an annual basis, quality assurance audits are conducted to insure compliance with the established staffing model. The staffing plan was predicated upon an average daily offender population of 969, the average daily number of offenders during the time of the audit was 862.
Interviews with both the Warden and the IPCM indicate that they both conduct random reviews of staffing levels, how they affect the offender programming, various classification amounts, as well as any changes or modifications to the video monitoring. They will also review other concerns which include, physical plant configuration, internal or external oversight bodies, offender population configuration, placement of supervisor staff, line-staff needs, and any prevalence of substantiated or unsubstantiated incidents of sexual abuse. Additionally, the Warden stated that during her regular staff meetings, staffing plan compliance and any deviations from the staffing plan is a frequent topic.

Provision (b)

JTPW has established a minimum staffing requirement. In the event that a mandatory post is vacant, the post is filled with overtime staff or staff redirected from non-mandatory posts. It is the watch commanders responsibility to document these instances. It has been documented that in the past 12 months, there have been numerous reasons that have required JTPW to deviate from the staffing plan such as:

1. Emergency transports,
2. Call-ins
3. Military leave
4. Staff illness
5. Transfers
6. Staff shortages

The Auditor randomly reviewed a number of documented deviations or notices of post-closings for a one (1) month period. During this period, there were 34 deviations/closures on 1st Shift, 37 deviations/closures on 2nd Shift, and 35 deviations/closures on 3rd Shift. Each notice documented the date/time/shift, the reason for deviation/closure, as well as the expected time to resume, including the next time the post resumed coverage.

Given the significant amount of custodial vacancies, it should be noted that JTPW has gone to great lengths to ensure that all shifts/posts/positions are covered through the diverting of staff, and the significant utilization of overtime of staff. In order to cover the required positions, JTPW utilized a total of 82,047 hours of overtime during the calendar year 2018. During the month of January 2019, in order to cover the required positions at JTPW, the facility utilized 7,150 hours of overtime.

The Auditor could not find an occurrence when offender education or program time was shut down due to staff shortage in the past 12 months.

Provision (c)

The policy requires that the staffing plan review is completed in consultation with the PREA Coordinator and that the PREA Coordinator receives a copy of the PREA Compliant Staffing Plan. This Auditor was provided with copies of both the 2017 & 2018 staffing plan reviews that were forwarded to the ADOC PREA Coordinator, and had been completed by the Warden, as required. This review discussed the staffing plan, video monitoring and the resources required to adhere to the staffing plan.

Policy requires that an internal audit of the staffing plan be conducted on an annual basis. This assessment is an extensive review of all areas of the facility to ensure adequate staffing levels are present where offender may be present. Justification for the need for additional staff or modifications to the facility, to include the deployment of video monitoring equipment, is addressed by the committee on an annual basis. The annual review of the staffing plan includes facility and department management level staff which include; the PREA Director, the Warden, the Institutional PREA Compliance Manager, as well as other Institutional management staff.

JTPW has an extremely comprehensive camera system, with a fully staffed monitoring room. The camera system has been well thought, and strategically designed to optimize oversight of all aspects of the facility. There are over 360 camera’s monitored by specially trained staff, Police Communications Officers (PCO’s), who are assigned specifically to the monitoring room. Because of their classification these PCO’s cannot be rotated to cover any
other position/classification within the facility, nor can any other prison classification be utilized to cover these position, because of their specialized training. This allows the monitoring room to operate independently, allowing JTPW to utilize an independent tool to enhance the supervision by staff.

JTPW has a minimum staffing requirement. In the event that a mandatory post is vacant for whatever reason, that post is filled with overtime staff or staff redirected from non-mandatory posts. The Auditor reviewed approximately ten (10) different shift rosters, and was able to verify that each of the mandatory posts was covered by an assigned staff member, whether it be their assigned shift, or on an overtime. It should be noted that staff from other ADOC facilities are authorized to work overtime at JTPW, after they have attended facility familiarization, which includes JTPW PREA training.

Provision (d)

Policy mandates that intermediate level or higher level supervisors conduct and document unannounced rounds on all shifts. These rounds are documented on the Shift Report, including the date, time, and person’s name who made the rounds. In addition, the Log of Unannounced Rounds, Form 454-G, is required to be completed for each shift and submitted to the Institutional PREA Compliance Manager. This report documents the required unannounced rounds and the PREA Hotline Check needed to be conducted once per shift. The Auditor reviewed ten (10) of these report through the Document review process, as well as during the on-site inspection with the Watch Commander. The Auditor also reviewed the Units’ logs and noted consistent entries by supervisors on each of the three shifts.

Policy states that staff are prohibited from alerting other staff when these rounds are occurring, barring legitimate operations functions of the facility. In talking with the PREA Compliance Manager, she stated that supervisors tour their units and areas regularly throughout the 3 shifts, talk to staff at all levels as well as various offenders, and audit sign/review logbooks for irregularities. During the 3 days that the Auditor was on site, numerous managers and supervisors were observed walking and working in various capacities throughout the facility. A review of several logbooks reflected signatures of supervisor rounds.

There were four (4) interviews conducted with intermediate or higher level staff. These interviews affirmed that staff are making unannounced rounds and documenting these rounds. During random informal interviews and discussions with staff, the staff stated that supervisors conduct unannounced tours of their housing units and document them in the logbook. This was validated by the Auditor through a review of the logbook.

It is not permitted for staff to alert each other when a supervisor is making their rounds; however, because of the physical layout of the facility, staff alerting other staff of supervisor rounds is almost non-existent because most of the staff workstations are positioned off of the same hallway, and can be viewed from each location. The Annex buildings are only separated by a 20 foot walkway.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Supervision and monitoring. No recommendations or corrective actions are required.

**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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Tutwiler SOP # 8-19
- Statement of Non-Occurrence / Non-Applicable memo’s
- Interview with the following:
  - Institutional PREA Compliance Manager

Provision (a)
The ADOC Julia Tutwiler Prison for Women SOP # 8-19, Youthful Inmates, dated 3/8/16, page 2, V, A, states that youthful inmates shall not be placed in a housing unit in which the youthful inmate will have sight, sound and physical contact with any adult inmate through the use of a shared dayroom, or other common space, shower area, or sleeping quarters.

The institution has constructed an area known as the “juvenile trailer.” The Auditor toured the converted modular building located within the security perimeter behind the main facility building, but out of sight/sound of the adult
offender population. The trailer has an attached exercise area, suitable for the daily large muscle exercise. The interior of the trailer contains three (3) beds, and a common area with a refrigerator for eating and food prep. The bathroom contains a toilet, sink and shower behind a single door, which provides privacy for the occupant.

The Institutional PREA Compliance Coordinator provided a statement of Non-Occurrence / Non-Applicable memo dated 12/1/18 indicating that during the past (12) twelve months, Tutwiler Prison for Women has not housed any youthful inmates in the facility.

Provision (b)

N/A

Provision (c)

N/A

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding youthful inmates. No recommendations or corrective action is required.

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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ 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 here for facilities with less than 50 inmates before August 20, 2017.) ☒ 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? ☒ Yes ☒ No
### 115.15 (d)
- Does the facility implement a policy and practice 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**
- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- ADOC Administrative Regulation # 336
- Tutwiler SOP # 8-29
- Tutwiler SOP # 8-12
- Tutwiler SOP # 7-7
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Statement of Non-Occurrence / Non-Applicable memo's
- Interviews with the following:
  - Random Staff
  - Random Offenders
- Observations made during on-site review,
Provision (a):

The agency has numerous policies and procedures relative to this provision. ADOC Administrative Regulation #454, regarding Operations & Legal, dated 1/4/16, Page 14 Section E.1., states that Employee/Staff members shall not conduct cross-gender strip or visual body cavity searches, except in exigent circumstances…..” As well as, procedures addressed at the facility level include, ADOC Tutwiler, Standard Operating Procedures, # 8-29, dated 12/4/18, Page 5 Section E #2 states cross gender strip searches, cross gender pat searches, and cross gender searches of any kind are prohibited except in exigent circumstances, or when performed by medical practitioners. Each of the reviewed policies are consistent with the PREA standards an outlines the agency’s approach to sexual safety.

The Institutional PREA Compliance Coordinator provided a statement of Non-Occurrence / Non-Applicable memo’s dated 12/1/18 & 1/15/19 by Lt. F. Blanding indicating that in the past (12) twelve months there have not been any cross-gender strip searches, cross-gender visual body cavity searches or cross-gender pat-down searches.

In the Court Monitor’s report Case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18, Page 103 refers to the compliance visit on June 4-9, 2018 in which this standard was evaluated. Through the use of a document review, staff and inmate interviews, as well as the Monitor’s on-site visit indicate that “the monitor found ADOC and JTPW to be “Substantially Compliant” with this provision during the December 2015, June 2016, December 2016, June 2017, and December 2017 compliance visits. As of June 30, 2018 ADOC and JTPW have sustained substantial compliance”.

There were (14) fourteen formal and (7) seven informal staff questioned about cross gender search practices. All of these staff recalled having the training specific to this, and reported that cross gender strip searches or cross gender body cavity searches do not occur at this facility.

Provision (b):

The agency has numerous policies and procedures relative to this provision. ADOC Administrative Regulation #336, Operations, dated 2/8/16, regarding Searches, Page 5 Section F #7 states that law enforcement staff shall not conduct cross gender pat down searches of female inmates except in exigent circumstances, and must be documented. As well as, procedures addressed at the facility level include, ADOC JTPW, Standard Operating Procedures, # 8-29, dated 12/4/18, Page 5 Section E #2 states cross gender strip searches, cross gender pat searches, and cross gender searches of any kind are prohibited except in exigent circumstances, or when performed by medical practitioners. Each of the reviewed policies are consistent with the PREA standards an outlines the agency’s approach to sexual safety.

A total of (24) twenty-four formal and (9) nine informal random offenders’ interviews were conducted. Each of the offenders interviewed confirmed that male staff do not conduct cross-gender pat searches. The transgender/intersex offenders were fully aware of the policy prohibiting cross-gender pat searches and had not had incidents where this occurred.

There were (14) fourteen formal and (7) seven informal staff questioned about cross gender search practices. When asked how the male staff would proceed if a female staff was not available, they indicated that there is always female staff on duty, who can be directed to the area to conduct the pat search, all staff recall receiving training on opposite gender pat searches; however, each of them articulated that in all instances male staff do not conduct cross-gender searches, and will always defer to a female staff member to complete the search.

Provision (c):

According to ADOC Tutwiler, Standard Operating Procedures, # 7–7, dated 3/9/16, Section F #2 requires the all cross-gender searches shall be documented on the shift log and ADOC Form 302-A, Incident Report. The reviewed policy is consistent with the PREA standards.

The Institutional PREA Compliance Coordinator provided a statement of Non-Occurrence / Non-Applicable memo’s dated 12/1/18 & 1/15/19 by Lt. F. Blanding indicating that during this review period there have not been any cross-gender strip searches, cross-gender visual body cavity searches of cross-gender pat-down searches.
During the interviews with random staff the Auditor would ask under what circumstances would cross gender searches occur, ALL staff questioned (both male and female) indicated that there are always sufficient female staff members available to conduct any searches that needed to occur, and that female staff would be diverted to address this issue.

Provision (d):

A review of ADOC Tutwiler, Standard Operating Procedures, # 8-12, Inmate Sexual Abuse and Sexual Harassment, dated 12/4/18, Page 12, E, 3, indicates that inmates are to be enabled to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts buttocks, or genitals, except in exigent circumstances or when such viewing is incident to routine cell and/or dorm checks. Such procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit and again before entering the shower and toilet areas. In addition, ADOC Tutwiler, Standard Operating Procedures, # 7–7, dated 3/9/16, Section F # 3 requires that staff are required to announce and wait a designated amount of time before touring an area. Each of the reviewed policies are consistent with the PREA standards.

The Auditor reviewed copies of shower passes from (2) two separate transgender offenders, allowing them “alternative shower times”, as noted on the pass. Providing each inmate with access to the dorm shower during alternative times, or access to a “private” shower area in the hospital/infirmary area. In addition, those offenders also indicated that as it relates to showers, they are provided two options; either shower 30 minutes before or after the other inmates, or they are allowed to utilize a private shower area located in a “deactivated” cell area of the infirmary. The Auditor was advised that these cells are in the process of being “renovated” and converted to office space; however, the shower area is being retained as an independent shower area. These shower passes comply with standard requirements allowing transgender/intersex inmates the ability to shower separately from the offender population.

During the facility tour, opposite gender staff were observed entering the housing units and announcements of their presence were made. The Auditor was also announced by JTPW staff when entering the offender housing and restroom areas as he was of opposite gender.

All offenders interviewed advised that male staff always announce their presence when entering into the living area, and always announce and wait an extended period of time before entering into the shower/toilet area. Every offender interviewed confirmed that they were able to dress without being viewed by staff of the opposite gender.

Of the (41) forty-one formal and (9) nine informal offenders interviews, all reported hearing opposite gender staff announce their presence when entering the housing unit. All of the offenders indicated that the male staff will rarely enter the bathroom area, preferring that the female staff enter, unless there are no female staff present, and then will only enter after the announcement has been made, several times, and have waited for a response. All staff interviewed reported that opposite gender staff announcements are made when entering the housing areas.

Most of the housing areas are designed in a dormitory setting, with one bathroom located at one end of the dormitory. The entrance to the bathroom area has a half/saloon type door at the entrance, with each bathroom having have several toilets and several shower stalls. Segregated housing cells contain toilets inside of the cells that are situated at the far end of the cell, with a shower located on the tier, with a privacy curtain. All of the showers in either the dorms or segregated housing have doors or curtains that protect against opposite gender viewing. The toilets have surrounds or are situated in a way that prevents opposite gender viewing.

Provision (e):

According to ADOC Tutwiler, Standard Operating Procedures, # 7–7, dated 3/9/16, Section F # 4 indicates that transgender or intersex inmates shall not be searched or physically examined for the sole purpose of determining the inmate’s genital status. The reviewed policy is consistent with the PREA standards.

Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18, Page 103 refers to the compliance visit June 4 -9, 2018 in which this standard was evaluated, which requires that the ADOC and Tutwiler
continue to comply with its policy regarding cross-gender pat and strip searches. Through the use of a document review, staff and inmate interviews, as well as the Monitors on-site visit indicate that “the monitor found ADOC and JTPW to be “Substantially Compliant” with this provision during the December 2015, June 2016, December 2016, June 2017, and December 2017 compliance visits. As of June 30, 2018 ADOC and JTPW have sustained substantial compliance”.

There were (14) fourteen formal and (7) seven informal random staff questioned about cross gender search practices. All of these staff recalled having the training specific to this, and reported that cross gender strip searches or cross gender body cavity searches do not occur at JTPW, and will always defer to a female staff member to complete the search. In addition, the interviewed staff indicated specifically that no searches are conducted for the sole purpose of identifying their genital status.

A total of (24) twenty-four formal and (9) nine informal random offenders' interviews were conducted, each of the offenders interviewed confirmed that male staff do not conduct cross-gender searches. In addition, the transgender / intersex offenders that were interview indicated that no searches have been conducted for the sole purpose of identifying their genital status.

Provision (f):

The Auditor reviewed copies of (37) thirty-seven separate PREA training sessions that occurred during 2018 for all JTPW staff (sworn & non-sworn). The Auditor verified each signature on the sign-in sheet correlated to an existing JTPW staff member, ensuring that all staff have received the required training. All participants also signed their acknowledgement of all training materials. Training topics included appropriate search techniques, specifically cross-gender pat searches and searches of transgender and intersex offenders. Additional training documents provided direction to staff on proper documentation practices when cross gender searches were conducted.

When male staff were asked how they would proceed if a female staff was not available, they indicated that there is never an instance when a female staff is not on duty, and will be directed to the area to conduct the pat search. All staff interviewed recalled receiving training on opposite gender pat searches; however, each of them articulated that in all instances male staff do not conduct cross-gender searches and will always defer to a female staff member to complete the search. During the facility tour, opposite gender staff were observed entering the housing units and announcements of their presence were made. The opposite gender Auditor was also announced by JTPW staff when entering the offender housing and restroom areas.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding the limits to cross-gender viewing and searches. No recommendations or corrective action is required.

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 recep tively 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 recep tively 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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8-16
- Numerous memo’s and training documents
- Interviews with the following:
  - Agency Head or Designee
  - Random Staff
  - Offenders with disabilities or LEP
- Observations of PREA poster locations during on-site rounds

Provision (a)

The policy developed regarding this matter is addressed in ADOC Julia Tutwiler Prison for Women SOP # 8-16, American Disabilities Act, Inmate Grievance Procedures, Section II, Page 1 states that this grievance procedure is established to meet the requirements of the American with Disabilities Act (ADA). It may be used by ADA inmates who allege discrimination at TPW on the basis of their qualified disability. This policy is comprehensive, provides appropriate grievance and tracking forms, and meets compliance standards for this provision.

In addition, ADOC Administrative Regulation # 454, regarding Inmate Sexual Abuse and Harassment, dated 1/4/16, Page 13, B, 1, c, states that the IPCM shall provide all inmates accessible education formats if an inmate has special needs (language barriers, visually impaired, deaf, limited reading skills, or otherwise disabled), and not rely on inmates for this service.

At the present time, JTPW has an existing Memorandum of Understanding (MOU) with the Alabama Institute for the Deaf and Blind for translation and assistance services for those effected offenders, as verified by the Auditor. The Auditor viewed a copy of the JTPW Offender Orientation that had been translated into Braille for those visually impaired offenders who are able to read that material.

In addition, an additional translation process was demonstrated for the Auditor. JTPW utilizes the Google Translate Services (https://translate.google.com/) with an attached microphone to address any translation needs for the offenders at the facility. At the present time, Google Translate supports over 103 different languages, and is available 24 hours a day, 7 days a week. Access to this service can be facilitated through the respective watch commander.

The Auditor was provided written documents, training materials, as well as PREA brochures, that are provided in both English and Spanish to the offender population. During the tour, the Auditor also observed that the PREA posters were prominently displayed in each housing unit, work area, as well as numerous areas throughout the facility in both English and Spanish.
During the interview with the Deputy Commissioner, she shared that the Department as established procedures to provided offenders with disabilities or offenders who are Limited English Proficient (LEP), the opportunity to participate in the PREA reporting process through several avenues such as, Google Translate Services, staff interpreters, outside service providers via an MOU.

The Auditor interviewed three (3) offenders with disabilities or LEP. During the interview with the offender with Limited English speaking abilities, she advised that she had been provided all of the appropriate documentation in Spanish, and felt she could make a report if she needed to. She further advised that she is able to access interpreter services when necessary to understand information or ask questions. The other two (2) offenders interviewed had either a cognitive or physical disabilities. Both offenders indicated they had a clear understanding of the PREA guidelines and were able to explain their rights and articulate the various methods for them to report an issue if necessary.

Provision (b)

ADOC Administrative Regulation # 454, regarding Inmate Sexual Abuse and Harassment, dated 1/4/16, Page 13, B, 1, items a – d, and B, 2, items a – d, address numerous items relative to ensuring that each offender shall be given information in verbal and written, and understandable information regarding the ADOC’s PREA policy. In addition, the policy identifies that offender PREA educational information shall include: Prevention of sexual abuse and harassment; self-protection; methods of reporting; and treatment and counseling availability.

As mentioned in provision (a), the ADOC has an established MOU with the Alabama Institute for the Deaf and Blind.

The Auditor was provided a copy of a staff training that reflected numerous PowerPoint slides that are provided to staff during their required ADA training. Training materials were extensive and comprehensive advising staff of the various components of ADA including the appropriate treatment of those offenders who are covered under this act.

Provision (c)

As indicated in provision (a), ADOC Administrative Regulation # 454, dated 1/4/16, Page 13, B, 1, c, addresses the prohibiting of other offenders for translation services.

The ADOC requires that only professional interpreters or translation services, including sign language, are available to assist offenders in understanding the PREA policy, how to report allegations, and/or participate in investigations of sexual misconduct. The policy advises that offenders are not authorized to use interpretation/translation services from other offenders, family members, or friends for these purposes.

During the interview with the IPCM, she indicated that there have not been any instances in the past twelve (12) months where interpreter services were required.

Of the twenty-three (23) random staff that were interviewed by the Auditor, all recalled the process of utilizing Google Translation for interpretation services. Most indicated that in the event translation was required, they would try to find another staff member to provide translation, and then advise the Watch Commander for further direction.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Inmates with disabilities and inmates who are limited English proficient. No recommendations or corrective action is required.
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, or 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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- ADOC Administrative Regulation # 216
- Tutwiler SOP # 8-16
- Pre-Employment Questionnaire for new applicants
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Interviews with the following:
  - Administrative (Human Resources) Staff
  - Random Offenders
• Personnel file reviews for current employees, new employees and employees receiving promotions.

Provision (a)

ADOC Administrative Regulation # 454, regarding Inmate Sexual Abuse and Harassment, dated 1/4/16, Page 12, III, B, 4, a, as well as Tutwiler Prison for Women, Standard Operating Procedure # 8-12, page 8, V, 4, a. both indicate that ADOC departmental policy prohibits the hiring or promotion of an employee or contractor who may have contact with inmates who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution;
2. Has been convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or;
3. Has been civilly or administrative adjudicated to have engaged in the activity described in paragraph V.cA4.a(2) above.

The Auditor reviewed a random sampling of staff and contactor files. Of the twenty-four (24) promotions that occurred during the past 12 months, the Auditor reviewed a total of six (6) files. Each of the files reviewed contained all items required by the standard, which included PREA documentation and Criminal History Check information. The Auditor also reviewed an additional eighteen (18) files of those individuals, both staff and contractor, who were either hired within the past 12 month, were existing staff, or an existing staff who had been with the ADOC for over five (5) years. The Auditor was also able to verify that all of the files reviewed contained all items required by standard, including the PREA documentation and verification of the completed criminal history checks.

Provision (b)

ADOC Administrative Regulation # 216, regarding Background Investigations, dated 12/7/15, Section V, B, states that the agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist services of any contract, who may have contact with inmates.

The Auditor also interviewed the Human Resources (HR) Director in regard to the hiring practices of the ADOC. The Director indicated that the potential hire is required to fill out the personnel documents, which require the disclosure of the standard required items. The Director stated that the ADOC takes a very active stance with the requirements of the PREA standards, and have developed a very comprehensive system of tracking to ensure that all of the required history checks are completed for pre-hires, promotions, and five (5) year reviews. The Auditor conducted a review of the requested personnel files, and verified that All of the files reviewed contained all items required by standard, including the PREA documentation and verification of the completed criminal history checks.

Provision (c)

ADOC Administrative Regulation # 454, regarding Inmate Sexual Abuse and Harassment, dated 1/4/16, page 12, III, B, 4, b, as well as Tutwiler Prison for Women, Standard Operating Procedure # 8-12, page 8, V, 4, b. both state that before hiring a new employee or contactor, the ADOC Personnel Division or designee shall: 1) conduct a criminal background records check, 2) make its best efforts to contact all prior institutional employers in regard to substantiated allegations of sexual abuse or any resignation during a period of sexual abuse investigation.

The Auditor interviewed the HR Director in regard to the hiring practices of the ADOC. The Director stated that the Department requires background checks on all new hires, promotions, and existing staff every five (5) years, and that the Divisional HR Department is responsible to track the due dates of all of those staff requiring their five (5) year criminal history check, ensuring that they are completed as required.

In the preceding 12 months there were fifty-one (51) persons hired who may have contact with inmates who had a criminal background check completed. The Auditor conducted a review of (7) seven of the requested personnel
files, and verified that All of the files reviewed contained all items required by standard, including the PREA documentation and verification of the completed criminal history checks.

**Provision (d)**

As identified in provision (c), this provision utilizes the requirements identified in ADOC Administrative Regulation # 454, regarding Inmate Sexual Abuse and Harassment, dated 1/4/16. During the preceding (12) twelve months there have been (26) twenty-six contracts where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates.

**Provision (e)**

Both the ADOC Administrative Regulation # 454, regarding Inmate Sexual Abuse and Harassment, dated 1/4/16, Page 13, V, 4, f, as well as Tutwiler Prison for Women, Standard Operating Procedure # 8-12, page 9, V, 4, f requires that the ADOC Personnel Director shall conduct a criminal background records check every five (5) years on all current employees and contractors.

The Auditor interviewed the ADOC HR Director who stated that the department has a centralized database that tracks the completion of all background checks, and also tracks the due dates of the five (5) year criminal history check.

The Auditor was provided and reviewed the copy of the January 2019 list of JTPW staff that reflected the dates of their next scheduled five (5) year criminal history check.

The Auditor provided a listing of sixteen (16) staff for the purposes of ensuring that the criminal history checks are being completed on various categories of staff. The following is the breakdown submitted for verification:

- Promotion – Six (6) Staff
- Initial / Five Year - Eight (8) Staff
- Contractor - Two (2)

The Auditor was supplied verification by ADOC reflecting the completion of the required criminal history checks being completed.

**Provision (f)**

The Auditor was provided a copy of form ADOC 216-B which is provided to all applicants to the ADOC. This subject of the form is the Prison Rape Elimination Act (PREA) compliance that is required to be completed by all applicants. The form has several questions related to whether or not the candidate has ever been accused, charged, or investigated for any type of sexual misconduct, inappropriate sexual activity, sexual abuse or sexual harassment.

During the interview with the HR Director, the Director indicated that a condition of staff employment is that any arrest activity must be reported through the respective employees reporting structure. Additionally, any information on substantiated allegations of sexual abuse or sexual harassment involving a former employee must be provided upon request.

**Provision (g)**

Both the ADOC Administrative Regulation # 454, regarding Inmate Sexual Abuse and Harassment, dated 1/4/16, Page 13, V, 4, b, (4), as well as Tutwiler Prison for Women, Standard Operating Procedure # 8-12, page 8, V, 4, indicate that before hiring a new employee or contractor, the ADOC Personnel Division or designee shall, appraise the potential employee and contractor that false information or material omissions regarding such misconduct shall be grounds for termination and that they have a continuing duty to disclose such conduct.
Provision (h)

During an interview with the HR Director, he advised that as long as the potential employer had a signed release from the potential employee, they would provide all of the information relative to this standard.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Hiring and Promotion decisions. No recommendations or corrective action is required.

### 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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Interviews with the following:
  - Deputy Commissioner
  - Warden
  - PREA Compliance Manager
- Observations during on-site review
Provision (a)

The Auditor conducted a comprehensive tour of the Julia Tutwiler Prison for Women. Since the last audit there has not been any substantial expansions or additions to the prison.

The Auditor was able to view the area where the facility is in the process of renovating the new Visiting Area, which will also include several classrooms for education and counseling groups. It was also pointed out that the camera aspects have already been identified into the renovation, with wiring and connectivity being designed and built into the renovation process.

The Auditor was also showed an area of cells within the infirmary area, that are currently in the process of being converted into medical staff offices. It should be noted that the shower for this area is currently being utilized for the intersex / transgender private shower, and will continue to remain as such, following the renovation. This shower area is being designed to separate it from the new office design and will include a separate entrance area for full privacy for the occupant.

The Auditor interviewed both the Deputy Commissioner and the Warden, who both advised that all construction, renovation, or modifications are done with the full consideration of all PREA considerations. They both advised that there are safety committee meetings, camera committee meetings, etc., that are held regarding any building or construction considerations. The Auditor was provided copies of the minutes from each of the twelve (12) monthly Quality Improvement meetings. During these meetings JTPW executive staff meet with all key supervisors and managers to discuss any pertinent issues, such as Data/Reporting issues, Grievances, Disciplinary Reviews, Video Summary/Reviews, Use of Force Incidents, as well as the analysis of key data (Overtime, Leave time, Morale, etc.).

Provision (b)

The facility continues to expand the camera capabilities within the facility. At the present time there is close to 360 cameras placed throughout the facility, that are monitored by “camera room” staff, 24 hours a day, 7 days a week. The monitor room is comprised of eight (8) 50-inch continuous viewing monitors with two monitors on constant rotation of different areas within the facility. Two personal work stations have the capability of selecting any area and reviewing footage as needed. There are also four (4) smaller monitors with views of the corridors within the facility. The staffing utilized for the camera room are a specialized classification - Police Communications Officers (PCO’s). Using this classification ensures that camera room staff cannot be diverted to other positions within the facility. As a result, the camera room can ensure consistent staffing and monitoring practices.

JTPW's cameras are positioned normally within the center aisle of the Dormitory with front, middle and rear coverage. However, with bigger Dorms to include F, C and Annex N and O, these cameras are positioned with rear, front and side views within the area. Every area accessible by an offender is covered by camera monitoring capabilities. Privacy is provided near areas of showers and restrooms, with a privacy bar being placed over these sensitive living areas.

The Auditor also reviewed minutes of the annual camera review meetings for both 2017 & 2018. These meetings are convened by the Warden to review any facility camera issues, equipment issues, recommended changes/modifications/enhancements, as well as any challenges. The meeting concludes with an Action Plan being developed with scheduled follow-ups and due dates.

The Auditor interviewed both the Deputy Commissioner and the Warden who advised that the ADOC and JTPW are committed to the camera monitoring program, and indicated that having the cameras in place has created a sense of comfort for everyone (staff and offenders) knowing that should an incident occur, an independent observation can be reviewed using the stored video. They both indicated that this has been a significant enhancement to the overall operation of the facility, and has reduced the amount of false accusations.
**Conclusion:**

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding the Upgrades to facilities and technology. No recommendations or corrective action is required.

### 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 evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFE(s) 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 SAFE(s) 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? ☒ Yes ☐ No

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 entity 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ 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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 300
- ADOC Administrative Regulation # 306
- Tutwiler SOP # 8-12
- Memorandum of Understanding between ADOC and ACAR
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Statement of Non-Occurrence / Non-Applicable memo’s
- Interviews with the following:
  - Random Staff
  - SAFE’s/SANE’s Staff
  - PREA Compliance Manager
  - Inmates who reported a Sexual Abuse

Provision (a)

The ADOC is responsible for conducting its own administrative and criminal sexual abuse investigations, including inmate-on-inmate sexual abuse and staff sexual misconduct. The ADOC has one (1) Investigator who has been assigned to address any criminal investigations arising from JTPW. The Institutional PREA Compliance Manager provides investigative assistance for those inmate on inmate sexual harassment administrative cases.

The ADOC has implemented a uniform evidence protocol, as outlined in ADOC Administrative Regulation # 300, dated 4/18/16, Page 1, Section II, which states that the policy of the ADOC is to conduct all investigations in a fair and impartial manner, maintain confidentiality in all investigations, and protect the constitutional rights of all individuals subjected to investigation. Also outlined in ADOC Administrative Regulation # 306, Page 1, Section II states that it is the policy of the ADOC that all contraband and evidence shall be properly documented, secured, and disposed on in accordance with applicable laws, rules, and regulations.

The Auditor interviewed a total of twenty-three (23) random staff in regard to the rules of evidence, and their understanding of the process should an offender report alleged sexual abuse. Every staff member interviewed was able to articulate the basic preservation of evidence component of both victim and assailant. They were also able to explain their responsibilities up to the point where they will transfer responsibility to either investigative or medical staff.

Provision (b)

The forensic medical services are provided through a community based treatment center known as STAR (Standing Together Against Rape), which is operated by the Lighthouse Counseling Center, Inc. This treatment center was originally founded as an agency to provide services to youth and adolescents; however, over the years has evolved into providing a wider array of services to all, regardless of age. Their forensic services are provided by contract with fully licensed medical staff (SART/SANE) who have been specially trained in the collection and preservation of evidence for both youth and adults.

Provision (c)

According to Tutwiler Prison for Women, Standard Operating Procedure # 8-12, Page 17, 3, d & e, state that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with an investigation arising out of the incident.

The Auditor was provided with a Memorandum of Understanding (MOU) between the ADOC and the Alabama Coalition Against Rape (ACAR). This MOU establishes the collaboration between the ADOC and twenty-eight (28)
rape crises centers throughout the state to provide confidential support services related to sexual abuse at ADOC facilities. The offenders housed at JTPW are provided the treatment services through One Place Family Justice Center (SAFE/SANE Exams) and Light House Counseling Center/STAR (Victim Advocate Services).

The Institutional PREA Compliance Manager provided a statement of Non-Occurrence / Non-Applicable memo’s dated 1/17/19 indicating that in the past (12) twelve months there have not been any offenders who have been transported for any reason to the center for any SAFE/SANE services in the past (12) twelve months.

The Auditor conducted a telephonic interview with the SAFE/SANE representative. She confirmed that the exams are provided at no cost to the offender and that all forensic services are provided when the offender is presented at the clinic for follow-up. She indicated that forensic nurses (SAFE/SANE) are available 24 hours a day, 7 days a week (on-call). She indicated that in the event that JTPW required an exam outside of normal business hours, they can call the “hot-line” number and the on-call SAFE/SANE staff member will meet them at the exam center. She further stated that during the exam process, a victim advocate is also present to assist with any questions and to ensure that follow-up counseling is provided, as needed, for the victim.

Provision (d)
As indicated in provision (c), victim advocates are provided during the forensic medical examination.

In addition, per the MOU with ACAR, the victim/offender is also provided advocacy assistance through Light House Counseling Center;

During the interview with the IPCM, she indicated that victim advocacy services are offered through contract and are built in to the forensic exam process. The IPCM stated that all requirements of PREA have been incorporated into the contract. During the examination, the offender meets the victim advocate and arrangements are made to provide any necessary counseling services. Any follow-up counseling will be coordinated through Light House Counseling Center, in collaboration with mental health services staff at the facility.

During interviews with each of the three (3) offenders who had reported sexual abuse, each indicated that the staff provided them immediate assistance. Staff had contacted their supervisor who ensured that the inmate was immediately taken to medical staff and received all of the treatment services that they required, including counseling services. The offenders were not transported outside of the facility for treatment services, given the amount of time that had occurred between the incident and when the offenders reported it to staff.

Provision (e)
Addressed in provisions (c) & (d)

Provision (f)
N/A

Conclusion:
Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Evidence Protocols and forensic medical examinations. No corrective action is required; however, policy reconsideration is recommended.

Recommendation: reconsideration of policy language that requires the victim to remove their clothing for a physical examination prior to leaving the facility, and having them re-dress for transport. Upon arrival at the SART location they again remove their clothing, in accordance with the forensic evidence collection process. Because the clothing had been already removed at the facility prior to departure, critical evidence would have already been lost, and/or additional unrelated evidence could have been picked up in the clothing at the facility, introducing contaminated evidence into the chain. Either do not require the removal of
clothing prior to the departure from the facility, allowing for a “clean” evidence collection during the forensic exam, or conduct the forensic evidence collection of the clothing prior to departure from the facility. This would then add another step/person into the integrity of the evidence chain.

**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 such publication 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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- ADOC SOP I & I # 454
- Tutwiler SOP # 8-12
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Interviews with the following:
  - Deputy Commissioner
  - Investigative Staff

Provision (a)

Both the ADOC Administrative Regulation # 454, Inmate Sexual Abuse and Harassment, dated 1/4/16, Page 22, Section I, 1, b, states that the Intelligence & Investigations (I & I) Division is responsible for conducting a prompt, thorough and objective investigation, whether administrative or criminal, in all such cases. Tutwiler’s Standard Operating Procedures, #8 – 12, 12/4/18, Page 21, Section I, 1, b, state that the Intelligence & Investigations division is responsible for conducting a prompt, thorough and objective investigation, whether administrative or criminal, in all such cases. Administrative investigations shall be completed regardless of the results of any criminal investigations and regardless of the subject’s continued employment by ADOC.

The Auditor reviewed documentation that indicated that during the past 12 months there have been a total of thirty-three (33) total cases; eight (8) Administrative Cases, each of which has been closed, including twenty-five (25) Criminal Cases, twenty-four (24) of which have been declined for prosecution and closed, one (1) case is currently pending.

The Auditor interviewed the Deputy Commissioner, as well as the Director of Investigations and Intelligence for the ADOC regarding the investigations of Sexual Abuse and Sexual Harassment. Both indicated that the department takes issues involving sexual abuse and sexual harassment very seriously, and thoroughly investigate every allegation, whether criminal or administrative.

All staff that were interviewed knew of their responsibility to report any allegation of sexual abuse and sexual harassment.

Provision (b)

The policy’s regarding the ADOC’s obligation to thoroughly investigate all matters relative to Sexual Abuse and Sexual Harassment are provided in Provision (a).

The agency employs trained peace officer staff that have the authority to conduct sexual abuse/sexual harassment investigations. Any investigations of a criminal nature are handled by the ADOC I & I Division, whereas any investigations of an administrative nature of inmate on inmate sexual harassment are handled by the JTPW IPCM. In both instances the staff are trained peace officers.

JTPW documents all allegations on a Sexual Incident Report (SIR), which are either followed up through the administrative or the criminal investigation process. The policy and processes are published on the departments’ public website, as verified by this Auditor.

During the interview with the Departments I & I staff indicated that all allegations are investigated. If the allegations are of a criminal nature, they are investigated by the Department’s I & I staff and if possible, the case is referred to the local District Attorneys’ office for criminal prosecution.
**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 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

**Conclusion:**

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard which addresses policies to ensure referrals of allegations for investigations. No recommendations or corrective action is required.
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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8-12
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Assorted Training documents
- Tutwiler Prison for Women PREA Newsletter
- Interviews with the following:
  - Random Staff
- Observations during on-site review rounds
Provision (a)

Both the ADOC Administrative Regulation # 454, Inmate Sexual Abuse and Harassment, dated 1/4/16, page 11, V, A, 1; as well as, Tutwiler’s Standard Operating Procedures, # 8–12, 12/4/18, page 7, V, A, 1, state that employees shall receive training to include, but not be limited to, the prevention, detection, response, and reporting of allegations of inmate sexual abuse, sexual harassment, and custodial sexual misconduct. Such training shall encompass all required areas employees need to know to ensure compliance with PREA standards requirements. Employee instruction shall be accomplished during initial training, annual in-service training, specialized training, and additional training, as needed. Employee training shall be documented to denote employee understanding of material and verified through employee signature and refresher trainings shall be accomplished at least every two years.

The Department’s curriculum and training materials were reviewed by the Auditor. The core training materials were developed by The Moss Group, and contain all of the ten (10) elements required for this provision. Each of the elements is covered in detail in the training and have incorporated number training elements in order to facility retention of the required elements. The level/complexity of the training will depend on the employee’s classification, with some specialization training curriculum depending on the employee’s job responsibilities.

The Auditor reviewed sixteen (16) random staff training files. Each reviewed contained all relevant documentation to reflect that staff had met their initial PREA requirements. In addition, the Auditor also reviewed all of the sign-in sheets for PREA refresher training for the past twelve (12) months which indicated that, by signature, each of the employees at JTPW had acknowledged receiving the training.

Each of the random staff interviewed recalled attending the initial PREA training when they were hired, and all staff interviewed indicated that they receive annual PREA refresher training, as well as additional in-service trainings.

Provision (b)

The policy’s regarding the ADOC’s responsibility to provide training and education regarding Sexual Abuse and Sexual Harassment are provided in Provision (a).

The training provided by the ADOC, addresses both male and female issues to some degree. However, at JTPW, the training has been tailored specifically to the female offender population. The Auditor reviewed the training materials utilized for the staff at JTPW. The training material was developed by the Moss Group, specifically for Tutwiler Prison for Women. The training is entitled “What you need to know: PREA and Creating Safety for Women Offenders”. In the event that staff member transfers in to JTPW, they are required to attend the training upon assignment to the facility.

As stated in provision (a), the Auditor reviewed the sign-in sheets for the training that occurred at JTPW, verifying attendance of the JTPW staff.

Provision (c)

Of the 183 staff presently assigned to JTPW, the Auditor reviewed documentation that reflected 100% of the staff have received the PREA training specific to the female offender population in the past twelve (12) months. JTPW staff also received the refresher training every two (2) years. The auditor reviewed documents that the last training cycle ended in the 4th quarter of 2018, approximately two (2) years from the last training cycle. JTPW also provides additional PREA training annually, as well as shift trainings, monthly newsletters, and posters.

A refresher training module was also developed by the Moss Group for the staff at JTPW and has also been tailored specifically for the female offender population. The Auditor reviewed these training materials utilized for the staff at JTPW. The training material was designed specifically for staff at Tutwiler Prison for Women. The training is entitled “Refresher Training: Gender-Responsive Practices and PREA”.

An additional training module was developed for staff at JTPW by the Moss Group, which has also been tailored specifically for staff at the facility. The Auditor reviewed these materials. The training is entitled “What you need to
know: PREA and Creating Safety for Women Offenders”, and is designed to provide further knowledge about PREA and the importance of sexual safety for female offenders.

On a monthly basis, the IPCM publishes a newsletter that is either forwarded electronically to all staff, or provided to them by their supervisor during a staff meeting. At the time of the meeting, staff are required to sign-in, acknowledging their participation in the meeting and receipt of any training materials, which includes the newsletter. The signed documentation being returned to the IPCM. The Auditor reviewed several editions of these newsletters and observed that each newsletter highlights a specific PREA standard and provided an overview and explanation of its applicability.

During the tour the Auditor observed several hand-made posters which depict various aspects of the PREA standards. One such poster solicited input from staff regarding hidden PREA items and terminology contained therein. One (1) such poster depicted a snowman with a saying “Winter, Spring, Summer, Fall, PREA is here, when you call #66 (which is the number inmates dial to report any incident of Sexual Abuse / Sexual Harassment).

A color Tri-fold pamphlet was developed for distribution to staff entitled PREA, Prison Rape Elimination Act, What Staff Should Know About Sexual Misconduct with Inmates. This pamphlet addresses the major components of PREA, definitions of Sexual Abuse/Harassment, as well as other items for staff to consider.

The IPCM had developed a PREA card for each staff to carry. The card contained essential elements of PREA, as well as an established protocol for staff to follow when confronted with an incident relating to Sexual Abuse or Sexual Harassment. The Warden had issued a memo to all staff regarding the mandate for them to carry this card with them at all times when on duty. During the formal and informal interviews, every staff member was asked if they were in possession of the card, The Auditor observed that every staff member interviewed, including the Warden, was in possession of the card and was able to present it to the Auditor for review.

The ADOC developed a small pocket sized spiral notebook, entitled Prison Rape Elimination Act (PREA), A Trauma-Informed Guide for First Responders This spiral notebook is made of a laminated plastic, with six (6) tabbed sections for easy review. The seven (7) sections are: Intro to PREA, Definitions of Sexual Abuse and Sexual Harassment, PREA Components, Prevention, Detection, Response, and Summary/Resources.

The IPCM provided copies of each monthly supervisors meeting for the last six (6) months. In addition to the regular agenda items covered at supervisor meetings, the IPCM would provide PREA specific training relative to a specific standard. In addition to providing copies of the supervisory sign-in sheets, the IPCM provided copies to the Auditor of the lesson guide used when providing the specific training topic.

**Provision (d)**

PREA training requirements mandate attendance at the required training is documented through employee signature, acknowledging that they understand the training they have received. In some instances, employees are required to complete an Acknowledgment of Receipt of Training and Brochures upon completion of the training. A copy of these receipts was observed in every file reviewed by the Auditor. The receipts contained various dates which reflected separate training sessions.

In those instances where a receipt of training materials was not required, staff would sign-in on a Training Sheet, verifying their attendance at the required training. The Auditor received copies of each training session for the past twelve (12) months, reflecting training completion by JTPW staff.

**Conclusion:**

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Exceeds standards for Employee Training. No recommendations or corrective action is required.
**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**

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8-12
- Additional Training Materials
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Interviews with the following:
  - Volunteer(s) or Contractor(s) who have Contact with Inmates

**Provision (a)**

Both the ADOC Administrative Regulation # 454, regarding Inmate Sexual Abuse and Harassment, dated 1/4/16, page 11, K, 8; as well as, Tutwiler’s Standard Operating Procedures, # 8–12, 12/4/18, page 7, B, 8, state that the IPCM is responsible to ensure that all volunteers and contractors at their facility have received appropriate training.

In the ADOC Administrative Regulation #454 on page 11, section M, indicates that Employees, Contractors and Volunteers are responsible for adherence to ADOC policies and procedures relating to inmate sexual abuse, sexual harassment, and custodial sexual misconduct. This includes a continuing affirmative duty to disclose any such misconduct.
Of the volunteers and contractors presently working to JTPW, the Auditor reviewed documentation that reflects that 247 of the volunteers and contractors in the past 12 months have received the PREA training specific to the female offender population. At this time, 100% of the volunteers and contractors having contact with the offender population have attended the required training at JTPW.

The Auditor conducted four (4) formal interviews with contract staff and one (1) informal interview with a volunteer, all of which recall having the PREA training. Each of them recalled the level of training was specific to their roles/responsibilities in the facility. When the Auditor questioned each one about their knowledge of PREA, each was able to identify what PREA was and what their role/responsibility was in the event that they are confronted with a situation of Sexual Abuse / Sexual Harassment.

Provision (b)

The Auditor was provided with a four (4) page handout entitled Prison Rape Elimination Act PREA Training for Volunteer and Contractors. The handout covers numerous items relating to PREA starting with an overview, purposes of PREA, the objectives of PREA, the ADOC procedures for reporting incidents and/or allegations of prison rape, as well as the definitions of Sexual Assault, Sexual Harassment, and Custodial Misconduct. The last page is an Acknowledgement page for the contractor/volunteer to sign, with a copy of the Acknowledgement being retained in the IPCM Training File.

At the present time, there are approximately 84 contract employees with various classifications such as Registered Nurses, Licensed Vocational Nurses, Nurse Practitioners, Mental Health Practitioners, Dental Staff, Mental Health Registered Nurses, etc. These contract staff are provided specific PREA training relative to health care providers. Their training is entitled “Prison Rape Elimination Act and What Healthcare Providers Need to Know”. In addition to that specific training, they are also provided ADOC specific PREA training.

A color Tri-fold pamphlet was developed for distribution to staff entitled “PREA, Prison Rape Elimination Act, Training for Volunteers and Contractors”. This pamphlet addresses the major components of PREA, definitions of Sexual Abuse / Harassment, as well as other items for staff to consider.

The Auditor conducted four (4) formal interviews with contract medical/mental health staff, as well as one (1) informal interview with medical staff in the infirmary. During the interviews, all verbally demonstrated to the Auditor a comprehensive and complete understanding of the Department’s zero-tolerance policy in order to address any instance when an offender reports a PREA specific item.

Provision (c)

As indicated in provision (b) copies of the acknowledgement page from the PREA training is retained by the IPCM.

The Auditor reviewed several sign in sheets from the PREA training sessions scheduled in Jan., Feb., March, May, July, Sept., Oct., and Nov. 2018, that reflect Acknowledgment signatures from contractors and volunteers for the PREA training that they received.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency exceeds standards regarding the requirements for Volunteer and Contractor Training. No recommendations or corrective action is required.
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 such education? ☒ 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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8-12
- Facility Orientation Booklet
- Facility PREA Brochure
- PREA Posters
- Misc. training materials
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Interviews with the following:
  - Intake Staff
  - Random Offenders
- Observations during on-site review.

Provision (a)

ADOC Administrative Regulation # 454, regarding Inmate Sexual Abuse and Harassment, dated 1/4/16, page 13, B, 1, a, states that all inmates shall be given verbal and written, understandable information explaining the ADOC’s zero tolerance PREA policy including how to report sexual abuse and harassment upon their initial intake into an ADOC institution.

The Offender Handbook, the Offender Orientation packet, and PREA posters were observed during the tour by the Auditor. The Auditor reviewed written materials in both English and Spanish. The Auditor was also shown that the offender orientation materials have been translated into braille.

The Auditor was also provided a copy of the Initial Intake Acknowledgement (ADOC Form 454-Athat is completed for all offenders arriving at the facility. This checklist is a listing of eight (8) line items, that require the inmate to read and sign, followed by a staff signature. The form is then placed into the offenders file. The items on the list are:

1. The ADOC has a Zero Tolerance Policy towards prison rape.
2. Sex between inmates is not allowed
3. Forcing or coercing another inmate into sexual acts is illegal
4. It is illegal for a staff member to have sex with an inmate
5. If you are being harassed or have been sexually assaulted or if you have witnessed sexual harassment or sexual assault you may report it one of the following ways:
   a. Report to any ADOC Employee
   b. Report it to the Institutional PREA Compliance Manager
   c. Dialing 1 then #66 on any inmate phone system
   d. Write a letter to the ADOC Investigation and Intelligence Division using a pre-addressed envelopes that are located in the Inmate Law Library
   e. Have family member or friends report it via the ADOC Website, www.doc.alabama.gov
6. All claims of sexual harassment and sexual assault will be investigated
7. A statement of findings of the investigation will be provided to the victim
8. Criminal charges will be pursued if applicable

Of the seventeen (17) offender files that were reviewed, a copy of this signed document was retained in every file with the rest of their offender information. The date of the signature coincided with the date that the offender arrived at the facility. In addition to the orientation packet, all offenders coming through Intake must watch the ADOC video regarding PREA.

During the tour of the Intake area, an offender was being processed into the facility, where she observed the seventeen (17) minute ADOC PREA orientation video. The Auditor observed this video, which was a professionally produced video that provides a detailed explanation of the departments PREA standards, and also covered the rights of those incarcerated within ADOC. The video is provided in both English and Spanish. Following the video, the Auditor observed the newly arrived offender being provided her orientation packet, for which an explanation was provided, and she acknowledged receipt of the training and handouts.

Another feature of the offender telephone system is the recording that occurs when the offender is about to make a telephone call to someone. When the offender picks up the telephone, a recording comes on that advises the offender that they have the right to be free from sexual abuse and sexual harassment, and it then advises them if they would like to report anonymously then can dial 1 #66 and make a report. This was confirmed by the Auditor during the on-site tour.

During the interviews with Intake staff, they shared that offenders are provided with the orientation packet upon arrival at JTPW. The offender then signs the acknowledgement form which is retained with the offenders file.

During the interviews with the over fifty (50) offenders, all of the offenders remembered receiving written materials (offender handbook and brochure) when they arrived at the institution, all of these interviewees indicate that the materials they received included information about the facility’s zero tolerance policy and ways to report. For those offenders that had arrived at the facility prior to the PREA training / mandates, they do recall receiving the materials, and attending training when PREA was implemented.

Provision (b)

ADOC Administrative Regulation # 454, regarding Inmate Sexual Abuse and Harassment, dated 1/4/16, page 13, B, 1, b, states that all inmates shall receive a comprehensive educational orientation by an IPCM on the ADOC’s zero tolerance PREA policy and how to report sexual abuse and harassment within 30 days of their arrival into an ADOC institution; whereas Tutwiler’s Standard Operating Procedures, # 8–12, 12/4/18, page 10, B, 1, c, takes a narrower approach, and requires that the inmates receive a comprehensive education orientation by the IPCM on the ADOC and JTPW’s zero tolerance for sexual abuse and harassment policy, how to report sexual abuse and harassment, their right to be free from abuse and harassment, and facility policies for responding to such incidents within 14 days of their arrival into the institution. Policy also requires that both the IPCM and Mental Health staff shall remain in the room at all time to monitor the inmate for their reaction and understanding of the information presented.
During the past twelve (12) months there have been 1,375 offenders whose length of stay at the facility was for more than 30 days, per facility characteristics, all of the offenders were provided the PREA information which included their right to be free from sexual abuse, as well as the policies and procedures for responding. The percentage provided the information vs. total offenders admitted was 100%.

During the interview with the Intake staff, they indicated that immediately upon arrival into the facility, the offenders receive their PREA training while they sit in the Intake area, prior to their assignment to a housing bed, and that upon completion of the video and packet receipt, the offenders are escorted from the intake area. The intake staff state the once each week an offender orientation occurs, where the offender will again receive a more comprehensive and expanded version of the PREA training.

Inmate orientation is conducted every Thursday morning in the Chapel for those new offenders entering into JTPW. During that orientation session the IPCM or back-up IPCM provides the PREA orientation training to those offenders who have just arrived at the facility, this training is facilitated through the use of PowerPoint slides, the reviewing of the video seen in Intake, and a question and answer period to reinforce retention. The IPCM also indicated that they will also show video segments during the Thursday morning orientation from Just Detention International and the PREA Resource Center.

The offenders attendance at this weekly PREA orientation session is documented with a signature of attendance by the offender. This signed document acknowledging their attendance is subsequently placed into the offender file.

During each interview with the offenders, they were asked if they could explain what they could recall from their PREA training. The general responses they provided were; right to be free from sexual harassment and retaliation for reporting, what phone number to use in case of an incident, where the numbers and addresses were located, and who to speak with if they had any questions or could report an incident to.

Provision (c)

As indicated in Provision (b) 100% of those offenders who had entered into the facility during the 12-month period had received the PREA training. At the time of PREA implementation at JTPW, all offenders who were incarcerated at the time were required to attend the PREA training, with any offenders arriving after that date they would receive the initial training at intake, and then the following Thursday orientation. This orientation training is facilitated through the use of PowerPoint slides, and the viewing of the videos, with a question and answer period to reinforce retention; while at Intake, the offender will only view the video and be provided the handouts.

The tracking of this information was not only documented and with a verification of the training being retained in the offenders file. In order to ensure that all existing offenders had received the IPCM tracked to the information until all offenders at JTPW had received the required PREA training. From that point forward, every offender that was processed through intake received the Intake PREA training. A copy of the sign in officers sign in sheets was reviewed by the Auditor.

As indicated in Provision (b) the intake staff provide the PREA information immediately upon arrival into the facility, and then the IPCM or back-up ensure that once each week an offender orientation occurs, where the offender will again receive a more comprehensive version of the PREA training.

Interviews with intake staff advised that upon arrival at the facility they require the viewing of the PREA video, and supply the offender with all orientation materials, which includes PREA related items. They further advised that this occurs whether it be a new intake or transfer in from other facilities.

Provision (d)

ADOC Administrative Regulation # 454, regarding Inmate Sexual Abuse and Harassment, dated 1/4/16, page 13, B, 1, c, as well as Tutwiler’s Standard Operating Procedures, # 8–12, 12/4/18, page 10, B, 1, d both require that all
inmates are provided, by the IPCM, accessible education formats if an inmate has special needs (language barriers, visually impaired, deaf, limited reading skills, or otherwise disabled), not relying on inmates for this service, and…..

The various training elements provided to the offender population, range from the English speaking PREA orientation video and documents, to a Spanish speaking PREA orientation video and supporting documents, to a copy of all orientation materials being transcribed into braille for those offenders who are visually impaired.

During the interview with the IPCM, she was asked what was the process in the event that an offender is deemed outside of the scope of these already established training items, she advised that either herself and/or Back-up IPCM will work with facility ADA coordinator to ensure that each offender is able to comprehend the PREA related items to a comfortable level of comprehension.

Provision (e)

As stated in previous provisions, all inmates have been required to sign a training sign in sheet, and/or signed the acknowledgment documentation. A copy of the training sheet has been retained by the IPCM, while a copy of each of the offenders acknowledgement is scanned into their offender file, where it is retained with all of their other records.

As stated in provision (a), a review of seventeen (17) offender files was conducted, copies of the sign in sheets and a copy of this signed acknowledgment document were retained in every file.

In addition, the ADOC is able to query their tracking database to ascertain if an inmate has or has not participated in the mandated PREA training. The database is capable of conducting a query by offender name and by facility, whether or not an offender has received the training, and the information has been documented. During the on-site, this auditor was provided a data-base demonstration on how this system performs, and was able to verify that all of the offenders housed at JTPW had received their initial intake training, their required orientation training and any subsequent PREA training received.

Provision (f)

The department, the facility, and the IPCM have made a significant effort to ensure that the offenders at JTPW receive essential information about Sexual Abuse and Sexual Harassment. Through the use of different platforms, the offender population receives the essential information. Several of the different delivery methods range from the Female Inmate Handbook, which goes into great detail about the prevention of Sexual Violence to the eight (8) methods the offenders can use to seek assistance or clarification regarding sexual violence.

In addition, the department created various PREA posters, in both English and Spanish, and placed them in every living area, work area, visiting room, dining area, main hallway, etc. During the on-site, the auditor observed these posters in numerous locations throughout the facility.

JTPW utilizes tablets to provide educational materials to some of the offender population. The offenders that are housed in the “honor dorm” have access to these tablets for educational use. During the on-site, the auditor was provided a demonstration of how these tablets are utilized, and observed that the home screen of the tablet is entitled PREA: What you need to know. The screen then allows the offender to access a PREA training course, that includes a video regarding PREA.

One of the training items was developed by the offender population was their version of Family Feud, known as the PREA Family Feud game. Under the oversight of the IPCM, a small group of offenders voluntarily formed a game committee that created a version of the family feud game, ensuring that all of the questions had their foundation in PREA. The offender population was allowed to create their own “family of five”, to be selected by the IPCM for participation in the game. The game was held one afternoon, with the offenders meeting in the chapel, to either observe or participate in the game. The “host” of the game was the IPCM, who led the questioning. The two “families” met in the front of the chapel led by the host, with the offenders in the audience also playing an active part in answering the questions. Because this was a type of version of PREA training for the offender population,
a sign in sheet was circulated throughout the audience. The Auditor reviewed the sign-in sheet and identified, verifying 106 participants in the JTPW PREA Family Feud game.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency exceeds standards for Inmate Education. No recommendations or corrective action is required.

### Standard 115.34: Specialized training: Investigations

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

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<thead>
<tr>
<th>115.34 (a)</th>
<th>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 have received 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</th>
</tr>
</thead>
<tbody>
<tr>
<td>115.34 (b)</td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
<tr>
<td>115.34 (c)</td>
<td>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</td>
</tr>
<tr>
<td>115.34 (d)</td>
<td>Auditor is not required to audit this provision.</td>
</tr>
</tbody>
</table>
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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- ADOC SOP OPR: I & I Number 454
- Tutwiler SOP # 8-12
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Additional training materials
- Interviews with the following:
  - Investigative Staff

Provision (a)

Both the ADOC Administrative Regulation # 454, regarding Inmate Sexual Abuse and Harassment, dated 1/4/16, Page 11, V, 2; as well as, Tutwiler’s Standard Operating Procedures, # 8–12, 12/4/18, Page 7, A, 2, state that the additional training related to their roles include, but are not limited to: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, conducting sexual abuse investigations including the collection of evidence in a confinement setting, and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. Training shall be documented and verified through employee signature and forwarded to the Training Director for retention.

ADOC SOP, OPR: I & I Number 454, PREA Sexual Assault Investigations, Page 2, C, 1, indicates that the I & I investigators shall receive additional training related to their roles to include, but not be limited to: interviewing sexual abuse victims conducting sexual abuse investigations in a confined setting, investigation and evidence collection for inmate sexual offenses, sexual harassment and custodial sexual misconduct.

The Auditor also reviewed portions of the on-line training that is required of all ADOC Investigators. This material is provided on-line through the United States Department of Justice, National Institute of Justice entitled, “Sexual Abuse and the Initial Responder”, and provides investigative staff training in the following areas: PREA Investigations, Working with Victims Interviewing Techniques, and Institutional Culture and Investigations.

The ADOC currently employs twenty-two (22) investigators statewide. The Auditor reviewed numerous training certificates for each of the ADOC Investigations & Intelligence Investigators, and also reviewed the Specialized Investigator Training certificates provided by The Moss Group. At the present time, JTPW has one (1) investigator assigned to the facility. The Auditor reviewed the training record for this investigator, which reflected the required training item in addition to various other courses such as: Trauma-Informed Sexual Assault, Human Trafficking, Prison Rape and Sexual Assault Investigations.

During the interview with the JTPW Investigator, she confirmed her attendance at all required training, indicating that there have been other allied agency trainings that she has attended as well.

Provision (b)

As addressed previously in (a), both ADOC AR # 454 and JTPW SOP # 8 – 12 address this provision.
ADOC Administrative Regulation # 454, regarding Inmate Sexual Abuse and Harassment, dated 1/4/16, Page 11, V, A, 2, as well as Tutwiler’s Standard Operating Procedures, # 8–12, 12/4/18, Page 7, V, A, 2, both state that Investigators and other ADOC employees with PREA related responsibilities shall receive additional training related to their roles to include, but not be limited to: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, conducting sexual abuse investigations including the collection of evidence in a confinement setting, and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. Training shall be documented and verified through employee signature and forwarded to the Training Director for retention.

The Auditor was also provided with a screen retention from the U.S. Department of Justice Bureau of Prisons, NIC training entitled “Sexual Abuse and the Initial Responder.” There are currently five (5) chapters provided in this training item: Course Introduction, PREA Investigations, Working with Victims, Interviewing Techniques, and Institutional Culture and Investigations. This training is required for each investigator assigned to the ADOC. Upon initial hire, each investigator has thirty (30) days in which to complete this on-line training item.

Through the review of training records and an interview with the JTPW investigator, the Auditor has confirmed that all training requirements have been met.

Provision (c)

As addressed previously in (a) & (b), both ADOC AR # 454 and JTPW SOP # 8 – 12 address this provision.

The ADOC currently employs twenty-two (22) investigators statewide. The Auditor reviewed numerous training certificates for these I & I investigators, and also reviewed the Specialized Investigator Training certificates provided by The Moss Group.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standard for Specialized Training: Investigations. No recommendations or corrective action is required.

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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
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.) ☒ 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? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ 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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8-12
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Additional training materials
- Statement of Non-Occurrence / Non-Applicable memo
- Interviews with the following:
  - Medical and Mental Health Staff
- Observations during on-site review.

Provision (a)

Both the ADOC Administrative Regulation # 454, regarding Inmate Sexual Abuse and Harassment, dated 1/4/16, page 12, V, 3, a – g, as well as, Tutwiler’s Standard Operating Procedures, # 8-12, 12/4/18, Page 7, V, 3, a - e indicate that Medical and Mental Health employees, shall receive additional training to include, but not limited to, the items identified in this provision:

- How to detect and assess signs of sexual abuse and harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and harassment;
- How and to who to report allegations or suspicions of sexual abuse and harassment;
Training shall be documented to denote employee understanding of material and verified through employee signature.

A review of the provided lesson plan/training materials demonstrate compliance with this training requirement. In addition, the contract medical provider, Wexford, created additional PREA training items specific for their staff, which they must also complete annually.

At the present time there are eighty-eight (82) medical and mental health staff assigned to the facility. Through staff interview and a review of training documents by the Auditor, each of the assigned staff members have attended the required training and meet all training requirements.

Provision (b)

N/A – all medical staff at JTPW are prohibited by procedure from performing forensic examination on sexual abuse victims.

Provision (c)

As indicated in (a), through staff interview and a review of the training documents by the Auditor, each of the assigned staff members have attended the required training and meet all training requirements. All training documentation is retained in the employee file, as required.

Provision (d)

The Auditor reviewed sign-in sheets and training materials that reflect the general PREA training that is mandated for ADOC employees, contractors and volunteers outlined in policy and PREA standards.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standard regarding the requirements for Specialized training: Medical and mental health care. No recommendations or corrective action is required.

### 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, when 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, when 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, when 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 a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate’s risk level when warranted due to a: 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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #637
- ADOC Administrative Regulation #454
- Tutwiler SOP # 8-12
- Assorted Classification and Assessment forms
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Interviews with the following:
  - Staff Responsible for Risk Screening
  - Random Offenders
  - Institutional PREA Compliance Manager
  - PREA Compliance Manager
- Observations during on-site review.

Provision (a)

Both the ADOC Administrative Regulation # 454, regarding Inmate Sexual Abuse and Harassment, dated 1/4/16, page 15, F, 1 & 2, as well as, Tutwiler’s Standard Operating Procedures, # 8–12, 12/4/18, page 13, F, 1 & 2 indicate that all ADOC & Tutwiler facilities shall adhere to the following intake procedures when processing all inmates into the facility, that all inmates, at initial intake and upon transfer to another facility shall be screened for potential risk of sexual vulnerability, potential risk of sexual aggression and self-injurious behavior and/or suicidal ideation within 72 hours.

Of the fifty (50) offenders who were interviewed relative to this provision half of the offenders were able to recall being asked questions relative to their concerns for sexual safety, and if they felt like they were going to harm themselves.

During the on-site tour the Auditor was able to sit with, and interview several classification staff members, responsible for conducting the Intake Screening and subsequent classification screening documents. These classification staff were able to guide the Auditor through the intake screening and classification process, by modeling the process that each offender is required to participate in during their initial screening and ongoing classification processes. The classification staff discussed each of the documents and assessments utilized as we proceeded through the process(s). The classification staff also modeled each of the questions, providing the Auditor with a clear and thorough understanding of the overall intake and classification process(s).

Provision (b)

As stated in (a), according to the listed policies all inmates must be screened within 72 hours.

The Auditor reviewed the PAQ which indicated that within the past 12 months, 100% or 1,487 offenders were screened for the risk of sexual victimization or risk of sexually abuse other inmates within 72 hours of their entry into the facility.

A list of offenders’ arrival dates and dates of evaluation demonstrate compliance with this standard. Using this list, the Auditor reviewed seventeen (17) random offender files to ensure they received the training and how that training was completed, all of the seventeen (17) files had verification that the initial screening had occurred within 72-hours of arrival at JTPW.

Of the 33 random, and 17 targeted offenders interviewed, all but six (6) of the offenders recalled being asked questions specific to previous Sexual Abuse & Sexual Harassment within three (3) days of their arrival at the facility. Six (6) of the offenders interviewed indicated that they either didn’t remember if it happened or that it did not happen
due to their present length of stay. Of the offenders who remember participating in an intake screening, each indicated that it occurred either on the day they arrived or the next day.

As stated in (a), the Auditor was able to sit with, all required questions were asked of the classification staff members, who replied that all of the PREA related questions are asked during intake/initial, and ongoing classification screenings.

Provision (c)

The Auditor reviewed copies of several screening assessments from the classification staff, which were documented on the Women’s Risk/Needs Assessment (WRNA). An assessment that provides the intake and classification staff with an independently developed, validated, and objective assessment used for screening assessments, as outlined in the following paragraph.

ADOC Administrative Regulation # 637, dated 5/9/18, Gender Dysphoria, page 2, V, A, 1, states that Pursuant to ADOC Admin Reg 454 “Prison Rape Elimination ACT” (PREA), all new incoming inmates shall be screened at the reception and diagnostic centers for a history of predatory sexual behavior, sexual abuse and the likelihood/potential of sexual abuse/victimization using the PREA Screening Checklist and Instructions for Utilizing the PREA Screening Checklist (Form 454-C).

According to the Court Monitors report for case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18, Page 83 indicates that Tutwiler’s “new classification system incorporates gender-responsive principles and addresses the needs of women inmates at Tutwiler including housing safety, mental health (depressions/anxiety/psychosis), abuse and trauma, family conflict, relationship dysfunction, and parental stress. The system focuses on strength and resiliency factors including education assets, family support, and self-efficacy”. The “monitor found ADOC and JTPW to be “Substantially Compliant” with this provision following compliance visits that occurred in December 2015, June 2016, December 2016, June 2017, and December 2017. As of June 30, 2018 ADOC and JTPW have sustained “substantial compliance”.

The Auditor was able verify compliance with this provision through the review of seventeen (17) offender records, reflecting copies of the required assessments. A copy of the Risk assessment questionnaire was provided to the Auditor. A review of this instrument indicates it is weighted and score based upon responses to specific questions required in the Standard/provision criteria.

As stated in (a), the Auditor was able to sit with, and interview several classification staff members who were able to walk the Auditor through the intake screening and classification process, which included the detailed overview of the WRNA.

Provision (d)

The Auditor reviewed the ADOC Classification PREA RISK FACTORS, Parts 1 and 2, and compared the questions on Part 1 of the form with the requirements of Provision (d). All items required for Provision (d) have been included into Part 1 of the screening instrument, are:

- Whether the inmate has a mental, physical, or developmental disability;
- The age of the inmate;
- The physical build of the inmate;
- Whether the inmate has previously been incarcerated;
- Whether the inmate’s criminal history is exclusively nonviolent;
- Whether the inmate has prior convictions for sex offenses against an adult or child;
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
- Whether the inmate has previously experience sexual victimization;
- The inmate’s own perception of vulnerability; and
• Whether the inmate is detained solely for civil immigration purposes.

As stated in (a), the Auditor was able observe the screening process, and interview several classification staff members who were able to walk the Auditor through the intake screening and classification process, which included the ADOC Classification PREA RISK FACTORS Parts 1 and 2.

Provision (e)

The Auditor reviewed the ADOC Classification PREA RISK FACTORS, Parts 1 and 2, and compared the questions on Part 2 of the form with the requirements of Provision (d). All items required for Provision (e) have been included into Part 2 of the screening instrument, which addresses Possible Sexual Predatory Risk Factors.

As stated in (a), the Auditor was able observe the screening process, and interview several classification staff members who were able to walk the Auditor through the intake screening and classification process, which included the ADOC Classification PREA RISK FACTORS Parts 1 and 2.

Provision (f)

The Auditor reviewed the PAQ which indicated that within the past 12 months, 100% or 1,375 offenders have been assessed for the risk of sexual victimization or risk of sexually abuse other inmates within 30 days of their entry into the facility.

Of the 33 random, and 17 targeted offenders interviewed, all Inmates interviewed relative to this provision indicated that they recall being asked questions relative to this standard, most indicated they recalled being interviewed within a couple of weeks after arrival. The remainder had been at the facility prior to the implementation of these assessments, and had theirs completed after they have been here for a period of time.

In addition to the seventeen (17) files that had been reviewed by the auditor, the IPCM further provided examples of five (5) additional individual copies of completed risk screening instruments, with varied dates. These completed screening documents were completed by different staff, with each instrument being completed consistent with standard.

Provision (g)

ADOC Administrative Regulation Number 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Harassment, Page 14, F, 5, as well as, Tutwiler’s Standard Operating Procedures, # 8–12, 12/4/18, page 16, F, 5 states that all inmates shall be reassessed for risk of sexual victimization and abusiveness within 30 days of intake. In addition, upon receipt of additional information that bears on an inmate’s risk of sexual victimization or abusiveness an additional screening will be conducted.

As stated in (a), the Auditor was able to sit with, and interview several classification staff members who were able to walk the Auditor through the intake screening and classification process. Classification staff indicated that they monitor all of the offender population, and will conduct a re-assessments when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that may have some bearing on the offenders risk of victimization or abusiveness.

Provision (h)

ADOC Administrative Regulation Number 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Harassment, Page 15, F, 6, as well as, Tutwiler’s Standard Operating Procedures, # 8–12, 12/4/18, page 14, F, 6, both indicate that during the time of any of these assessments the ADOC shall take no formal or informal disciplinary action should an inmate refuse to participate or answer any screening questions.

These policies are all encompassing, and do not specifically identify the offenders relative to their disabilities, gender preferences, history of sexual victimization, and/or the inmates’ own perception of vulnerability. Should the offender
choose not to answer for any reason, they cannot be disciplined. The policy language is broad and applicable to this provision.

Each of the classification staff indicated that they do not discipline any offender for their refusal to answer any of the questions on the assessment, rather each of them indicated that they would explain the reason and attempt to solicit participation; however, no disciplinary action is taken should the offender choose not to participate.

Provision (i)

ADOC Administrative Regulation Number 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Harassment, Page 15, F, 7, as well as, Tutwiler’s Standard Operating Procedures, # 8–12, 12/4/18, page 14, F, 7, both indicate that there will be appropriate controls on the dissemination of screening information so as to ensure each inmates’ sensitive information is not exploited.

As stated in (a), the Auditor interviewed several classification staff members who were able to walk the Auditor through the intake screening and classification process. In addition, the staff members indicated that following the completion of any assessment, the original is scanned into JTPW’s classification file and shredded. Classification staff further indicated that access to the offenders classification information is secured, with controlled access only to the classification specialist.

The Auditor also interviewed the PREA Coordinator and the IPCM regarding who can specifically access to the specific screening information contained in the database, and was advised that at the present time the Mental Health Staff, Classification Specialists, and the IPCM have access.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard which addresses Screening for Risk of Sexual Victimization and Abusiveness. No recommendations or corrective action is required.

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? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No

- 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? ☒ 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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8-12
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Additional Assessment & Classification documents
- Interviews with the following:
  - PREA Compliance Manager
  - Institutional PREA Coordinator
  - Staff responsible for Risk Screening
  - Offenders who identify as Lesbian, Gay, Transgender, or Intersex
- Offender Files

Provision (a):
Both the ADOC Administrative Regulation Number 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Harassment, Page 16, F, 9, a, as well as ADOC Tutwiler Standard Operating Procedure Number 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 14, 9, a, both indicate that all information obtained during the screening process and PREA Mental Health Assessment shall be used to make individualized and safety based determinations and assist in the initial classification and institutional assignment of the inmate, with the goal of keeping separate those inmates at high-risk of being sexually victimized from those at high-risk of being sexually abusive.

The Institutional PREA Compliance Manager indicated that every assessment completed by staff is factored into the placement and programming of each offender (WRNA, PREA Risk Factors, etc.). She further stated that the offenders’ risk levels, housing, and programming factors are guided with the use of these various assessments, ensuring that every offender, especially those at high risk of being sexually victimized, are separated from those at high risk of being sexually abusive.

Following a review of the seventeen (17) offender records, the Auditor was able to verify that the information from these assessments was being utilized in the various classification decisions made by staff.

Provision (b):
Both the ADOC Administrative Regulation Number 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Harassment, Page 16, F, 9, a, as well as ADOC Tutwiler Standard Operating Procedure Number 8-12, dated 12/4/18, Page 14, F, 9, a, both reflect that all information obtained during the screening process and PREA Mental Health Assessment shall be used to make individualized and safety based determinations and assist in the initial classification and institutional assignment of the inmate as well as determine work, education, and programs.

During the interviews with the staff who are responsible for risk screening, the Auditor was advised that because of the varied assessments that are being utilized, each offender is individually evaluated. Staff utilize all assessments.
at their disposal (WRNA, Classification PREA Risk Factors Parts 1 & 2, Mental Health referral form, etc.), including additional consideration is also given during the discussions with each individual offender when making classification and housing decisions.

**Provision (c)**

Both the ADOC Administrative Regulation Number 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 17, Section 9, f, as well as ADOC Tutwiler Standard Operating Procedure Number 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 14, F, 9, f, indicate that in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, ADOC shall consider on a case-by-case basis whether the placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems.

During the interviews with Intake staff that are responsible for risk screening, they indicated that the Transgender / Intersex offender’s view of their own safety is taken into serious consideration when determining housing placement and programming assignments. In addition, the staff who are responsible for risk screening indicated because of the assessments that are utilized, each offender is evaluated individually.

The Auditor interviewed the departmental PREA Coordinator who indicated that according to ADOC policy, the gender identification of each offender is initially determined by their gender at birth; however, she further clarified that from that point every offender is individually assessed, and classified in order to ensure the safety of each offender, as well as the safety of the offender population. The departmental PREA Coordinator is also a member of the departmental Transgender committee which meets regularly to consider all aspects of the transgender / intersex offender’s incarceration, which includes consideration of; 1) disciplinary issues, 2) hormone treatment, and 3) housing and classification issues.

Through the formal interviews with the four (4) self-identified Transgender / Intersex offenders, the Auditor was able to confirm that Transgender / Intersex offenders have never been placed into a designated housing area, nor have they felt any deviation from their programming needs.

**Provision (d)**

Both the ADOC Administrative Regulation Number 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 17, section 9, d, as well as ADOC Tutwiler Standard Operating Procedure Number 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 15, section e, advise that the placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year by the IPCM to review any threats to safety experience by the inmate.

During the documentation review process, the Auditor reviewed the reassessments of three (3) of the offenders who have been identified as transgender or intersex. A review of these assessments/reassessments revealed that the transgender or intersex offenders are receiving the reassessment every six (6) months as required for compliance with the timeline requirements of this provision.

During the interviews with the three (3) Intake staff that are responsible for risk screening, as well as the PREA Compliance Manager, both indicate that the Transgender / Intersex offender’s view of their own safety is taken into serious consideration when determining housing placement and programming assignments, and that regular classification reassessments are conducted every six (6) months, or if the offender is involved in an incident of a sexual nature.

**Provision (e)**

Both the ADOC Administrative Regulation Number 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 17, Section 9, e, as well as ADoC Tutwiler Standard Operating Procedure Number 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 14, F, 9, c, both reflect that a transgender
or intersex inmate’s own views with respect to his or her own safety shall be given serious consideration. During the interviews with both the IPCM and with Intake staff responsible for risk screening, they indicated that the Transgender / Intersex offender’s view of their own safety is taken into consideration. These offenders are interviewed further to determine enemies and potential or perceived threats. Housing placement and programming assignments may be based on this information. However, staff indicated that there may be instances when institutional needs dictate adjustments to housing placement or programming issues.

Through the formal interviews with the four (4) self-identified Transgender / Intersex offenders, the Auditor was able to confirm that Transgender / Intersex offenders indicated that they feel comfortable with their currently housing and programming arrangements. In addition, they indicated that feel comfortable in approaching the IPCM or staff regarding any personal safety concerns.

Provision (f)

Both the ADOC Administrative Regulation Number 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 17, Section 9, g, as well as ADOC Tutwiler Standard Operating Procedure Number 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 15, F, 9, g, state that transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

The Auditor interviewed the four (4) self-identified Transgender / Intersex offenders in relation to their showering arrangements. In order to accommodate any concerns, each of them is provided two options; either shower 30 minutes before or after the other inmates, or if they choose they may utilize a private shower area located in a “deactivated” cell area of the infirmary. The Auditor was advised that these cells are in the process of being “renovated” and converted to office space; however, the shower area is being retained as an independent shower area for the transgender / intersex offender population. This area was observed by the Auditor during the tour of the infirmary area.

The Auditor asked both the staff responsible for risk screening and the IPCM about the showering arrangements for the Transgender / Intersex population. They indicated that the offender’s view of their own safety is given serious consideration when providing showering options. In addition, the transgender / intersex offenders are extended to ability to shower separately from other offenders, whether it be at a different time, or in a separate shower area.

As previously identified each of the housing area have bathrooms with individual shower stalls, with either a shower door or curtain. The random staff who were interviewed also indicated that if a transgender or intersex offender asked to shower separately when other offenders are not utilizing the bathroom area, they would be allowed to. The IPCM indicated that in those instances the offender would also be provided a chrono allowing them to use the shower area (30) thirty minutes before or after the other offenders are allowed to shower, and/or utilizing the shower in the infirmary.

Provision (g)

Both the ADOC Administrative Regulation Number 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 17, Section 9, c, as well as the ADOC Tutwiler Standard Operating Procedure Number 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 15, 9, c, shall not place LGBTI inmates in a dedicated facility, unit, or dorm solely on the basis of such identification or status.

During the interviews with both the Departmental PREA Coordinator and the Institutional PREA Compliance Manager, they indicated that neither the ADOC or JTPW are under any consent decree, legal settlement, or legal judgment requiring the establishment of a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex (LGBTI) offenders. Both indicated that all LGBTI offenders are housed within the general population, unless specific issues are present and only then the appropriate committee will meet with the offender and address the concerns.

The Auditor interviewed a total of seven (7) offenders who identified as LGBTI. Every LGBTI offender interviewed indicated that they have not been segregated or housed separately from the general offender population, nor have
there been any instances where they were searched inappropriately for the purposes of identifying their genital status.

**Conclusion:**

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard requiring the Use of Screening Information. No recommendations or corrective action is required.

**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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

### 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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Statement of Non-Occurrence / Non-Applicable memo’s
- Interviews with the following:
  - Warden or Designee

Provision (a)

ADOC Administrative Regulation Number 454, Inmate Sexual Abuse and Harassment, dated 1/4/16, Page 23, J, 1, states that offenders at high risk for sexual victimization or those who report sexual victimization shall not be placed in involuntary administrative or punitive segregation unless there has been an assessment of all other available alternatives and a determination made that there are no other alternatives available.

During the past twelve (12) months there have been no offenders placed into involuntary administrative or punitive segregation in accordance with this standard. A statement of Non-Occurrence was completed by the IPCM indicating to this fact. The Auditor interviewed the Warden and the IPCM specific to this issue and she confirmed that there have not been any offenders placed in protective custody for over a year.

Provision (b)

ADOC Administrative Regulation Number 454, Inmate Sexual Abuse and Harassment, dated 1/4/16, Page 23, J, 2, states that offenders placed into segregated housing as the only means of protecting such an offender shall have access to all programs, privileges, education, and work opportunities, to the extent possible, and it shall only be until an alternative means of separation from likely abuser can be arranged, a time not ordinarily to exceed 30 days. In these cases, the facility shall clearly document the basis for the facility’s concerns for the inmate’s safety and the reason why no alternative means of separation can be arranged.
During the past twelve (12) months there have been no offenders placed into Protective Custody in accordance with this standard. A statement of Non-Occurrence was completed by the IPCM indicating to this fact. The Auditor interviewed the both the Warden and the IPCM specific to this issue and she confirmed that there have not been any offenders placed in protective custody for over a year.

As such, no offenders could be interviewed relative to this provision.

**Provision (c)**

During the past twelve (12) months there have been no offenders placed into Protective Custody in accordance with this standard, specific to a period longer than 30 days while awaiting alternative placement.

A statement of Non-Occurrence was completed by the IPCM indicating to this fact.

**Provision (d)**

N/A

**Provision (e)**

ADOC Administrative Regulation Number 454, Inmate Sexual Abuse and Harassment, dated 1/4/16, Page 23, J, 3, states that offenders placed into segregated housing as the only means to protect such an offender shall be afforded reviews by the facility every thirty (30) days to determine whether there is a need to continue separation from the general population.

During the past twelve (12) months there have been no offenders placed into Protective Custody in accordance with this standard, A statement of Non-Occurrence was completed by the IPCM indicating to this fact.

**Conclusion:**

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Protective Custody. No recommendations or corrective action is required.
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? ☒ Yes ☐ No

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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8-12
- PREA Posters in English & Spanish
- Offender Legal Mail Envelopes
- Women’s Services Inmate Handbook – 11/01/2017
- Offender Hot line MOU
- Interviews with the following:
  - Institutional PREA Compliance Manager
  - Random Staff
  - Random Offenders
- Observations during on-site review.

Provision (a)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 21, Section H, 2, a, as well as the ADOC Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 20, H, 2, a, state that inmates may report sexual abuse or harassment verbally or in writing, through a third party or anonymously. Inmates may file a grievance, call the PREA hotline, deposit a complaint in the PREA drop box (a secured receptable located at each facility), tell the IPCM, contact I & I via use of a pre-addressed I & I envelope, or they may tell any staff, contractor or volunteer and expect the information to be reported immediately and thoroughly investigated as indicated in this policy.

Of the twenty-three (23) Random Staff, and eighteen (18) Specialized Staff that were interviewed, all indicated that they indicated that they would accept the report from the offender and provide it to their supervisor for further direction. They also shared that the offenders can report several different ways which includes telling a staff member, calling the PREA hotline number posted on the walls near the phones, or telling their family. Staff who were interviewed state that the offenders can also privately report sexual abuse or harassment; however, in most cases staff believed that they could report it to a supervisor, and it would be kept in confidence.

Of the thirty-three (33) random and seventeen (17) targeted offenders that were interviewed, all reported that they were aware of several ways they could report incidents of Sexual Abuse or Sexual Harassment. These included using the telephone number, contacting the IPCM, notifying a third-party (family), contacting another staff member they felt comfortable with, and put a note into the mail-box. Most indicated that they would tell family or tell staff.

During the on-site portion of the audit, the Auditor observed numerous PREA posters in both English and Spanish throughout the facility. These posters were observed in every housing area, common area, main hallway, library, intake holding area, etc. In addition, the Auditor observed numerous white mail boxes, with PREA in red on the front, located in every housing area, library, education, including the main hallway. While touring inside the law
library, the Auditor was informed by the library clerk that offenders are eligible to obtain two (2) legal envelopes per week. Some of these envelopes provide the mailing address for the Director of the Investigations and the Intelligence Division in order for offenders to provide confidential information relative to PREA utilizing the legal mail process.

Provision (b)

The Auditor reviewed a copy of this Interagency Agreement that was established in 2016, between the Alabama Department of Corrections (ADOC) entered into an interagency agreement with the Alabama Department of Economic and Community Affairs (ADECA) that provides way for offenders to report abuse or harassment to a public or private entity that is not part of the ADOC. This agreement requires that ADECA provide a third-party reporting hotline that allows the offender to leave a message for ADECA up to two minutes in length, allowing calls to be made anonymously, and forwarded to a remote email system for later retrieval.

The IPCM was interviewed regarding the ADOC’s process for providing one way for the offender population to report abuse or harassment to a public or private entity. She indicated that the ADOC has an MOU with an outside agency that provides an avenue for the offender population to contact them and leave an anonymous message. She further stated that these messages are provided directly to the Departmental PREA coordinator for appropriate follow-up and resolution. The Auditor was able to view these various print spreadsheets, which identify the facility and the issue; however, there is no indication of who the reporting party was, therefore, maintaining anonymity.

Of the thirty-three (33) random offenders, and seventeen (17) targeted offenders that were interviewed regarding this provision, all were very familiar with the PREA hotline component because the PREA recorded message is played every time before the offender is able to make a telephone call to friends or family. All of the offenders indicated that they were aware that they could make a report without providing their name or ID number.

During the on-site portion, upon entering the various housing areas, the Auditor tested the payphones for access to the ADOC PREA hotline. In every instance, the PREA hotline functioned as required. Located next to the phones was a poster for the Sexual Assault and Rape Prevention Hotline advising that the caller can make a confidential report to a third party, and then provides a three (3) step process on how the offender can make the call and leave a two (2) minute message.

Provision (c)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 19, Section H, 1, a, & b references ADOC employees, while Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 18, H, 1, a & b, references JTPW employees in regards to the fact that either can receive any information, including verbal, written, third-party reports or anonymous complaints, concerning inmate sexual abuse, sexual harassment, and custodial sexual misconduct; retaliation against inmates or staff who report such an incident, or any staff neglect or violation of responsibility that may have contributed to an incident or violation shall immediately report the incident through their chain of command. Section H, 1, b states that any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, and custodial sexual misconduct shall be reported immediately.

A review of the female inmate handbook, published on 8/1/2013 states at the top of page 23, that “All reports are investigated and are confidential – the ADOC and its staff want to keep you safe.”

Of the thirty-three (33) random and seventeen (17) targeted offenders that were interviewed regarding this provision, all of the offenders indicated that they were aware that they are able to make reports of sexual abuse or sexual harassment either in person or in writing, and in some instance the offender indicated that they would contact their family members, so that they could also report.
**Provision (d)**

As previously identified in provision (c), this matter is addressed in both ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, and Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment.

Through the interviews with the twenty-three (23) random, and eighteen (18) Specialized staff, there are several methods for staff to privately report sexual abuse of inmates. All staff indicated that they may choose to make a private report to their supervisor, another supervisor, the PREA Director, or the PREA Compliance Manager.

**Conclusion:**

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Inmate Reporting. No recommendations or corrective action is required.

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**Standard 115.52: Exhaustion of administrative remedies**

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

<table>
<thead>
<tr>
<th>115.52 (a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 ☐ NA</td>
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<tr>
<th>115.52 (b)</th>
</tr>
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<tbody>
<tr>
<td>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</td>
</tr>
<tr>
<td>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</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>115.52 (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
</tr>
<tr>
<td>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</td>
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</tbody>
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<tr>
<th>115.52 (d)</th>
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<tbody>
<tr>
<td>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</td>
</tr>
</tbody>
</table>
• 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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8-12
- Tutwiler SOP # 13 – 3
- Women’s Services Inmate Handbook – 11/01/2017
- Statement of Non-Occurrence / Non-Applicable memo’s
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Interviews with the following:
  - Inmates who Reported Sexual Abuse
- Observations during on-site review.

Provision (a)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 20, Section H, 2, a, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 21, H, 2, a, indicate that inmates may report sexual abuse or harassment verbally, in writing, through a third party or anonymously.

ADOC Tutwiler Standard Operating Procedure # 13 – 3, dated 7/13/15, Inmate Grievance Procedures, Page 4, H, 2, includes allegations of sexual abuse and sexual harassment as alleged through the inmate grievance process. In addition, Page 6, R, 2, states that grievances alleging that the inmate is subject to a substantial risk of imminent sexual abuse or sexual harassment shall be considered an Emergency Grievance.

Provision (b)

ADOC Tutwiler Standard Operating Procedure # 13 – 3, dated 7/13/15, Inmate Grievance Procedures, Page 5, R, 1, states that inmates shall follow normal grievance procedures, except when the grievance involves issues of sexual abuse, sexual harassment, or any verbal or physical abuse. Section R, 1, a, references that there will be no time limit imposed on when an inmate may submit a grievance regarding an allegation of sexual abuse, sexual harassment, or any verbal or physical abuse. Section R, 1, b, indicates that inmates are not required to use an informal grievance process, and/or any attempt to resolve with staff, an alleged incident of sexual abuse, sexual harassment or any verbal or physical abuse.

A review of the Women’s Services Inmate Handbook, dated 11/01/2017, page 23, Number 108: Prevention of Sexual Violence, advises that “it is never appropriate for any ADOC staff, volunteer, inmate, or anyone else to make sexual advances or comments to you to engage in sexual contact with you or, to sexually abuse you.” The
Handbook provides the inmate several remedies on how to address this and specifically bullet item number 5 recommends that the inmate report an incident by filing a grievance.

**Provision (c)**

ADOC Tutwiler Standard Operating Procedure # 13 – 3, dated 7/13/15, Inmate Grievance Procedures, Page 5, R, 1, c, indicates that the inmate may submit a grievance to any staff member, and does not have to submit a grievance to a staff member who is the subject of the complaint and shall not be referred to a staff member who is the subject of the complaint.

A review of the Women’s Services Inmate Handbook, dated 11/01/2017, page 26, Number 109 addresses the topic of Retaliation. This section provides the offender of the definition of retaliation by stating that retaliation is when an inmate or staff injures, harms, or intimidates a person who has reported something, whether the report is of verbal, physical or sexual abuse or harassment – or attempts to do so – in response to the report. This facility has zero tolerance for that behavior.

**Provision (d)**

ADOC Tutwiler Standard Operating Procedure # 13 – 3, dated 7/13/15, Inmate Grievance Procedures, Page 6, R, 1, d, 7, states that a final decision on the merits of any portion of a complaint alleging sexual abuse, sexual harassment, or any other verbal or physical abuse by staff will be provided to the inmate within 30 days of the initial filing of the complaint. The option of an extension of up to an additional 30 days, approved and documented by the Warden, may be granted with written notice of this status update provided to the inmate.

In the past 12 months, there has been a total of six (6) grievances with PREA subject matter. The auditor was provided copies of each Grievance for review. One (1) grievance filed that alleged sexual abuse by JTPW staff. This grievance was handled as an emergency grievance, with all of the required deadlines. The grievant was contacted by investigative staff, and indicated that they did not file the grievance, nor were they aware of any of the issues that had been alleged in the grievance. The grievance investigator was not able to identify who was the originator of the grievance, nor were they able to substantiate any of the claims. As a result, the grievance was dismissed, and closed as unfounded. One (1) grievance was received alleging sexual harassment between two offenders. On the date that the grievance was received, one of the offenders named was being transferred out of the main facility to the Annex, away from the other offender. The grievance was still investigated by the IPCM, yielding no evidence to validate the claim. Four (4) grievances were received regarding the same allegations, each grievance was written anonymously, and as such, interviews could not be conducted. In addition, camera footage was reviewed with negative results. All investigative efforts were inconclusive, and the allegation deemed unfounded.

The Auditor interviewed three (3) offenders who reported a sexual abuse. Each of the offenders who reported abuse indicated that the incident had either occurred prior to their incarceration, or had occurred some time ago, and had since been resolved.

**Provision (e)**

ADOC Tutwiler Standard Operating Procedure # 13 – 3, dated 7/13/15, Inmate Grievance Procedures, Page 6, R, 1, e, indicates that third parties including fellow inmates staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such request on the behalf of inmates. Section R, 1, f states that if a third party files a PREA grievance on behalf of an inmate, the Institutional Grievance Officer may require, as a condition of processing the grievance, that the inmate agree to have the request filed on her behalf. They may also require the inmate to personally pursue any subsequent steps in the administrative remedy process. If the inmate declines to have the request processed on her behalf, the IGO or the DGC shall document the inmates decision.
During the twelve (12) months preceding the audit there were eleven (11) third-party reports. In each instance, the JTPW telephone hotline was utilized, a copy of all call documentation was provided to the auditor for review. Four (4) of the calls referenced a male officer not announcing himself when he enters the shower area, two (2) of the calls were offenders requesting to be moved into another dorm with their girlfriend, three (3) offenders were indicating that another offender was making them “feel uncomfortable”, one (1) offender was requesting to speak with the Institutional Investigator, and one (1) unknown offender was indicating that they were being harassed by another offender; however, the alleged offender had left the facility in 2016. Each of the third-party allegations was investigated by one of the facility Captains or by the IPCM.

**Provision (f)**

ADOC Tutwiler Standard Operating Procedure # 13 – 3, dated 7/13/15, Inmate Grievance Procedures, Page 6, R, 2, states that grievances alleging that the inmate is subject to a substantial risk of imminent sexual abuse or sexual harassment shall be considered an Emergency Grievance and steps outlined in the Emergency Grievance shall be followed.

During the preceding twelve (12) months, one (1) emergency grievance was filed alleging sexual abuse by staff. An immediate investigation was conducted upon receipt of the grievance, and an initial response was provided within 48 hrs. The inmate was contacted regarding the alleged incident, who denied submitting the grievance. During the investigation, a handwriting sample was provided, along with other documents reviewed, and was determined that the offender had not submitted the grievance. No other leads could be pursued, as a result the matter was closed as an unfounded issue.

**Provision (g)**

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 21, Section H, 2, b, as well as the ADOC Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 20, H, 2, c, states that disciplinary action may be taken when an investigation by the IPCM and/or I & I Investigator determines that an inmate made a false report of sexual abuse or sexual harassment.

The IPCM submitted A Statement of Non-Occurrence / Non-Applicable for the twelve (12) months preceding the audit. There were no disciplinary reports for filing a grievance in bad faith or false reporting during the reporting period.

**Conclusion:**

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Exhaustion of Administrative Remedies No recommendations or corrective action is required.

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**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? ☒ Yes ☐ No

• 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

• Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
• Memorandum of Understandings / Interagency Agreements
• Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
• Interviews with the following:
  o Random Offenders
  o Offenders who reported a sexual abuse
• Observations during on-site review.

Provision (a)

The Auditor was provided a county listing from the Alabama Coalition Against Rape Member Crisis Centers, including the mailing address, as well as the office telephone number. The listing further breaks down the contact information by county for utilization by the respective facility. The facility provided the contact information for the Light House Counseling Center, Inc/STAR which indicated an office contact number, and a 24-hour Crisis Line. Additional resources are provided by an associate member services through the Family Sunshine Center.

The Auditor further spoke with a representative from the Family Sunshine center who advised that prior to the initiation of the sexual assault examination she advised that a victim advocate will be present with the offender before, during, and following the examination. In fact, she indicated that the exam will not begin until the advocate
is present. She further stated that the victim advocate will continue to follow-up with the victim to ensure that any counseling services are made available, and ensure that after-care is put in place.

Of the thirty-three (33) random and seventeen (17) targeted offenders that were interviewed regarding this provision, all responded that they were very familiar with the PREA hotline component because the PREA recorded message is played every time before the offender is able to make a telephone call to friends or family. Each offender further reported that because of the recordings, their orientation training, and posters throughout the facility, they were aware of the outside victim advocates that would be available to speak with them.

During the on-site portion, the Auditor observed posters throughout the facility as well as in the dorm areas next to the pay-phones. These posters were developed by the Alabama Coalition Against Rape, and displayed, “You have the right to be free from sexual assault”, and provided a victim support line with call times between 4:00 P.M – 9:00 P.M. The Auditor utilized the telephone number provided, and was able to confirm that it was a functioning telephone number for the identified services. In addition to the help line, the poster also provided the PREA hotline number for the offenders housed at JTPW, advising them that in addition to receiving counseling services, they also have the ability to notify the IPCM of any incident as well.

Provision (b)

During the on-site portion, upon entering the various housing areas, the Auditor tested the payphones for access to the ADOC PREA hotline. In every instance, the PREA hotline functioned as required. Located next to the phones was a poster stating Sexual Assault and Rape Prevention Hotline advising that the caller can make a confidential report to a third party, stating that this is a free recorded call, and then provides a three (3) step process on how the offender can make the call and leave a two (2) minute message.

Of the thirty-three (33) random and seventeen (17) targeted offenders that were interviewed regarding this provision, all offenders indicated that they were aware that some of the information they provide would be given to facility staff.

The Auditor spoke with a representative from the Family Sunshine center who advised that prior to the initiation of the sexual assault examination she advised that a victim advocate will be present with the offender before, during and following the examination. She advised that one of the responsibilities of the advocate is to inform the victim that some of the issues that are discussed will either need to be provided to the facility staff, both medical and non-medical, for the purposes of institutional security, the PREA investigation, and further medical and mental health services.

Provision (c)

The Auditor was provided with a copy of the Interagency Agreement between the Alabama Department of Corrections (ADOC) and the Alabama Department of Economic and Community Affairs (ADECA) for the purpose of facilitating services related to the implementation of the Prison Rape Elimination Act (PREA). This agreement states that the ADECA shall provide a third-party reporting hotline for the purpose of reporting sexual abuse or sexual harassment, and receiving appropriate mental health treatment services.

The Auditor was provided a copy of a MOU between the ADOC and the Alabama Coalition Against Rape (ACAR) for the purpose of facilitating services related to implementation of Prison Rape Elimination Act. The MOU states that ACAR will provide confidential emotional support services related to sexual abuse. Furthermore, the ADOC requires that ACAR either maintain or enter into MOU’s or other agreements with community service providers to provide confidential emotional support services related to sexual abuse to inmates within its custody, specifically establishing services that are closest to the respective facilities (JTPW).
Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Inmate access to outside confidential support services. No recommendations or corrective action is required.

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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Memorandum of Understandings
- ADOC webpage links

Provision (a)

The ADOC has provided access to a third party reporting process through their departmental website. On the departmental website, the individual wishing to report a PREA related incident can access this through the PREA link, located under the about ADOC tab. Located below the PREA Director’s name is a link, Request an Investigation. http://www.doc.state.al.us/PREA This link allows for the initiation of a third party request.

The ADOC has provided an additional access point for third party reporting through their departmental website. On the departmental website, the individual wishing to report a PREA related incident can access this through the PREA link, located under the “About ADOC” tab. Located below the PREA Director’s name is a link that asks the individual if they would like to email their report, then providing the email address link: DOC.PREA@doc.alabama.gov

As indicated in 115.53 (c), the ADOC and ADECA implemented a third-party reporting hotline for the purpose of reporting sexual abuse or sexual harassment back to the ADOC for investigation and follow-up.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Third-party reporting. No recommendations or corrective action is required.
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 an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency and in which the staff person was involved? ☒ 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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8-12
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Interviews with the following:
  - Random Staff
  - Warden
  - PREA Coordinator

Provision (a)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 19, Section H, 1, a & b, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 18, H, 1, a & b, indicate that ADOC employees/staff who receive any information, including verbal, written, third-party reports and anonymous complaints, concerning inmate sexual abuse, sexual harassment, and custodial sexual misconduct; retaliation against inmates or staff who report such an incident; or any staff neglect or violation of responsibilities that may have contributed to an incident or violation, shall immediately report the incident through their chain of command. Section b states that any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, and custodial sexual misconduct shall be reported.

The ADOC provides all first responders a pocket spiral booklet entitled “Prison Rape Elimination Act (PREA), A Trauma-informed Guide for First Responders”. This booklet provides a quick reference guide to all aspects of the PREA investigation from detection through response, and then follows up with retaliation monitoring. The booklet also provides direction to staff regarding who is to be notified of the incident.

During the interviews with the twenty-three (23) random staff and eighteen (18) specialized staff, it was confirmed that all staff interviewed were aware of this requirement and were able to explain how they would immediately report an allegation of sexual abuse in a manner compliant to the policy. They all further stated that the information they received from the victim should remain confidential, with them only notifying staff that had a need to know, such as their supervisor and medical staff. Interviews with the random and specialized staff at all levels of the facility indicated that all PREA related allegations/reports go to the IPCM, and to investigative staff.
Provision (b)
Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 19, Section H, 1, c, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 18, H, 1, c, advise that an employee/staff shall not reveal any information related to the incident to anyone other than to the extent necessary to make treatment, investigation, and management decisions.

The ADOC provides all first responders a pocket spiral booklet entitled “Prison Rape Elimination Act (PREA), A Trauma-informed Guide for First Responders”. This booklet provides a quick reference guide to all aspects of the PREA investigation including the dissemination of information, and to whom.

The Auditor was provided a copy of the Informed Consent for Medical Services that the offender signs prior to treatment. The consent document releases and gives permission to the medical/mental health provider the ability to provide pertinent and relevant information to individuals who reflect the need to know.

During the interviews with the twenty-three (23) random staff, and eighteen (18) specialized staff, it was confirmed that all staff interviewed was aware of this requirement and were able to explain how they would immediately report an allegation of sexual abuse. All staff interviewed further stated that the information they received from the victim should remain confidential, with them only notifying staff that had a need to know, such as their supervisor and medical staff.

Provision (c)
Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 19, Section H, 1, f, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 18, H, 1, f, indicate that medical and mental health practitioners shall ensure all youthful inmates are informed prior to the initiation of service of the limits of their confidentiality and shall report information about sexual victimization to the departmental IPCM.

The ADOC provides all first responders a pocket spiral booklet entitled “Prison Rape Elimination Act (PREA), A Trauma-informed Guide for First Responders”. This booklet provides a quick reference guide to all aspects of the PREA investigation including the role of the medical staff with the preservation of evidence, including the dissemination of information, and to whom.

During the interviews with the medical and mental health staff, all confirmed that they were aware of this requirement and were able to explain how they would immediately report an allegation of sexual abuse. During the interviews with the medical and mental health staff, all were able to articulate their understanding of the policy and their rights and obligations. They also stated that even though there would be a consent waiver signed, they were obligated to advise the offender the limitations of confidentiality prior to the initiation of services.

Provision (d)
Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 19, Section H, 1, g, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 18, H, 1, g, further advise that any allegations of sexual harassment or sexual abuse involving a youthful inmate shall additionally be reported to the Alabama Department of Human Resources (DHR).

The Auditor interviewed both the Warden and the PREA Coordinator and both indicated that they currently do not have anyone under the age of 18 at the facility, and have not since they can last remember. However, both staff stated that in the event that they did have a youthful offender, the facility would report any abuse allegation to the
appropriate agency, as required by law. They further indicated that any allegations of sexual abuse or harassment would be reported to both the IPCM and the designated institutional investigator.

Provision (e)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 19, Section H, 1, b, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 18, H, 1, b, states that any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, and custodial sexual misconduct shall be reported to the IPCM, PREA Director and the I & I Investigator immediately, in accordance with AR302, Incident Reporting.

The Auditor interviewed the Warden who stated that any allegations of sexual abuse or harassment are reported to both the IPCM and the designated institutional investigator.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding staff and agency reporting duties. No recommendations or corrective action is required.

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

• Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
• ADOC Administrative Regulation # 454
• Tutwiler SOP # 8-12
• Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
• Interviews with the following:
  o Agency head or designee
  o Warden or designee
  o Random Staff
Provision (a)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 19, Section J, 1, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 22, J, 1, advise that Inmates at high risk for sexual victimization or those who report sexual victimization shall not be placed in involuntary administrative or punitive segregation unless there has been an assessment of all other available alternatives and a determination made that there are no other alternatives available.

In addition, both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 10, K, 3, Section J, 1, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 6, K, 3, policies advise that along with classification, assisting in recommending placement and/or transfer of inmates involved in all reported incidents of sexual abuse and sexual harassment with the approval of the Warden/designee, and taking immediate action when an inmate is subject to a substantial risk of imminent abuse.

During the interview with the Auditor, the Deputy Commissioner indicated that if she received such information, she would notify the facility where the offender is housed. She advised that offender would temporarily be rehoused while the investigation was completed regarding the threat. If the perpetrator was identified, the offender would be placed into a disciplinary segregation pending completion of the investigation. The victim would be placed into an alternate housing area of the facility.

During the interview with the Warden, she stated that if she received an allegation she would take immediate action to protect the offender. This may require that they move the offender to a place there she could be safe until the investigation was concluded. Because of the availability of women’s prisons in Alabama, it may mean that the offender is placed in another area of the facility.

Through random staff interviews, all staff indicated that if they received an allegation from an inmate, they would immediately separate the victim and suspect, preserve any evidence, and contact their supervisor.

All staff stated that they would determine if the offender or suspect required medical or mental attention. After dealing with any immediate issues, all custody staff interviewed indicated that they would make sure that all evidence protocols were followed such as not allowing the victim to shower, appropriate collection of physical evidence, obtaining any video, identifying witnesses, and then documenting all items into the report.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding agency protection duties. No recommendations or corrective action is required.

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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8-12
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Copy of Reporting to other confinement facilities memo
- Interviews with the following:
  - Agency head or designee
  - PREA Compliance Manager

Provision (a)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 20, Section H, 1, d, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 18, H, 1, d, require that the Warden, upon receiving an allegation that an inmate was sexually abused while confined in another facility, shall notify the head of the other facility of the alleged abuse as soon as possible, but no later than 72 hours from receiving the allegation.

According to the memo from the IPCM at JTPW dated 1/17/19, that during the preceding twelve (12) months JTPW has not received any notifications of incidents from other confinement facilities.

Provision (b)

The 72 hour notification requirements are the same as stated in Provision (a).

Provision (c)

According to the memo from the IPCM at JTPW dated 1/17/19, that during the preceding twelve (12) months there were two (2) notifications provided to other confinement facilities.

Verification that the notice was provided to the other confinement facility was reviewed by the Auditor, and determined that it was within 72 hours requirement for notification.
Provision (d)
Any notification that is received regarding an incident relating to PREA, be it Sexual Abuse or Sexual Harassment that occurred within an ADOC facility will be investigated in accordance with the guidelines established in ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment.

According to the memo from the IPCM at JTPW dated 1/17/19, that during the preceding twelve (12) months JTPW has not received any notifications of incidents from other confinement facilities.

During the interview with the Associate Commissioner, she stated that any allegation received is referred to the Director of Investigations. Contact is made with the PREA Compliance Manager, and an investigator is assigned to conduct a review.

Both the Deputy Commissioner and the PREA Compliance Manager indicated once an allegation of sexual abuse is received from another agency, it is assigned to an investigator to conduct the investigation.

Conclusion:
Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding reporting to other confinement facilities. No recommendations or corrective action is required.

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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8-12
- PREA First Responder Cards
- PREA Pocket Guide for First Responders
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Interviews with the following:
  - Custody Staff (First Responders)
  - Non-Security First Responders
  - Offenders who reported a Sexual Abuse

Provision (a)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 17, Section G, 1, a - g, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 15, G, 1, a – h, provide that first responder staff, upon learning of an allegation of a PREA related incident, the first responder shall:

a. Ensure that the victim(s), aggressor(s), and witnesses are physically separated;
b. Protect and preserve the crime scene until appropriate steps can be taken to collect evidence;
c. Request that the victim not bathe, wash, brush her teeth, eat, drink, smoke, urinate or defecate;
d. Ensure that the alleged aggressor not bathe, wash, brush her teeth, eat, drink, smoke, urinate or defecate;
e. If the first responder staff is not security staff, the responder should request that the alleged victim not take any actions that would destroy evidence and notify a security staff.
f. Do not show the alleged victim(s), aggressor(s), or witnesses any evidence, such as, but not limited to, pictures or video footage of the incident, and do not interview any of these parties on the specifics of the incident.
g. As soon as possible first responders shall notify the Shift Commander of the incident and draft an incident report.

A memo was generated 8/15/18 by the IPCM that provided PREA First Responder Cards to all JTPW supervisors and officers assigned on 1st, 2nd, 3rd, and Admin. Shifts. The cards were small business card sized laminated cards that provided a step-by-step outline of what staff are required to follow when confronted with a PREA incident. Each card provided the bullet items from the policy’s mentioned in this provision. Each staff member was required to sign for receipt of each card, and acknowledge their requirement of retaining each card in their possession when on duty. The Auditor viewed a copy of this sign-in sheet, verifying receipt of each card.
The Auditor reviewed copies of the sign-in sheet for JTPW Support Staff Training (PREA Agenda) for August 22, 2018, in which the support staff were provided training in regard to their responsibilities as “first responders”. Support staff were advised that they do not respond to incidents; however, in the event that they are present when an incident occurs, or they are the first person that is approached by a victim, they still have responsibilities as it pertains to the items outlined in this provision.

The Auditor was also provided a copy of the spiral bound pocket booklet entitled “Prison Rape Elimination Act (PREA) – A Trauma-informed Guide for First Responders.” This booklet was provided to all staff with tabbed sections, giving staff an overview of all aspects PREA related. The sections of the booklet are: Intro to PREA, Definitions, PREA Components, Prevention, Detection, Response, and Summary/Resources.

In the past twelve (12) months there have been a total of twenty-four (24) allegations of Sexual Abuse (eight (8) Staff-on-Inmate & sixteen (16) Inmate-on-Inmate), and eight (8) allegations of Sexual Harassment. All of these investigations occurred past the evidence collection time period, because of when the offender notified staff, as such, none of the evidence collection protocols were utilized.

The Auditor’s review of the PREA training curriculum reflected that all staff, volunteers and contractors receive, identifies any staff, volunteer or contractor, whoever receives the information first, as a First Responder. As a First Responder, these employees are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the suspect, remove uninvolved offenders, and relay observations.

During the interview with the Warden, she indicated that First Responder staff have been trained on the PREA process, and regular training is conducted to ensure competency and compliance.

During the interview with the Shift Commander, she was able to tell this Auditor, step by step, how JTPW responds to a PREA incident. All of the staff, volunteers, and contractors knew to keep separate the suspect from the victim, preserve the crime scene and other physical evidence, seek medical aid (if needed), and report the incident.

During the Auditor’s interviews with First Responders, all they stated that they were trained in the PREA process from In-Service Training and On-the-Job training. They all indicated that they are reminded of their actions and the importance of both the immediate and long-term PREA process. During the on-site portion, the Auditor asked every staff member interviewed twenty-three (23) random staff and eighteen (18) specialized staff) each staff member interviewed was able to produce this card from their uniform pocket.

During interviews with non-custody staff First Responders all stated they would notify custody staff, direct the alleged victim to not destroy evidence, and secure the scene as best as they could. They all further stated that all information they obtained would be kept confidential except for the staff that needed know.

Provision (b)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 17, Section G, 1, a - e, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 15, G, 1, a – e, provide that upon learning of an allegation of a PREA related incident, the First Responder staff shall:

a. Ensure that the victim(s), aggressor(s), and witnesses are physically separated;
b. Protect and preserve the crime scene until appropriate steps can be taken to collect evidence;
c. Request that the victim not bathe, wash, brush her teeth, eat, drink, smoke, urinate or defecate;
d. Ensure that the alleged aggressor not bathe, wash, brush her teeth, eat, drink, smoke, urinate or defecate;
e. If the first responder staff is not security staff, the responder should request that the alleged victim not take any actions that would destroy evidence and notify a security staff.

In speaking with random Non-Custody Staff First Responders, all indicated to the Auditor that they would notify custody staff and direct the alleged victim to not destroy evidence. Additionally, all non-custody staff interviewed stated they would protect the offender to the best of their ability, by separating her from the alleged perpetrator,
calling their supervisor for further direction, and notifying investigators. Each staff indicated that they would keep all of the information confidential except for those staff that had a need to know.

**Conclusion:**

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Staff first responder duties. No recommendations or corrective action is required.

**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**

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8 -12
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Interviews with the following:
  - Warden

**Provision (a)**

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Pages 17 - 23, Sections G, H & I, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Pages 15 - 22, Sections G, H & I, address all of the items pertaining to a coordinated response from all staff. Each section addresses the important components along with the responsibilities for each staff as follows:

G. Responding to Sexual Abuse and Harassment
   1. First Responder Staff
   2. Shift Commander
   3. Medical and Mental Health Care

H. Reporting and Investigating Sexual Abuse and Sexual Harassment
1. Employee/Staff Reporting
2. Inmate Reporting

I. Sexual Abuse and Sexual Harassment Investigations
   1. Inmate-on-Inmate Sexual Abuse and Staff-on-Inmate Sexual Abuse and Harassment
   2. Inmate-on-Inmate Sexual Harassment

During the Auditor’s interview with the Warden, she stated that the coordinated response has been identified in the indicated policies. She stated that each item breaks down what the various responsibilities are for the respective staff. Training is provided regularly with staff through In-Service Training, and On-the-Job training with regular meetings. She further stated that staff have been issued quick reference cards and pocket booklets (115.64(a)) for their review.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding coordinate response. No recommendations or corrective action is required.

**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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Memorandum from ADOC Personnel Director
- Interviews with the following:
  - Personnel Director
Provision (a)

A letter was provided from the Departments Personnel Director which advised that corrections officers and other prison staff employed by the Alabama Department of Corrections do not have a labor union. Therefore, the Alabama Department of Corrections does not engage in collective bargaining with corrections officers or other facility staff.

Management does have the right to separate the offender from a staff member who is the subject of an investigation, either by temporarily reassigning the employee, redirecting the employee or restricting that employee from grounds during the investigation.

Provision (b)

N/A

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding the preservation of ability to protect inmates from contact with abusers. No recommendations or corrective action is required.

**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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8-12
- Various Retaliation Tracking Forms
- Statement of Non-Occurrence / Non-Applicable memo’s
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Interviews with the following:
  - Deputy Commissioner
  - Warden
  - Institutional PREA Compliance Manager
  - Offenders who reported Sexual Abuse

Provision (a)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 23, Section K, 1 & 2, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 22, K, 1 & 2, indicate that retaliation in a form for the reporting of, or cooperation with, sexual abuse or harassment allegations is strictly prohibited. Bullet # 2 states that the Warden and IPCM shall ensure inmates and staff who report sexual abuse, sexual harassment, or cooperate with a sexual abuse investigation are protected from retaliation by other inmates or staff.

The JTPW IPCM has been identified as being the primary source for monitoring for possible retaliation. At the time of this report, the Julia Tutwiler Prison for Women, Institutional PREA Compliance Manager is Lieutenant Felisha Blanding.

Provision (b)

During the interview with the Warden, she indicated that there are numerous measures used to protect offenders and staff from retaliation, which includes monitoring to ensure that appropriate changes in housing or work assignment, disciplinary actions, are occurring.

During the interviews with the offenders who reported sexual abuse, each inmate told the Auditor they recalled a staff member formally or informally checking with them every few weeks, and further indicated to the Auditor that they currently felt safe at the facility.

While the Auditor was on-site with the IPCM, there were numerous offenders with whom she would “informally” check in with, indicating that if she felt that any offender needed some “oversight”, she would take it upon herself to periodically follow-up with the offenders.

In addition, when the IPCM was first appointed, she developed a “questionnaire” that she utilizes to periodically query the offender population. Located in the IPCM’s office is a large binder that contains a significant amount of completed questionnaires that she conducted since she created the document in May 2017. There are four primary questions that she would ask the various offenders throughout the facility to ascertain if there were any “concerns” that might be within the offender population. The four (4) main questions are: During your time at the facility, have you been sexually assaulted in any way? During your time at the facility, have you seen other inmates victimized? During your incarceration, have you been sexually assaulted in any way? During your incarceration, have you had sexual contact with a staff member? If any of the answers to the questions is affirmative, it creates other layers of questions to be asked by the IPCM or appropriate staff.
Provision (c)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 23, Section K, 2, a, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 22, K, 2, a, indicates that the Warden and IPCM shall ensure inmates and staff who report sexual abuse, sexual harassment, or cooperate with a sexual abuse investigation are protected from retaliation by other inmates or staff. Sub-bullet # a requires that the IPCM will be chiefly responsible for this by monitoring the conduct and treatment of the inmate(s) or staff for at least 90 days after an incident is reported. That time will be extended by 30 day increments if there is a continuing need.

The JTPW IPCM provided statements to the Auditor of Non-occurrence for the preceding twelve (12) months, indicating that during that period she did not have any incidents that required Agency protection against retaliation.

During the Auditor's interview with the Warden, she stated that retaliation will not be tolerated in her facility, and that staff have been trained to understand that if an issues arises, they are to speak out without fear of retaliation. She further stated that if retaliation does occur, those staff members that created the retaliation will go through an investigation, which includes the disciplinary process.

Provision (d)

The IPCM showed the Auditor ADOC Form 454-D/SOP 8-12 entitled Prison Rape Elimination Act, Sexual Abuse/Harassment Retaliation Monitoring form. Attached memo from IPCM to Warden, dated 12/14/18 indicating that an offender was being placed on a 90-day Monitoring protocol. Documentation associated with this offender indicated that the IPCM has had regular weekly interactions with the offender and documented these interactions on the contact log, which included status updates.

Provision (e)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 23, Section K, 2, c, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 23, K, 2, d, indicates that all appropriate measures shall be taken to protect any individual who cooperates with an investigation and expresses a fear of retaliation.

Provision (f)

N/A

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Exceeds Standard for Agency Protection against Retaliation. No recommendations or corrective action is required.

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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8-12
- JTPW monitoring forms
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Statement of Non-Occurrence / Non-Applicable memo’s
- Interviews with the following:
  - Warden
  - Institutional PREA Compliance Manager
  - Staff who Supervise Inmates in Segregated Housing
- Observations during on-site review

Provision (a)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 23, Section J, 1 & 2, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 22, Section J, 1 & 2, indicates that inmates at high risk for sexual victimization or those who report sexual victimization shall not be placed in involuntary administrative or punitive segregation unless there has been an assessment of all other available alternatives and a determination made that there are no other alternatives available. Section 2 further states that in those cases where segregated housing is the only means to protect such an inmate, the inmate shall have access to all programs, privileges, education and work opportunities, to the extent possible, and it shall only be until an alternative means of separation from likely abuser can be arranged, a time not ordinarily to exceed thirty (30) days.

IPCM provided the Auditor with copies of two (2) forms that she currently utilizes to monitor any offenders in Segregated housing: Tutwiler Housing Placement Sheet (used for date tracking), ADOC PREA Sexual Abuse Retaliation Monitoring Form ADOC Form 454-E.

The JTPW IPCM provided statements of Non-occurrence for the preceding twelve (12) months, indicating that during that period she did not have any offenders placed into protective custody.

During the Auditor’s interview with the Warden, she indicated that she has not placed any offenders into involuntary segregation as a result of risk of victimization during this audit period. She further stated that the facility has different housing options or programs that gives them the ability to separate offenders. All housing options are considered and generally the longest a victim would be in segregation would be for one to three days pending completion of the investigation or identification of the alleged suspect.
During the Auditor’s interview with the Sgt/Supervisor who supervises segregated housing it was shared that offenders are placed into segregated housing for their protection or after having alleged sexual abuse, but are allowed access to limited privileges, programs, education and job assignments to the extent possible.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Post-allegation protective custody. No recommendations or corrective action is required.

### INVESTIGATIONS

**Standard 115.71: Criminal and administrative agency investigations**

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

<table>
<thead>
<tr>
<th>115.71 (a)</th>
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<tbody>
<tr>
<td>▪ 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.)]</td>
<td>☒ Yes ☐ No ☐ NA</td>
</tr>
<tr>
<td>▪ 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.)]</td>
<td>☒ Yes ☐ No ☐ NA</td>
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</table>

<table>
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<tr>
<th>115.71 (b)</th>
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</thead>
<tbody>
<tr>
<td>▪ Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?</td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>115.71 (c)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>▪ Do investigators interview alleged victims, suspected perpetrators, and witnesses?</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>▪ Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?</td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

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<tr>
<th>115.71 (d)</th>
<th></th>
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<tbody>
<tr>
<td>▪ 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?</td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>
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**

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- ADOC SOP # I & I 454
- Tutwiler SOP # 8-12
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Interviews with the following:
  - Investigative Staff
  - Inmates who reported Sexual Abuse
  - Warden
  - PREA Director
  - PREA Compliance Manager

**Provision (a)**

The ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, as well as ADOC Standard Operating Procedures # I & I 454, Investigation and Intelligence Division, PREA Sexual Assault Investigations, dated 7/16/15, require that the Department will thoroughly, promptly and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department. When the I & I Division conducts investigations into allegations of sexual abuse and sexual harassment when applicable, it shall do so promptly, thoroughly, and objectively for all allegations including third-party and anonymous reports.

At the present time there are two (2) individuals that conduct investigations at JTPW. The IPCM conducts the administrative investigations as it relates to Inmate-on-Inmate sexual harassment matters; whereas an Investigator assigned to the ADOC Intelligence & Investigations conducts the Criminal related investigations.

During the interview with the Investigator from the Intelligence & Investigations Division indicated that she will begin her investigation immediately following notification from either JTPW or her supervisor. Further she indicated that she does not follow any different protocols when she receives third-party or anonymous reports of sexual abuse or sexual harassment, rather she will conduct all of the investigations very similarly in that she simply follows the facts of the case, and follows all leads to conclusion.

In the past twelve (12) months there have been a total of twenty-four (24) allegations of Sexual Abuse (eight (8) Staff-on-Inmate & sixteen (16) Inmate-on-Inmate), and eight (8) allegations of Sexual Harassment. All of these allegations were investigated and determined to be either unsubstantiated or unfounded. Utilizing a checklist, the
Auditor looked for offender rights, safety and security of the offender, provable objectiveness, direct or circumstantial evidence, witness statement, effective communications, as well as other established guidelines.

Provision (b)

ADOC Standard Operating Procedures # I & I 454, Investigation and Intelligence Division, PREA Sexual Assault Investigations, dated 7/16/15, page 2, III, C, mandates that where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to 115.34 of the Prison Rape Elimination Act Manual.

I & I Investigators receive additional training related to their roles to include interviewing sexual abuse victims, conducting sexual abuse investigations in a confined setting, investigation and evidence collection for inmate sexual offenses, sexual harassment, and custodial sexual misconduct. The training has been documented, and verified through employee signature on various sign-in sheets.

During the interview with investigative staff, she confirmed attending these training sessions, as well as numerous other inter-agency trainings. The Auditor also reviewed the Investigators training records, verifying her attendance and participation at all required trainings.

Provision (c)

ADOC Standard Operating Procedures # I & I 454, Investigation and Intelligence Division, PREA Sexual Assault Investigations, dated 7/16/15, page 2, III, D states that Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses in person, and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

During the interview with the investigative staff, she indicated that her normal course of investigation is to interview the victim first, then witnesses, and last the offender. She stated that most of her investigations follow the same course unless it’s Sexual Assault/Harassment within the first 72 hours, she will go to the rape center first. Further all evidence removed from the victim will be collected by nurse during the SART exam. The investigator further revealed that she collects all evidence as trained through their agency’s investigator training and the NIC training.

Provision (d)

ADOC Standard Operating Procedures # I & I 454, Investigation and Intelligence Division, PREA Sexual Assault Investigations, dated 7/16/15, page 3, F, 1, i, indicates that when the quality of the evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The Auditor asked the investigative staff how she proceeds in the instances when she discovers that a prosecutable crime has occurred. She indicated at that point she ceases any further questioning, reads them their Miranda rights and turns the case over to her supervisor for prosecution. She further stated that they agency will only conduct compelled interviews after consultation with prosecutors, and a determination is made as to whether it will be an obstacle for subsequent criminal prosecution.

During the past 12 months a total of forty-six (46) PREA Hotline calls were received. There were at total of nine (9) calls pertaining to Sexual Abuse (S/I – 1 & I/I – 8), a total of twenty-six (26) Sexual Harassment (S/I – 3 & I/I – 23), a total of four (4) message calls to an investigator, and seven (7) misc. calls. Each of these calls was investigated thoroughly by either the Institutional PREA Compliance Manager, the Institutional Investigator, or the Captain.

Provision (e)

ADOC Standard Operating Procedures # I & I 454, Investigation and Intelligence Division, PREA Sexual Assault Investigations, dated 7/16/15, page 2, E, indicates that the credibility of an alleged victim, suspect, or witness shall
be assessed on an individual basis and shall not be determined by the person’s status as inmate or staff. I & I shall not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling or verification device as a condition for proceeding with the investigation of such an allegation.

The Auditor asked the investigative staff how she judges the credibility of the witness, victim or suspect? She indicated that she does not make that assessment, rather credibility is determined through the investigative process. No preconceived credibility decision is made. Witness, victim and suspects states are determined to be credible unless the investigation proves otherwise. She further stated that she does not utilize a polygraph for any Sexual Assault or Sexual Harassment cases.

Provision (f)

ADOC Standard Operating Procedures # I & I 454, Investigation and Intelligence Division, PREA Sexual Assault Investigations, dated 7/16/15, page 3, F, 2 & 3 indicate that administrative investigations shall include an effort to determine whether staff actions or failure to act contributed to the abuse; and shall be documented in written investigative reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.

The Auditor asked the investigative staff what steps she takes when conducting the administrative investigations. She indicated that she will allow the investigation follow the course from what happened, how it happened, and will include an effort to determine whether staff actions or failures to act contributed to any sexual abuse allegation. All of her findings are documented in the investigation report.

During the past 12 months there have been a total of (8) eight Administrative Cases, each of which has been closed. Utilizing a checklist, the Auditor reviewed each file looking for offender rights, safety and security of the offender, provable objectiveness, direct or circumstantial evidence, witness statement, effective communications, as well as other established guidelines. Through these file reviews, Investigative staff have shown that each case followed an objective protocol, and that investigators treat each allegation on a case-by-case basis.

Provision (g)

ADOC Standard Operating Procedures # I & I 454, Investigation and Intelligence Division, PREA Sexual Assault Investigations, dated 7/16/15, page 3, G, indicates that criminal investigations shall be documented in a written investigative report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

When asked about her process’s when handling criminal investigations, the investigative staff advised that all steps of the investigations are thoroughly documented, including all investigative steps, and interviews, facts and findings.

In the past twelve (12) months there have been a total of twenty-four (24) allegations of Sexual Abuse (eight (8) Staff-on-Inmate & sixteen (16) Inmate-on-Inmate), and eight (8) allegations of Sexual Harassment. Utilizing a checklist, the Auditor looked for offender rights, safety and security of the offender, provable objectiveness, direct or circumstantial evidence, witness statement, effective communications, as well as other established guidelines.

Provision (h)

During the past 12 months there have been a total of (25) twenty-five Criminal Cases, each of the cases was referred for prosecution; however, (24) twenty-four have since been declined for prosecution and closed, (1) one case is pending.

The investigator was asked at what point are the cases presented to the District Attorney for prosecution. She advised that once the investigation is completed, the cases are presented for prosecution.
Provision (i)

ADOC Standard Operating Procedures # I & I 454, Investigation and Intelligence Division, PREA Sexual Assault Investigations, dated 7/16/15, page 3, I, indicate that I & I shall retain all written reports referenced in paragraphs (F) and (G) of this policy, indefinitely. On investigations where the victim refuses to prosecute and signs a waiver of prosecution all evidence related to the case will be kept for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

For investigative file reviews, see notes in provisions (a), (d), (f), and (g).

Provision (j)

ADOC Standard Operating Procedures # I & I 454, Investigation and Intelligence Division, PREA Sexual Assault Investigations, dated 7/16/15, page 3, J states that the departure of the alleged abuser or victim from the employment or control of the facility or agency, shall not provide a basis for terminating an investigation.

The Auditor asked how the Investigator handles the investigation when either the abuser or victim leaves the jurisdiction, the investigator indicated that she does not alter from her course of the investigation, and follows it through to conclusion.

Provision (k)

N/A

Provision (l)

Even though the ADOC handles all aspects of the investigation, ADOC Standard Operating Procedures # I & I 454, Investigation and Intelligence Division, PREA Sexual Assault Investigations, dated 7/16/15, page 3, L, states that if an outside agency were to conduct an investigation into an allegation of sexual abuse within one of its facilities, the facility shall cooperate with outside investigators. Outside agency involvement is only authorized by and coordinated through the I & I Director and the ADOC Commissioner.

The Warden was asked how she would endeavor to remain informed about outside agency investigations. She advised that in the event that this were to occur, she would remain in contact with the I & I Director, who will keep her apprised of the matter, and will advise of the status of the investigation.

Both the PREA Director and the PREA Compliance Manager were asked how they would monitor cases if they were being investigated by an outside agencies. Both indicated that to their knowledge there has not been an instance where they have had to monitor any such case.

The investigative staff was asked what role they play when an external agency conducts a sexual abuse investigation inside of their facility. She advised that the institution and ADOC is self-contained regarding its investigations, and that the ADOC handles all of its own Criminal and Administrative Investigations.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Criminal and Administrative agency investigations. No recommendations or corrective action is required.
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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8-12
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Interviews with the following:
  - Investigative Staff

Provision (a)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 22, Section I, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 20, Section I, indicates that Sexual Abuse and Sexual Harassment Investigations: The standard of proof in all investigations of sexual abuse and harassment is a preponderance of the evidence.

The Auditor spoke with the investigative staff who indicated that during an investigation, all available evidence is collected (physical, interviews, etc.), and submitted to both facility Administration and the District Attorney’s Office for their review and consideration.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding the Evidentiary standard for administrative investigations. No recommendations or corrective action is required.
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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8-12
- Statement of Non-Occurrence / Non-Applicable memo’s
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Interviews with the following:
  - Warden
  - Investigative Staff
  - Inmates who reported Sexual Abuse

Provision (a)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 22, Section H, 2, f, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 20, Section H, 2, g, indicates that following the I & I investigation into an inmate’s allegation that he or she suffered sexual abuse, the I & I Division shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

The Auditor asked the investigative staff what the final step of her investigation was after all findings was have been determined. She stated that at the conclusion of her investigation she always submits a close out letter to the offender, advising of the conclusion. The Warden was asked this question as well, and her response was very similar in that a closure letter is always sent out to both the aggressor and victim advising of the investigations conclusion.

During the interviews with the offenders who reported a sexual abuse, they advised the Auditor that they did not recall if they received a letter or not; however, they do recall being advised of the conclusion of the investigation.

During the past 12 months there have been a total of (33) thirty-three cases Sexual Abuse & Sexual Harassment; eight (8) Administrative Cases, each of which has been closed, and twenty-five (25) Criminal Cases, twenty-four (24) of which have been declined for prosecution and closed. There is currently one (1) Criminal Case pending.
Provision (b)

N/A

Provision (c)

Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 21, Section I, 1, d, states that following an inmate’s allegation that a staff member committed sexual abuse or sexual harassment against the inmate, the IPCM shall subsequently inform the inmate whenever:

1) A separation order has been issued between the staff member and the inmate;
2) The staff member is no longer posted within the inmate’s unit;
3) The staff member is no longer employed at Tutwiler; or
4) ADOC and / or Tutwiler learn that the staff member has been indicated or convicted on a charge related to sexual abuse within Tutwiler.

The JTPW IPCM provided the Auditor a Statement of Non-occurrence for the preceding twelve (12) months, indicating that during that period there have not been any incidents of Staff-on-Inmate Sexual Abuse that was determined through an investigation to be substantiated or unsubstantiated, nor were there any instances when a staff member has been indicted or convicted of the charges of sexual abuse during the period of review.

Provision (d)

The JTPW IPCM provided the Auditor a Statement of Non-occurrence for the preceding twelve (12) months, indicating that during that period there have not been any incidents of Inmate-on-Inmate Sexual Abuse that was determined through an investigation to be substantiated or unsubstantiated.

Provision (e)

The JTPW IPCM provided the Auditor a Statements of Non-occurrence for the preceding twelve (12) months, indicating that during that period there have not been any notifications to inmates required during this period of review.

Provision (f)

N/A

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Reporting to Inmates. No recommendations or corrective action is required.
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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8-12
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Statement of Non-Occurrence / Non-Applicable memo’s
Provision (a)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 13, Section V, 4, d, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 9, V, 4, d, states that if the employee has engaged in conduct described in paragraph V.A.4.a. above, they shall be disqualified from promotion. Additionally, employees shall be subject to disciplinary sanctions up to and including termination for violation of the Department’s sexual abuse or sexual harassment policies.

Provision (b)

ADOC Administrative Regulation # 208, August 17, 2005, Employee Standards of Conduct a Discipline. The Auditor reviewed this document which provided a detailed description of the standards of conduct and discipline, and the responsibilities, policies, and procedures concerning employee behavior/work performance. It also provides a guide to implement disciplinary action when necessary.

The document also included numerous sample documents relating to personnel matters, such as Notice of Pre-Dismissal Conference, Summary of Pre-Dismissal Conference, Resignation from Employment, as well as a disciplinary matrix ranging from verbal counseling to dismissal.

The JTPW IPCM provided the Auditor a Statement of Non-occurrence for the preceding twelve (12) months, indicating that during that period there had not been any terminations, resignations or other sanctions against staff for violation of the Department’s sexual abuse or harassment policies.

Provision (c)

Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 9, V, 4, j, states that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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.

The JTPW IPCM provided the Auditor a Statements of Non-occurrence for the preceding twelve (12) months, indicating that during that period there had not been any terminations, resignations or other sanctions for violation of sexual abuse or harassment policies.

Provision (d)

Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 9, V, 4, k, indicates that all terminations for violations of ADOC’s and Tutwiler’s sexual abuse or sexual harassment policies or resignations by staff who would have been terminated for sexual abuse or sexual harassment, if not for their resignation, shall be reported to local prosecutors, unless the activity was clearly not criminal in conformance with Alabama law, and to any relevant licensing bodies.

The JTPW IPCM provided the Auditor a Statement of Non-occurrence for the preceding twelve (12) months, indicating that during that period there had not been any terminations, resignations or other sanctions for violation of sexual abuse or harassment policies.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standard regarding Disciplinary Sanctions for Staff. No recommendations or corrective action is required.
### 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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8-12
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Tutwiler Prison for Women PREA Newsletter
- Interviews with the following:
  - Warden

#### Provision (a)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 13, Section V, 4, b, 4, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 9, V, 4, b, 4, states that before hiring a new employee or contractor, the ADOC Personnel Division or designee shall: (4) apprise potential employees and contractors that false information or omissions regarding such misconduct shall be grounds for termination and that they have a continuing duty to disclose such conduct.
Provision (b)

The Auditor interviewed the Warden regarding misconduct of contractors or volunteers. She advised that when an issue is brought to her attention, she immediately refers the matter to the Director of the Investigations and Intelligence for their follow-up. During this time, the contractor or volunteer are not allowed access to the facility, pending investigation and review of this matter.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standard regarding Corrective Action for Contractors and Volunteers. No recommendations or corrective action is required.

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)

- 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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- ADOC Administrative Regulation # 403
- Tutwiler SOP # 8-12
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Statement of Non-Occurrence / Non-Applicable memo’s
- Interviews with the following:
  - Warden
  - Medical and Mental Health Staff

Provision (a)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, advise that inmates shall be subject to disciplinary sanctions following a formal disciplinary process subsequent to findings of guilt that the inmate engages in inmate-on-inmate sexual abuse or following a criminal finding of guilt for an inmate-on-inmate sexual abuse.

In the past twelve (12) months there have been a total of sixteen (16) administrative findings of Inmate-on-Inmate sexual abuse that have occurred within the facility.

In the past twelve (12) months there have been a total of two (2) criminal findings of guilt for Inmate-on-Inmate sexual abuse that have occurred within the facility.
Provision (b)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 21, H, 2, e, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 20, H, 2, f, states that each case shall be carefully evaluated on its merit, considering all evidence and circumstances and whether there is any possibility that the alleged incident could have occurred.

The Auditor interviewed the Warden disciplinary sanctions for inmates. The Warden stated that offender discipline is based on the level of the violation and penalties are imposed comparable to other offenders’ penalties. Penalties might include placement in restricted housing, loss of good time credit, and possible prosecution. If the offender has a mental history, mental health staff will be involved to assist in determining appropriate sanctions.

Provision (c)

See relevant policy language in Provision (b).

See interview with Warden in Provision (b).

Provision (d)

During interviews with Medical and Mental Health staff, the Auditor was informed that the facility offers limited therapy, counseling and other interventions to address/correct the underlying reasons or motivations for abuse. The offender’s issues would be addressed during regular counseling sessions or group counseling sessions. The offenders do not require participation in interventions as a condition for access to other programming or benefits.

Provision (e)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 21, H, 2, e, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 20, H, 2, f, advises that each case shall be carefully evaluated on its merit, considering all evidence and circumstances and whether there is any possibility that the alleged incident could have occurred.

The JTPW IPCM provided the Auditor a Statements of Non-occurrence for the preceding twelve (12) months, indicating that during that period there had not been any inmates who have been disciplined for any contact with staff where staff did not give consent.

Provision (f)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 21, H, 2, c, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 20, H, 2, d, indicates that however, an inmate reporting sexual abuse or sexual harassment, shall not be issued a disciplinary report for lying based solely on the fact that their allegations were unfounded or that the inmate later decides to withdraw his / her allegation.

The JTPW IPCM provided the Auditor a Statement of Non-occurrence for the preceding twelve (12) months, indicating that during that period there had not been any disciplinary action taken against any offenders for a report of sexual abuse made in good faith.

Provision (g)

The Auditor received a copy of the ADOC Rule Violations Definitions and Examples. Associated with RV# 912 – Sexual Offense (Non-Forcible) / Soliciting is defined as the commission of any sexual act during which both participants act willingly, to include touching, hugging, fondling, kissing, etc.
Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standards regarding Disciplinary Sanctions for Inmates. No recommendations or corrective action is required.

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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8-12
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Statement of Non-Occurrence / Non-Applicable memo’s
- Interviews with the following:
  - Medical and Mental Health Staff
- Observations during on-site review.

Provision (a)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 15, F, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 13, F, 4, mandate that the Mental Health Professional shall meet with the inmate and review their screening information. If the screening indicates that the inmate has prior sexual victimization or sexual aggression in their history, the Mental Health Professional shall offer a follow-up meeting with Mental Health within 14 days of the intake screening.

The Auditor interviewed staff who perform risk screening relative to offenders who indicate they have previously perpetrated sexual abuse. These staff confirmed that these inmates are offered a follow-up meeting with a medical and/or mental health practitioner. Staff stated there are no secondary mental health/medical screenings performed as the documentation is loaded directly on the computer. Documentation is maintained in the automated system and access is limited only to staff in certain classifications.

During interviews with staff who conduct risk screening indicate that in those instances when an offender discloses prior victimization during the intake screening, the offender is immediately referred to Mental Health for assessment, and additional follow-up services, as identified.

Of the Three (3) offenders who were disclosed sexual victimization at screening, each advised that they were seen by a mental health practitioner within one (1) week of intake.

Provision (b)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 15, F, 5, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 14, F, 5, mandates that within a set time period, not to exceed 30 days from the inmate’s arrival at Tutilwer, Tutlwer shall reassess the inmate’s risk of victimization or abusiveness using the risk screening assessment and any additional, relevant information received by Tutwiler since the intake screening. An inmate’s risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness.
The Auditor reviewed a completed assessment that reflected the initial assessment was completed on 12/27/17, with a Mental Health follow-up and referral to a Mental Health practitioner made on 1/22/18. Records reflect that the inmate was assessed on 1/31/18 by the Mental Health practitioner.

See interview notes with Mental Health Professional in Provision (a)

Provision (d)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 16, F, 9, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 14, F, 9, requires that all information obtained during the screening process and PRA Mental Health Assessment shall be used to make individualized and safety based determinations and assist in the initial classification and institutional assignment of the inmate as well as determine work, education, and programs, in accordance with the ADOC Classification Manual, AR 433 and AR 435, with the goal of keeping separate those inmates at high-risk of being sexually victimized from those at high-risk of being sexually abusive.

During the on-site, the Auditor met with staff who conducted risk screenings, and was advised that all medical and mental health records are contained in a separate and secure database, and are accessed only through medical and mental health staff, and that information is only provided to classification on a need to know basis.

Provision (e)

The JTPW IPCM provided the Auditor a Statement of Non-occurrence indicating that during the audit period, JTPW did not receive any reporting of prior sexual victimization from Medical and/or Mental Health staff.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standard regarding Medical and Mental Health Screenings; History of Sexual Abuse. No recommendations or corrective action is required.

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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8-12
- Misc. Medical and Mental Health forms (blank & completed)
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Interviews with the following:
  - Medical and Mental Health Staff
  - Inmates who Reported a Sexual Abuse
  - Security Staff and Non-Security Staff First Responders
- Observations during on-site review.

Provision (a)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 18, F, 3, a, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 17, F, 3, a, mandates that victims of sexual abuse at the facility shall be referred immediately to Medical. Victims shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The IPCM shall also refer an inmate victim immediately to a JTPW mental health professional for further treatment and counseling.

An additional Interagency Agreement (IA) was developed between the Lighthouse Counseling Center, Inc., and the ADOC Medical Contractor. This agreement is known as the Lighthouse Counseling Center, Inc., “Standing Together Against Rape.” This IA provides for sexual assault exams for the alleged victims at JTPW, and will respond following an official request by the JTPW / ADOC staff (Sexual Assault Nurse/Examiner – SANE) to conduct the rape kit examination, provide results of exam to ADOC, provide litigation services relating to the examination, as well as other issues relative to the SART exam.

Medical and Mental Health staff interviewed by this Auditor stated that the treatment they provide is immediate and based on their professional judgement. Medical and Mental Health work together to ensure the offender receives the appropriate treatment. Information about and access to emergency contraception and sexually transmitted
infection prophylaxis, would be offered in accordance with professionally accepted standards of care and where medically appropriate.

When interviews were conducted by the Auditor with offenders who reported sexual abuse, all offenders stated they were escorted to and seen by medical staff right after they made their allegation.

**Provision (b)**

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 16, F, 9, b, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 14, F, 9, b, also requires that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

Interviews conducted by the Auditor with custody staff, non-custody staff, and First Responders stated that notification is made via the telephone or institutional radio to the medical staff who are on duty when they are informed of an incident of sexual abuse.

**Provision (c)**

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 16, F, 9, c, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 14, F, 9, c, also requires that inmate victims of sexual abuse or sexual harassment while incarcerated shall be offered timely information about and timely access to emergency contraception, pregnancy tests, tests for sexually transmitted infections, and prophylaxis where medically appropriate. If an inmate pregnancy results from sexual abuse while incarcerated, such victims shall receive timely and comprehensive information about and access to all lawful pregnancy-related medical services.

Note interviews in Provision (a): Medical & Mental Health Staff, Inmates who reported a S/A

**Provision (d)**

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 16, F, 9, d, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 14, F, 9, d, also states that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with an investigation arising out of the incident.

**Conclusion:**

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standard regarding Access to Emergency Medical and Mental Health Services. No recommendations or corrective action is required.
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.) ☒ 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.) ☒ 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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8-12
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Statement of Non-Occurrence / Non-Applicable memo’s
- Interviews with the following:
  - Inmates who reported sexual abuse
  - Medical and Mental Health Staff
- Observations made during on-site review

Provision (a)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 19, G, 3, d, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 17, 3, e, indicate that the offenders shall receive Medical and Mental Health evaluations and treatment shall be offered to all inmates who have been victimized by sexual abuse.

The Auditor’s review of records produced by the facility document the community standard of care, with evidence of STI testing, pregnancy testing, prophylaxis treatment, psychiatry and psychology services, crisis intervention and coping skills interventions. These services are free of charge to inmates, regardless of whether the abuser is named or whether the inmate cooperates with an investigation.

The Auditor reviewed an IA that was developed was between the Lighthouse Counseling Center, Inc., and the ADOC Medical Contractor. This agreement is known as the Lighthouse Counseling Center, Inc., “Standing Together Against Rape”. This interagency agreement provides for Sexual Assault Exams for the alleged victims at JTPW, and will respond following an official request by the JTPW / ADOC staff (Sexual Assault Nurse/Examiner – SANE) to conduct the rape kit examination, provide results of exam to ADOC, provide litigation services relating to the examination, as well as other issues relative to the SART exam.

Provision (b)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 19, G, 3, e, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 17, 3, f, indicate that 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.

Provision (c)

The reviewed records demonstrated attentiveness to follow-up services and treatment plans. The files held detailed and professional notes on the evaluations conducted by medical and mental health staff and their follow-up
appointments with the inmates. Follow-up consisted of routine visits with inmates during module rounds as well as office visits with medical and mental health practitioners, including psychologists and psychiatrists.

Interviews with medical and mental health staff further supports compliance in the area of evaluation, follow-up care, treatment plans, and referral for services. The statements of medical and mental health staff reflect an operational understanding of the importance of appropriate evaluation, follow-up care, treatment planning, and service referral.

**Provision (d)**

Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 17, 3, c, advises that inmate victims of sexual abuse or sexual harassment while incarcerated shall be offered timely information about and timely access to emergency contraception, pregnancy tests, and tests for sexually transmitted infections, prophylaxis, where medically appropriate. If an inmate pregnancy results from sexual abuse while incarcerated, such victims shall receive timely and comprehensive information about and access to all lawful pregnancy-related medical services.

The JTPW IPCM provided the Auditor with Statements of Non-occurrence indicating that during the audit period, JTPW did not have any offenders who were referred for examination at the SANE/Rape Crises Centers.

Interviews with medical and mental health practitioners indicated that female victims are provided pregnancy tests should sexual abusive vaginal penetration occurred while incarcerated.

**Provision (e)**

Also relevant to this provision see Tutwiler SOP referenced in Provision (d).

The JTPW IPCM provided the Auditor with Statements of Non-occurrence indicating that during the audit period, JTPW did not have any offenders who were referred for examination at the SANE/Rape Crises Centers.

Interviews with medical and mental health practitioners indicate female inmate victims are provided pregnancy related medical services.

**Provision (f)**

Also relevant to this provision see Tutwiler SOP referenced in Provision (d).

The JTPW IPCM provided the Auditor with Statements of Non-occurrence indicating that during the audit period, JTPW did not have any offenders who were referred for examination at the SANE/Rape Crises Centers.

**Provision (g)**

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 19, G, 3, f, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 17, 3, g, indicate that all 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.

The JTPW IPCM provided the Auditor with Statements of Non-occurrence indicating that during the audit period, JTPW did not have any offenders who were referred for examination at the SANE/Rape Crises Centers.

**Provision (h)**

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 19, G, 3, g, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 17, 3, h, indicates that a mental health evaluation of known Inmate-on-Inmate abusers without 60 days of learning of such abuse history and offer treatment.
Conclusion:
Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standard regarding Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers. No recommendations or corrective action is required.

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
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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8-12
- Court Monitors report case 2:15-cv-00368-MHT-TFM Document 29-1 Filed 08/23/18
- Interviews with the following:
  - Warden
  - PREA Compliance Manager
  - Incident Review Team

Provision (a)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 20, H, 1, k, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 19, 1, k, advises that a review team, including upper-level management officials at Tutwiler, with input from the line supervisors, investigators, and Medical and Mental Health practitioners, shall conduct an incident review within 30 days of the conclusion of every investigation of substantiated and unsubstantiated allegations of sexual abuse or Staff-on-Inmate sexual harassment.

Of the PREA related investigations that were completed by staff during this review period, thirteen (13) required committee review. All of the documentation regarding these cases was forwarded to the Auditor for review. All of the thirteen (13) cases reviewed were in compliance with ADOC policy and PREA requirements.

Provision (b)

See Provision (a) for policy reference to 30-day review.

In the past twelve (12) months, thirteen (13) cases were scheduled for the review committee. The Auditor reviewed each case and determined that in every instance, the committee met within the required 30-day review period. Each of the twelve (12) cases submitted for review were in compliance with ADOC policy and PREA requirements.

Provision (c)

See Provision (a) for policy reference to management team composition of committee.
The multidisciplinary committee will consist of facility managers, supervisors, investigators and medical/mental health practitioners. The committee will review policy compliance, causal factors, and systematic issues using the TPFW SOP 8-12, Form B, Sexual Abuse Incident Review checklist.

The Auditor’s interview with the Warden confirmed the Warden’s understanding of the composition of the committee, and her willingness to consider and incorporate any recommendations of the committee into JTPW operations.

Each of the cases referred for review by the committee was reviewed by the auditor. All of the thirteen (13) cases reviewed were in compliance with ADOC policy and PREA requirements. The cases were thorough, and answered all relevant questions.

Provision (d)

Following a review of each of the thirteen (13) submitted cases, numerous factors were included in the summary of findings. Items that are required to be considered according to ADOC policy, and PREA guidelines are:

1. Consider whether the allegation or investigation indicates a need to change policy or practice.
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTQI identification; gang affiliation; or war motivated by group dynamics at JTPW.
3. Examination of area where incident occurred to assess need for enhancements.
4. Assess the adequacy of staffing levels in the area during the different shifts.
5. Review of the personnel file of any involved employees (background screening, training, etc.).
6. Assess whether additional monitoring technology should be employed, enhanced, etc.
7. Prepare a report of the findings for submission to Monitor, DOJ, Warden, PREA director, and/or IPCM.

The Auditor’s interviewed the Warden, as well as IPCM and other members of the Incident Review Team. All indicated that the Review Team considers all criteria identified in PREA Policy (noted above). All documentation was reviewed by the Auditor for each of the thirteen (13) cases and it was noted that some included recommendations.

Provision (e)

Each of the thirteen (13) cases submitted contained a section that would address any needed recommendations or improvements, if required.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standard regarding Sexual Abuse Incident Reviews. No recommendations or corrective action is required.

**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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8-12
- 2017 Survey of Sexual Victimization (Form SSV-2)
- Interviews with the following:
  - PREA Director

Provision (a/c)

Both the ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 24, L, 1, a, as well as Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 23, L, 1, c, 1 – 6, require that the data collection requirement include:

1. the procedures for data maintenance and collection for every allegation of sexual abuse and harassment;
2. the sources for data collection including the data required by the US DOJ, which includes inmate polling, documentation of announced and unannounced rounds, grievances, reports, investigation files, and incident reviews;
3. the instrument(s) used to collect data;
In addition to the required data above, JTPW is required to compile additional data for completion of the U.S. DOJ Survey of Sexual Victimization. JTPW is also required to compile additional data in accordance with requirements of the Federal Court Monitor.

In addition, according to Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 24, L, 3, JTPW has implemented a Risk Management System (RMS) that will document and track facility trends related to: (1) sexual abuse or sexual harassment; (2) unprofessional staff conduct involving inmates, including sexually explicit, vulgar, or degrading language; and (3) use of force incidents. The RMS will consist of particular data points and data analysis. JTPW shall ensure that trends and incidents involving sexual abuse and sexual harassment are identified and corrected in a timely manner, and collect, consolidate, analyze, track and otherwise use its data to assist with the prevention of sexual abuse and sexual harassment. JTPW data collection shall include all numbers and types of incidents and data that are useful in spotting trends and analyzing practice. Section 4 of this bullet requires that JTPW aggregate the data for collected on a quarterly basis.

Provision (b)

The ADOC aggregates all of its data submitting all required items according to the U.S. Department of Justice SSV-2 (Survey of Sexual Victimization), and submits all information annually to the U.S Department of Justice.


Provision (d)

PREA policies mandate the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The Auditor was provided copies of 2016 and 2017 annual reports which contained relevant areas of concern, and noted corrective action items.

Provision (e)

N/A

Provision (f)

The ADOC aggregates all of its data submitting all required items according to the U.S. Department of Justice SSV-2 (Survey of Sexual Victimization), and submits all information on June 30 from the previous calendar year to the U.S Department of Justice.

The Auditor reviewed the submitted SSV-2 for 2016 & 2017, which reflected completion of all data fields within the required timeline.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standard regarding Data Collection. No recommendations or corrective action is required.
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

- Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation # 454
- Tutwiler SOP # 8-12
• Interviews with the following:
  o Deputy Commissioner
  o PREA Director
  o PREA Compliance Manager

Provision (a)

According to Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 24, L, 5, JTPW shall review data collected and aggregated to assess and improve the effectiveness of its sexual abuse and sexual harassment prevention, detection, and response policies, practices and training, including by:

a) identifying potential patterns, changes, and problem areas (including for individual officers; for individual inmates; and for housing units); to include problems in JTPW’s staffing levels, policies, practices, staff discipline system, and staff and prisoner training/education that might have contributed to those patterns if such patterns reflect increased sexual abuse and sexual harassment, decreased sexual abuse and sexual harassment detection or inadequate responses to sexual abuse and sexual harassment;

b) identifying staff or supervisors in need of retraining, performance plans, and discipline, while considering all aspects of the employee’s assignment;

c) developing an array of intervention options to facilitate an effective response to identified problems;

d) taking corrective action on an ongoing basis; and,

e) preparing bi-annual reports of its findings and corrective actions, including a comparison to the findings in previous reports to assess progress

The PREA Director stated in an interview to the Auditor that the agency reviews data collected pursuant to 115.87 and assesses the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training. The agency prepares an annual report and posts the information on the website. The PREA Director further stated that the only information redacted from the agency report is personal identifying information. All other information is included in the annual report.

Through an interview with the Warden, the Auditor was informed that each allegation is reviewed by the Facility PREA Committee and that information is provided to the PREA Director for the annual review. Any issues identified during the Facility PREA Committee are addressed at that time.

Provision (b)

In accordance with Tutwiler Standard Operating Procedure # 8-12, dated 12/4/18, Inmate Sexual Abuse and Sexual Harassment, Page 24, L, 5, e, the facility prepares a bi-annual report of its findings and corrective actions, including a comparison to the findings in previous reports to assess progress in addressing sexual abuse. The Auditor reviewed the annual report from 2017 and found it to be in compliance with PREA standards.

Provision (c)

As required by standard, the ADOC places all annual reports onto its website, accessible for public review as required. Attached weblink will allow access to ADOC PREA webpage which contains each annual report since 2013. See attached link: http://www.doc.state.al.us/PREA

Interview with the Deputy Commissioner indicates that she approves the annual report.

Provision (d)

PREA Director stated to the Auditor that the agency reviews data collected pursuant to 115.87, and that the only information redacted from the agency report is personal identifying information. All other information is included in the annual report.
Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standard regarding Data Review for Corrective Action. No recommendations or corrective action is required.

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

• Tutwiler Prison for Women completed the Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
• ADOC Administrative Regulation # 454
• Tutwiler SOP # 8-12
• Alabama Department of Corrections public accessible website (http://www.doc.state.al.us/PREA)
• Interviews with the following:
  o PREA Director
Provision (a)

Through an interview with the PREA Coordinator, the Auditor was informed that there are several locations where the ADOC retains data. At the local level, data is retained within JTPW’s Risk Management System (RMS) and access to this system is limited to those staff with a need to know. Additional data is retained at the Agency/Department level as required for completion of the SSV-2, and also within the ADOC website for public access.

Provision (b)

The ADOC PREA webpage provides numerous reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at the attached web address: http://www.doc.state.al.us/PREA

Provision (c)

Through an interview with the PREA Director, the Auditor was informed that the agency reviews data collected pursuant to 115.87, and that the only information redacted from the agency report is personal identifying information. The agency report reviewed by the Auditor met PREA compliance standards.

Provision (d)

ADOC Administrative Regulation # 454, Operations & Legal, dated 1/4/16, Inmate Sexual Abuse and Sexual Harassment, Page 26, L, 1, d & e, states that data shall be retained securely for ten (10) years, and criminal and administrative investigation records shall be retained for as long as the alleged abuse is incarcerated or employed by the agency, plus five (5) years. The Auditor reviewed data from August 20, 2012 as required by the PREA compliance standard.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standard regarding Data Storage, Publication and Destruction. No recommendations or corrective action is required.

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.

Rick Winistorfer       March 26, 2019
Auditor Signature       Date