

Prison Rape Elimination Act (PREA) 2019 Annual Report

Alabama Department of Corrections

Introduction:

The Prison Rape Elimination Act of 2003 (PREA) was signed into federal law with the purposes of providing information, resources, recommendations, and funding to protect individuals from prison rape, and of providing a mechanism for the analysis of incidents and effects of prison rape in Federal, State, and local institutions. PREA applies to all public and private institutions that house adult and juvenile offenders. In 2012, The Department of Justice published the final rule of standards promulgated by the Attorney General of the United States.

The Alabama Department of Corrections (ADOC) maintains a zero-tolerance policy regarding sexual abuse, sexual misconduct, and sexual harassment of offenders and employees. The agency's zero-tolerance policy, Alabama Regulation 454, Inmate Sexual Abuse and Sexual Harassment (Prison Rape Elimination Act [PREA]), not only aims to protect all offenders under ADOC jurisdiction from sexual abuse and sexual harassment, but also protects against retaliation of anyone who reports sexual abuse and sexual harassment and who participates in an investigation.

ADOC's zero tolerance policy for sexual abuse and sexual harassment adopts and incorporates the following from PREA:

1. The right of inmates to be free from sexual abuse and sexual harassment;
2. The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
3. How to fulfill the responsibilities under ADOC sexual abuse and sexual harassment prevention, detection, reporting, and responding policies and procedures;
4. The dynamics of sexual abuse and sexual harassment victims;
5. Common reactions by sexual abuse and sexual harassment victims;
6. How to detect and respond to signs of threatened and actual sexual abuse;
7. How to avoid inappropriate relationships with inmates;
8. How to communicate effectively and professionally with inmates, including LGBTI or gender non-conforming inmates; and
9. How to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment to outside authorities.

ADOC is continually evaluating and improving the reporting methods for inmates, employees and third parties to ensure the highest level of responsiveness.^[WG(1)] ADOC provides many reporting mechanisms for both victims and third parties. ADOC encourages inmates to report directly to staff as their first choice of reporting. Inmates are provided envelopes to write directly to ADOC's Law Enforcement Services Division. Inmates can call outside confidential support services through the inmate phone system at no charge to the inmate. PREA inmate and staff drop boxes have been made available throughout the facilities so confidential, anonymous reports can be made. Inmates may also report to a third-party entity outside of ADOC by dialing *6611 through the inmate phone system at no charge to the inmate.

Third parties such as family, friends, and attorneys outside of the facilities can report using an internet reporting form that goes directly to the ADOC Law Enforcement Services Division. LESD also has the Stop Corruption banner on the ADOC website which offers a direct reporting phone number. Another third-party reporting method is an email linked directly to the ADOC PREA Division. All third-party reporting methods can be found on the public ADOC website @ www.doc.alabama.gov.

All allegations of sexual abuse, sexual misconduct, and sexual harassment within ADOC facilities will be investigated. To get a clear understanding of each type allegation, definitions of each are provided below:

Sexual Abuse: (as defined in PREA Standard §115.6) includes:

1. Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident; and,
2. Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer.

Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
2. Contact between the mouth and the penis, vulva, or anus;
3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
4. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or resident:

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
2. Contact between the mouth and the penis, vulva, or anus;
3. Contact between the mouth and the penis, vulva, or anus;
4. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
5. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
6. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
7. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1) - (5) of this section; and
8. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and
9. Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

Sexual Harassment: (as defined in PREA Standard §115.6) includes:

1. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another; or
2. Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Custodial Sexual Misconduct: (as defined in Alabama Code Section 14-11-31) includes:

1. It shall be unlawful for any employee to engage in sexual conduct with a person who is in the custody of the Department of Corrections, the Department of Youth Services, a sheriff, a county, or municipality.

2. It shall be unlawful for any probation or parole officer to engage in sexual conduct with a person who is under supervisory, disciplinary, or custodial authority of the officer engaging in the sexual conduct with the person.
3. Any person violating this section shall, upon conviction, be guilty of custodial sexual misconduct.
4. Custodial sexual misconduct is a Class C felony.
5. The consent of the person in custody shall not be a defense to a prosecution under this article.

Allegations can be administrative or criminal in nature depending on the alleged incident. The Institutional PREA Compliance Manager (IPCM) at each facility tracks the progress of PREA related investigations, maintaining contact with the investigator assigned to the case, if applicable. Upon completion of each substantiated investigation, appropriate disciplinary action is taken against the perpetrator, and all inmate victims are given a written notification of the investigative outcome based on the following categories:

1. **Substantiated:** an allegation that was investigated and determined to have occurred.
2. **Unsubstantiated:** an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether the event occurred.
3. **Unfounded:** an allegation that was investigated and determined not to have occurred.

All substantiated and unsubstantiated PREA investigations are forwarded to the appropriate District Attorney office for further review and potential prosecution.

PREA Implementation Efforts:

This report summarizes corrective action that occurred at nine ADOC facilities during Year 1 Cycle 3 audit period and PREA implementation efforts at the remaining 17 facilities. These actions are necessary to ensure ADOC remains PREA compliant by enhancing sexual safety at each of its prisons, by increasing staff awareness, and by creating a zero-tolerance culture.

Audited Institutions during Year 1 Cycle 3

Bibb Correction Facility:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM attended the Annual IPCM Refresher Training on June 24th, 2020 in Wetumpka, Alabama. The IPCM attended and graduated the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The PREA Director completed Bibb CF Annual Internal PREA Audit and Staffing Plan SOP review. Bibb CF IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes.

Bibb CF completed Year 1 Cycle 3 PREA audit with corrective action and received the interim report on April 2nd, 2020. Bibb CF CAP consisted of the following:

115.13 Supervision and monitoring

Corrective action:

During the tour of the facility, blind spots were noted and discussed with facility staff members. At BCF, one area that was identified as a blind spot was a clothing storage/folding area in the laundry. Through discussion with staff while onsite, it was determined that a half-moon mirror would ensure that staff could see both sides of that room. The facility did install that mirror and sent a photograph to this Auditor to verify that it has been completed as required. Additionally, in the laundry area, there is a loft where inmate workers make repairs and mattresses are stored. When we entered the laundry area, mattresses were stacked against the railing of the loft area so that there was no visual of the inmates in that area. To have visual access to that area, staff had the inmate worker move the mattresses away from the loft area and instructed him that nothing was to be placed there to block the line of sight.

115.15 Limits to cross-gender viewing**Corrective action:**

Based on interviews with both staff and inmates, it became clear that not all female staff have been making the required cross-gender announcements when entering housing units. Upon talking with the IPCM, he indicated that he would put a memo out to all staff regarding the requirement that all female staff must either be announced or make the announcement that there is a female in the unit each time they enter the housing unit. This has been completed and a copy of the memo dated February 7, 2020, was provided to this Auditor. This memo was sent from the Warden to all security staff.

All housing units are constructed in the same manner and the showers are open with approximately six shower heads in each around the outside walls. There are brick walls constructed at the front of the showers with swinging type doors for entrance to the shower area. Those brick walls were not high enough to ensure that inmates are able to shower without being fully seen by female staff members. At that point, this Auditor had discussion with the staff members on the tour about the problem and possible solutions. It was determined that there would be approximately (8) to (10) inch extensions added to the top of the brick walls. This still allows staff to see that there are inmates in the shower but provides enough cover as not to be able to view breasts, buttocks or genitals. The staff at the facility have been able to make the corrections to all the showers as discussed during the onsite audit visit. Photographs of all showers were taken and sent to this Auditor as verification that this issue has been corrected soon after the onsite visit.

115.16 Inmates with disabilities and inmates who are limited English proficient**Corrective Action:**

Two items were discussed which would correct this deficiency and item of non-compliance. The first was to provide PREA materials in large print for inmates who are low vision. The facility has indicated that they will make PREA information available in large print and forward those documents to this Auditor for review. The facility provided large print materials for review and the auditor determined them to be acceptable. Additionally, the PREA reporting number needs to be posted in larger print so that it is “readily accessible” to all inmates in the event there is an incident that needs to be reported. Soon after the onsite audit visit, the facility painted the PREA reporting number on the walls near all the phones. The number was made in a large font and will be able to be viewed, without assistance, for those inmates that are low vision. Photographs were emailed to this Auditor to confirm that the reporting information is now painted near all phones in the facility.

115.31 Employee training

Corrective Action:

The facility could not provide training records for 2019. The facility was required to provide training for the staff as a “refresher” year training. The IPCM was diligent in ensuring that all staff received this training and provided documentation.

115.32 Volunteer and contractor training**Corrective Action:**

In reviewing the training records, it was evident that not all contractors and volunteers had received the required basic training for PREA. The IPCM worked with the PREA Director to develop the curriculum that was to be used with the medical and mental health personnel. The IPCM worked quickly with Wexford Health Sources Inc. to coordinate the training for all the staff who work in the facility. Verification of this training was provided via email.

115.35 Specialized training: Medical and mental health care**Corrective Action:**

While conducting interviews with contracted staff, the auditor determined that they had received training on PREA; however, there was no documentation provided to support this. The IPCM worked with the PREA Director to develop the curriculum that was to be used with the medical and mental health personnel. The IPCM worked quickly with Wexford Health Sources Inc. to coordinate the training for all Wexford staff who work in the facility. Verification of this training was provided to the auditor via email.

115.41 Screening for risk of victimization and abusiveness**Corrective Action:**

It was noted that there are times when the 72-hour timeframe is not met at the facility. This issue would occur in situations such as when inmates arrive outside of the normal intake timeframes, when there is a Monday holiday or during vacation times. The facility developed a plan in which the IPCM or the Assistant IPCM will ensure that all new receptions to the facility will have a risk assessment within the first (72) hours of arriving. Additionally, the IPCM will now track the risk assessments to ensure that all are completed within the timeframe. This information was accompanied by a memo from the Warden of the facility, directing implementation of the new procedure.

115.42 Use of screening information**Corrective Action:**

BCF had approximately (5) transgender inmates at the time of the onsite audit visit. There was a question as to the reassessment that is to occur twice a year to evaluate if the transgender inmate is still safe where they are housed and if there are any issues the inmate would like to discuss. After the onsite audit visit, the IPCM provided documentation of the reassessment of the transgender individuals who had been at the facility at least (6) months.

115.61 Staff and agency reporting duties

Corrective Action:

While interviewing both medical and mental health staff, the auditor determined that this practice of providing an informed consent to inmates was not occurring. According to the auditor's review of policy, the only mention of this informed consent was in the context of dealing with juvenile offenders. After working with the auditor and talking with the IPCM, the medical and mental health providers understood the requirement for the informed consent. The staff developed an informed consent document for inmates to sign when they are provided with this information. Additionally, a memo, from the Warden, was sent to all applicable staff and contractors on the application of this new form and process. The auditor determined that this new procedure satisfies the requirement for this standard.

115.67 Agency protection against retaliation

Corrective Action:

During a conversation with the IPCM and auditor about the process for monitoring those involved with investigations, the IPCM indicated that at the time of the onsite audit visit, he only provides retaliation monitoring for alleged victims in the case. This standard requires that those individuals who participated in the investigation be monitored as well. The facility was required to develop a process to ensure that all persons are monitored for retaliation as required by this standard. In response to this corrective action item, the IPCM revised his process for retaliation monitoring to include both reporters and those who were witnesses in the investigation. Once this process was revised, a memo from the Warden was provided directing that this new process be implemented immediately.

115.81 Medical and mental health screenings; history of sexual abuse

Corrective Action:

During interviews with mental health staff, two items were noted that required corrective action. The first was that inmates who indicate they are a preparator of sexual abuse are not offered a follow up meeting with mental health staff within (14) days as required by standard. The second item was also identified in direct interviews with mental health staff. The staff were not providing the required informed consent to inmates prior to providing any type of service. The

informed consent must provide information to the inmate about what information may be kept confidential and what information must be reported if shared with the mental health professional. The staff developed an informed consent document for inmates to sign when they are provided with the information. Additionally, a memo, from the Warden, was sent to all applicable staff and contractors on the application of this new form and process. The auditor determined that the new procedure satisfies the requirement for this standard.

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

Corrective Action:

Mental Health staff stated that inmates who indicate they are a preparator of sexual abuse are not offered a follow up meeting with mental health staff within (60) days as required by standard. A memo from the Warden, was sent to all applicable staff and contractors on the application of this new form and process. The auditor determined that the new procedure satisfies the requirement for this standard.

115.88 Data review for corrective action

Corrective Action:

The annual report did not contain comparison information; however, the PREA Director, revised the current report to include comparison data from year to year. The Commissioner signed off on the revised report. The PREA Director is out in the system for a good portion of the year to continually assess the situation inside the facilities and make suggestions for change when needed.

Bibb CF received the final report on June 15th, 2020. Bibb CF received exceed standards for the following:

115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

Hamilton Aged and Infirm:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM attended the Annual IPCM Refresher Training on June 23rd, 2020 in Wetumpka, Alabama. The IPCM attended the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The PREA Director completed Hamilton Aged and Infirm Annual Internal PREA Audit and Staffing Plan SOP review. Hamilton Aged and Infirm IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA

policy and procedural changes. The IPCM periodically tests staff on their knowledge of LGBTI and PREA standards.

Hamilton Aged and Infirm completed Year 1 Cycle 3 PREA audit with no corrective action and received the final report on April 7, 2020. Hamilton Aged and Infirm received exceed standards for the following:

115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

115.31 Employee training

115.32 Volunteer and contractor training

Hamilton Work Release Center:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM attended the Annual IPCM Refresher Training on June 23, 2020 in Wetumpka, Alabama. The IPCM attended and graduated the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The PREA Director completed Hamilton WR/WC Annual Internal PREA Audit and Staffing Plan SOP review. Hamilton WR/WC IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes.

Hamilton WR/WC completed Year 1 Cycle 3 PREA audit with no corrective action and received the final report on April 7, 2020. Hamilton WR/WC received exceed standards for the following:

115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

115.31 Employee training

Kilby Correctional Facility:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM attended and graduated the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The PREA Director completed Kilby CF Annual Internal PREA Audit and Staffing Plan SOP review. Kilby CF IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes.

Kilby CF added new toilet partitions in M, N, and K Dorms to provide privacy and to prevent cross-gender viewing.

Kilby CF completed Year 1 Cycle 3 PREA audit with corrective action and received the interim report on February 29, 2020. Kilby CF CAP consisted of the following:

115.42 Use of screening information

Corrective Action: The auditor recommends the IPCM be notified via email by classification and mental health about each inmate who identifies as transgender to ensure that the biannual assessments are completed. The IPCM will be required to forward the biannual assessments for the two transgender inmates currently at the facility to indicate that the practice is systematically occurring.

Verification of Corrective Action since the Interim Audit Report: The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents: 1. Memo from the Warden

2. Training Verification for Mental Health Staff

3. Bi-annual Assessments

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provision 115.42(d). The auditor spoke to the IPCM and PREA Coordinator via phone for an update regarding the implementation of the corrective action. On March 19, 2020, the IPCM provided the auditor with the two bi-annual assessments for the two identified transgender inmates at Kilby CF. Additionally, the IPCM provided the auditor with a memo from the Warden specifying the new process for mental health which includes notifying the IPCM when any inmate identifies as transgender or intersex, to ensure the IPCM completes the biannual assessments. The memo also included signatures from the mental health staff confirming they read and understood the new communication process related to transgender and intersex inmates. Based on a review of the memo, the signatures and the completed assessments, the auditor found the facility in compliance with this standard.

115.71 Criminal and administrative agency investigations

Corrective Action: The auditor recommended that the IPCM forward at least two completed investigations to the auditor for review to ensure that the new procedure is being followed and thorough investigations are being completed.

Verification of Corrective Action since the Interim Audit Report: The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents: 1. PREA Investigative Reports

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommendations related to the investigative process. The auditor spoke to the IPCM and PREA Director via phone for an update regarding the implementation of the recommendations. On March 2, 2020, the PREA Director provided the auditor with an investigative report in which the inmate victim refused to prosecute and had signed the prosecution waiver. Previously the investigation would have ceased after the inmate signed the prosecution waiver, however in this case the investigator followed the updated investigative policies and procedures and interviewed the alleged suspect. On March 13, 2020, the PREA Director provided the auditor with the second requested investigation. The investigation included the interview of the victim and perpetrator as well as the collection of DNA evidence. The inmate victim signed a prosecution waiver in this case as well, which resulted in the DNA not being processed. On April 6, 2020, the auditor received four additional investigations where the alleged perpetrator was interviewed (four cases) and DNA evidence was collected (two cases). The auditor received information on April 16, 2020 related to the processing of DNA evidence by the ADOC. The Alabama Department of Forensic Sciences (DFS) is the state agency that is responsible for processing and analyzing biological evidence recovered by all 452 local and state law enforcement agencies within the state. The Director of DFS stated that there is a protocol the agency goes through when receiving DNA evidence for processing and analysis. He further stated that there are a set of questions that are asked when receiving DNA, one of which includes whether the victim is willing to prosecute and/or cooperate with the investigations. If the answer is no, they cannot, as a matter of Federal law, process or analyze the evidence. While ADOC collects forensic evidence from inmate victims of sexual abuse the evidence may not be analyzed at no fault of the agency/facility when a victim refuses to prosecute. The ADOC exhausts its ability to conduct a thorough investigation by collecting and submitting the DNA evidence to DFS. The policies and procedures of DFS cannot be held against the ADOC related to processing, analyzing, and using the DNA information to complete a thorough investigation. Based on this information as well as the corrective action indicated above regarding the interviews of the alleged perpetrators, the auditor determined this standard to be corrected and compliant.

Kilby CF received the final report on April 17, 2020. Kilby CF received exceed standards for the following:

115.67 Agency protection against retaliation

115.86 Sexual abuse incident reviews

Limestone Correctional Facility:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM attended the Annual IPCM Refresher Training on June 23, 2020 in Wetumpka, Alabama. The IPCM attended and graduated the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The IPCM spoke to advocates at North Alabama Crisis Center on July 9, 2020. The PREA Director completed Limestone CF Annual Internal PREA Audit and Staffing Plan SOP review. Limestone CF IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes. Limestone CF has an open project for a video monitoring upgrade.

Limestone CF completed Year 1 Cycle 3 PREA audit with no corrective action and received the final report on February 27, 2020. Limestone CF received exceed standards for the following:

115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

115.53 Inmate access to outside confidential support services

115.64 Staff first responder duties

Loxley Work Release Center:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM attended the Annual IPCM Refresher Training on June 24, 2020 in Wetumpka, Alabama. The IPCM attended and graduated the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The PREA Director completed Loxley WR/WC Annual Internal PREA Audit and Staffing Plan SOP review. Loxley WR/WC IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes. Loxley WRC added a privacy curtain in the shakedown shack to provide privacy during strip searches.

Loxley WRC completed Year 1 Cycle 3 PREA audit with no corrective action and received the final report on February 26, 2020. Loxley WRC received exceed standards for the following:

115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

115.31 Employee training

115.53 Inmate access to outside confidential support services**115.64 Staff first responder duties****Mobile Work Release Center:**

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM attended the Annual IPCM Refresher Training on June 24, 2020 in Wetumpka, Alabama. The IPCM attended the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The PREA Director completed Mobile WR/WC Annual Internal PREA Audit and Staffing Plan SOP review. Mobile WRC IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes. Mobile WRC placed partitions between toilets in D Dorm to provide inmate privacy.

Mobile WR/WC completed Year 1 Cycle 3 PREA audit with no corrective action and received the final report on February 28, 2020. Mobile WR/WC received exceed standards for the following:

115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**115.31 Employee training****115.32 Volunteer and contractor training****115.33 Inmate education****115.34 Specialized training: Investigations****115.61 Staff and agency reporting duties****115.64 Staff first responder duties****115.65 Coordinated response****William C. Holman Correctional Facility:**

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM attended the Annual IPCM Refresher Training on June 24, 2020 in

Wetumpka, Alabama. The IPCM attended the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The PREA Director completed William C. Holman CF Annual Internal PREA Audit and Staffing Plan SOP review. William C. Holman CF IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes.

William C. Holman CF completed Year 1 Cycle 3 PREA audit with corrective action and received the interim report on July 15, 2020. William C. Holman CF CAP consisted of the following:

115.15 Limits to cross-gender viewing

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

Verification of Corrective Action since the Interim Audit Report: The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents: 1. Announcement from the Commissioner

2. Photos of Restrictive Housing Showers

3. Photos of Holding Cell

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provision 115.15(d). The auditor spoke to the IPCM and PREA Director via phone for an update regarding the implementation of the corrective action. On April

29, 2020, the IPCM provided the auditor with two photos of the holding cell toilet. The facility enclosed the toilet with two barrier walls and a side entrance. The photos confirmed that the facility corrected the cross-gender viewing issue in the holding cell and that inmates were now afforded additional privacy when using the restroom. On May 6, 2020, the IPCM and the PD forwarded the auditor a copy of an announcement from the Commissioner related to the closure of the A-D housing units at Holman CF. The announcement indicated that general population inmates would be moved to the E dorm (a stand-alone dorm outside of the main building) and the restrictive housing unit would be modified and become the new housing for death row inmates. As of July 14, 2020, housing units A through D were decommissioned and will not be occupied by any inmates. As such, modifications are not required and the corrective action for this issue is not necessary. On July 24, 2020, the auditor received six photos of the restrictive housing unit showers. The photos evidence the corrective action related to the cross-gender viewing issue in the showers. The facility painted the area of the solid door that exposed the buttock and genital area. The paint obstructs any cross-gender viewing of the buttocks and genital area and as such corrects the privacy issue. Based on a review of the announcement and photos, the auditor determined this standard to be corrected and compliant.

115.67 Agency protection against retaliation

Corrective Action: The auditor requested the facility to continue monitoring inmates for retaliation for the full 90 days which is required by the standard and provide the auditor documentation demonstrating the monitoring was complete. The auditor recommended the facility continue its current practice as it exceeds the standard with weekly status checks. However, the auditor determined that the current practice would need to ensure it is extended to the full 90 days in cases in which allegations were substantiated or unsubstantiated. The auditor requested to see at least seven examples of the full 90-day monitoring.

Verification of Corrective Action since the Interim Audit Report: The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents: 1. Training Documents

2. Monitoring Documents

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provision 115.67(c). The auditor spoke to the IPCM and PREA Director via phone for an update regarding the implementation of the corrective action. Due to the decommissioning of most of the facility and the drastic cut in inmate population the facility was concerned how to illustrate their corrective actions if no allegations were made during the corrective action period. The auditor and the PD developed a new corrective action plan that included training of the IPCM (as the staff responsible for monitoring for retaliation) and mock

retaliation monitoring on a simulated sexual abuse allegation. On July 1, 2020, the PD provided the auditor with a training curriculum and a training roster for the annual IPCM training. The training covered corrective action for facilities that have recently been audited, including Holman. During this section of the training the PD provided instruction on the requirements under the PREA standards for monitoring for retaliation, including the requirement to monitor victims for at least 90 days. The training specifically discussed the requirement that sexual abuse cases closed for any reason other than unfounded, that the monitoring period should trigger the full 90-day monitoring period. The Holman CF IPCM signed the training roster documenting she received the training on June 24, 2020. Additionally, on July 1, 2020 the PD provided the auditor with a sexual harassment allegation that was treated as a sexual abuse allegation for training related purposes. The sexual harassment allegation was utilized as a mock sexual abuse allegation to illustrate the corrected monitoring process. A review of the monitoring documents indicated that the IPCM conducted weekly monitoring of the inmate victim weekly by the IPCM for four weeks until the investigation was returned unfounded. Because the allegation was unfounded and the monitoring did not continue, the facility also simulated a sexual abuse allegation that was deemed unsubstantiated to illustrate the process of a full 90-day monitoring. On August 13, 2020, the auditor received documentation of the simulated sexual abuse allegation. The documentation included weekly monitoring of the victim of sexual abuse for the full 90-day monitoring period. The investigation was closed on June 29, 2020 as unsubstantiated. The monitoring was initiated on June 1, 2020 and was conducted weekly for the full 90-day monitoring period. The monitoring continued after the investigation was returned as required by the standard. Based on a review of the training documents and the mock monitoring documents, the auditor found this standard to be corrected and compliant.

115.71 Criminal and administrative agency investigations

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

Verification of Corrective Action since the Interim Audit Report: The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents: 1. PREA Investigative Reports

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

115.82 Access to emergency medical and mental health services

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

Verification of Corrective Action since the Interim Audit Report: The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents: 1. Training Documents

2. Mental Health Documents

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

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

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

Verification of Corrective Action since the Interim Audit Report: The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents: 1. Training Documents

2. Mental Health Documents

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

115.86 Sexual abuse incident reviews

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

Verification of Corrective Action since the Interim Audit Report: The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents: 1. Training Documents

2. Sexual Abuse Incident Review

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provision 11586(b). The auditor spoke to the IPCM and Director via phone for an update regarding the implementation of the corrective action. Due to the decommissioning of most of the facility and the drastic cut in inmate population the facility was concerned how to illustrate their corrective actions if no allegations were made during the corrective action period. The auditor and the PD developed a new corrective action plan that included training of the IPCM (as the staff responsible for ensuring the sexual abuse incident review is completed on time) and a mock sexual abuse incident review on a simulated sexual abuse allegation. On July 1, 2020, the PD provided the auditor with a training curriculum and a training roster for the annual IPCM training. The training covered corrective action for facilities that had recently been audited, including Holman. During this section of the training the PD provided instruction on the requirements under the PREA standards for sexual abuse incident reviews, including the requirement of completion within 30 day of the conclusion of an investigation. The training specifically discussed that once the IPCM receives information from LESD regarding the closure of a sexual abuse investigation, that the IPCM is responsible for immediately initiating the sexual abuse incident review. The PD advised during the training that the IPCM should immediately coordinate with medical, mental health, security, and the Warden to ensure all components of the review are completed within 30 days. The Holman CF IPCM signed the training roster documenting she received the training on June 24, 2020. Additionally, on July 1, 2020 the PD provided the auditor with a sexual harassment allegation that was treated as a sexual abuse allegation for training related purposes. The sexual harassment allegation was utilized as a mock sexual abuse allegation to illustrate the corrected sexual abuse incident review process. A review of the completed ADOC Form 454-E, Sexual Abuse Incident Review showed that the review was completed on July 1, 2020. A copy of the investigation report revealed the investigation was closed on June 22, 2020, confirming that the review was completed within the 30-day timeframe. Based on a review of the training documents and the mock sexual abuse incident review documents, this standard appears to be corrected and compliant.

William C. Holman CF received the final report on August 13, 2020. William C. Holman CF received exceed standards for the following:

115.31 Employee training

William E. Donaldson Correctional Facility:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM took the mandatory IPCM training for new IPCMS, presented by the ADOC PREA Director on August 18, 2020. The IPCM attended the Annual IPCM Refresher Training on June 24, 2020 in Wetumpka, Alabama. The IPCM attended and graduated the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The IPCM completed the online course, Investigating Sexual Abuse in a Confinement Setting, presented by National Institute of Corrections on August 19, 2020. The PREA Director completed William E. Donaldson CF Annual Internal PREA Audit and Staffing Plan SOP review. William E. Donaldson CF IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes.

William E. Donaldson CF completed Year 1 Cycle 3 PREA audit with corrective action and received the interim report on April 11, 2020. William E. Donaldson CF CAP consisted of the following:

115.13 Supervision and monitoring

Corrective Action:

During the tour of the facility, there were several areas with blind spots identified and discussed with facility staff members. At DCF, the first area that was identified as a blind spot was in the laundry behind the appliances. Through discussion with staff while onsite, it was determined that a mirror would ensure that staff could see behind those appliances. The facility was required to install a mirror and send a photograph to this auditor to verify that it has been completed.

The second area requiring mirrors was a room in the kitchen in which dry goods are stored. The room does not have direct line of sight for staff members who accompany inmate workers. Through discussions with staff at the time of the onsite audit visit, it was determined that a mirror should be placed on the back wall to ensure the staff member has visual observation of the entire space. Another area in the kitchen, specifically in the dish room, there is a need for a mirror to see all sides of the equipment. The auditor requested the facility to send photographs of the mirrors in place for further review.

The facility canteen had shelving that made it impossible to see all the areas without a mirror to cover the area. As discussed with staff, a mirror needed to be placed so that staff can see all areas inside of the canteen. The facility is required to install a mirror and send a photograph to the auditor to verify that it has been completed.

The snack line was also identified as an area of concern for blind spots. In the front of the room, on the wall connected to the hallway, there were two windows in which inmates come to purchase snacks. These windows were obstructed by items showing what was for sale. This left only a small hole in the middle of the window in which staff could look through to see what was happening inside. Those items were removed while the auditor was on-site. Staff are not always present in that room, so it was determined through discussions with the staff that a mirror should be placed to cover the blind spot. That mirror was installed while this auditor was onsite and therefore, the snack line is compliant under this standard.

115.15 Limits to cross-gender viewing and searches

Corrective Action:

When staff were interviewed, it became clear to the auditor that most of the staff did not understand issues related to working with transgender or intersex individuals. Some were not able to define what either of those terms mean. This issue was discussed with the Warden and the backup IPCM at the end of the onsite audit. Specialized TG training was provided to staff members during the corrective action period.

When touring the housing units, the following issues were noted:

1. B-Dorm: The showers in this area did have shower curtains installed. However, the mesh area at the top of the curtain was so low, that anyone could see directly into the showers. The auditor requested that the curtains be fixed so that only the heads and feet of inmates were able to be viewed while showering. Staff must ensure that all showers, on the bottom and top tiers are complying with this request. The auditor requested that photographs be taken of this corrective action sent to her for further review. Additionally, the mirror that was on the wall must be turned so that the officers working in the area are not able to see above the shower curtains and into the showers. Photographs must be taken of this correction and sent to the auditor.

2. C-Dorm: The showers in this area did have shower curtains installed. However, the mesh area at the top of the curtain was so low, that anyone could see directly into the showers. Inmates had a temporary fix of tying them up so that only their heads could be seen. The corrective action for shower curtains must be made permanent. Photographs must be taken of this correction and sent to the auditor.

3. D-Dorm: The showers in this area did have shower curtains installed. However, the mesh area at the top of the curtain was so low, that anyone could see directly into the showers. The curtains

must be fixed so that only the heads and feet of inmates are able to be viewed while they are showering. Staff must ensure that all showers, both on the bottom and top tiers are complying with the corrective action. Photographs must be taken of this correction and sent to the auditor.

4. E-Dorm: The showers in this area are open glass cubes. It appears that paint was on the glass at some point to allow for privacy which would comply with PREA standards. However, the paint is chipped and allows for viewing into the shower. These glasses must be repainted to ensure that only heads and feet are able to be viewed by the staff member. This must be done on both the top and bottom tier showers. Photographs must be taken of this correction and sent to the auditor.

5. F-Dorm: The showers in this area are open glass cubes. It appears that paint was on the glass at some point to allow for privacy which would comply with PREA standards. However, the paint is chipped and allows for viewing into the shower. These glasses must be repainted to ensure that only heads and feet are able to be viewed by the staff member. This must be done on both the top and bottom tier showers. Photographs must be taken of this correction and sent to the auditor.

6. G-Dorm: The showers in this area are open glass cubes. It appears that paint was on the glass at some point to allow for privacy which would comply with PREA standards. However, the paint is chipped and allows for viewing into the shower. These glasses must be repainted to ensure that only heads and feet are able to be viewed by the staff member. This must be done on both the top and bottom tier showers. Photographs must be taken of this correction and sent to the auditor.

7. H-Dorm: The showers in this area are open glass cubes. It appears that paint was on the glass at some point to allow for privacy which would comply with PREA standards. However, the paint is chipped and allows for viewing into the shower. These glasses must be repainted to ensure that only heads and feet are able to be viewed by the staff member. This must be done on both the top and bottom tier showers. Photographs must be taken of this correction and sent to the auditor.

8. M-Dorm: The hobby/craft room is a small room at one end of the outside housing unit. The door was opened, and the light was out. Due to the set-up of this room, the staff were not able to see throughout the room. The staff immediately closed and locked the door until the corrections could be made. The auditor requested that the lightbulb be replaced and a mirror be installed so that staff can see into the entire room when they are approaching the area.

9. V-Dorm: The showers in this area did have shower curtains installed. However, the mesh area at the top of the curtain was so low, that anyone could see directly into the showers. The curtains must be fixed so that only the heads and feet of inmates are able to be viewed while they are

showering. Staff must ensure that all showers, both on the bottom and top tiers are complying with this corrective action. Photographs must be taken of this correction and sent to the auditor.

10. Y-Dorm: The showers in this area did have shower curtains installed. However, the mesh area at the top of the curtain was so low, that anyone could see directly into the showers. The curtains must be fixed so that only the heads and feet of inmates are able to be viewed while they are showering. Staff must ensure that all showers, both on the bottom and top tiers are complying with this corrective action. Photographs must be taken of this correction and sent to the auditor.

11. Infirmary: The infirmary showers have glass that also have paint on them to ensure that inmates have some privacy from being viewed by non-medical staff. The paint is not high enough on the glass, so it does allow for viewing of the inmates' genitals, breasts, and buttocks. The staff must paint higher on the shower glass to ensure that the private areas are not able to be viewed. Photographs must be taken of this correction and sent to the auditor.

1-11 have been corrected and requested photographs were provided to the auditor regarding these corrections; therefore, the auditor has determined this standard to be compliant.

115.31 Employee training

Corrective Action:

There was no documentation provided to the auditor for the 2019 employee PREA refresher training. This information was harder to obtain. Each facility in ADOC is responsible for determining the employee PREA refresher training and providing it to staff in those opposite years in which the employee does not receive PREA at the in-service training. The PREA Director was able to provide the 2019 employee refresher PREA training documentation to the auditor.

115.41 Screening for risk of victimization and abusiveness

Corrective Action:

While the (72) hour risk assessments were being conducted, there was a question regarding situations in which the Classification Specialists were not available to conduct those in the appropriate timeframe thus causing this standard to be non-compliant. The facility put practices into place to ensure that if the Classification Specialist is not available to conduct the assessment, the IPCM will ensure that these are conducted within the correct timeframe.

115.81 Medical and mental health screenings; history of abuse

Corrective Action:

The facility was required to provide documentation on how the staff members will make corrections to ensure that the referrals required by this standard are made within the required timeframe. Through the corrective action period, there was a discussion with medical and mental health staff about the requirement to provide informed consent to inmates. The facility followed up with a memo from the Warden directing the medical and mental health staff to implement informed consent into practice. Additionally, there was a discussion regarding the requirement to ensure that if an inmate was a known sexual abuser, they were also to be offered mental health services within 60 days of such knowledge. Staff understood this requirement and provided documentation to the auditor. This requirement was also followed up with a memo from the Warden directing staff to implement it into practice.

115.86 Sexual abuse incident reviews

Corrective Action:

The facility was required to provide a copy of the sexual abuse incident review for all investigations which were determined to be either substantiated or unsubstantiated for the last (12) months. The IPCM and IPCM back-up were not able to provide any of the sexual abuse incident reviews at the time of the onsite audit visit. The facility did provide the requested sexual abuse incident reviews for the investigations during the corrective action period. The incident reviews were conducted according to standard and were documented appropriately; therefore, this standard is compliant.

115.88 Data review for corrective action

Corrective Action:

The annual report did not contain comparison data information; however, the PREA Director was able to revise the current report to include comparison data from year to year. The Commissioner signed off on the revised report. The PREA Director is out in the field for a good portion of the year to continually assess situations inside the facilities and make suggestions for change when needed.

William E. Donaldson CF received the final report on August 18, 2020. William E. Donaldson CF received exceed standards for the following:

115.11 Zero tolerance for sexual abuse and sexual harassment; PREA Coordinator

Other Facility Implementation Efforts

Alex City Work Release/Work Center:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM took the mandatory IPCM training for new IPCMS, presented by the ADOC PREA Director on June 10, 2020. The IPCM attended the Annual IPCM Refresher Training on June 23, 2020 in Wetumpka, Alabama. The PREA Director completed Alex City WR/WC Annual Internal PREA Audit and Staffing Plan SOP review. Alex City WR/WC IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes. Alex City WR/WC has requested for a video monitoring system upgrade.

Alex City WR/WC is scheduled for a PREA audit in Year 3 Cycle 3.

Birmingham Work Release/Work Center:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM attended the Annual IPCM Refresher Training on June 23, 2020 in Wetumpka, Alabama. The IPCM attended and graduated the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The PREA Director completed Birmingham WR/WC Annual Internal PREA Audit and Staffing Plan SOP review. Birmingham WR/WC IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes. Birmingham WR/WC has requested shower curtains for the shower areas to ensure privacy for inmates and to prevent cross-gender viewing.

Birmingham WR/WC is scheduled for a PREA audit in Year 3 Cycle 3.

Bullock Correctional Facility:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM took the mandatory IPCM training for new IPCMS, presented by the ADOC PREA Director on March 18, 2020. The IPCM completed the online course,

Investigating Sexual Abuse in a Confinement Setting, presented by National Institute of Corrections on March 20, 2020. The IPCM attended the Annual IPCM Refresher Training on June 23, 2020 in Wetumpka, Alabama. The IPCM attended and graduated the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The PREA Director completed Bullock CF Annual Internal PREA Audit and Staffing Plan SOP review. Bullock CF installed 12 visitation video monitors. Bullock CF ordered 50 new PREA shower curtains for the shower areas to prevent cross-gender viewing. Bullock CF IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes.

Bullock CF is scheduled for a PREA audit in Year 3 Cycle 3.

Camden Work Release/Work Center:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM attended the Annual IPCM Refresher Training on June 22, 2020 in Wetumpka, Alabama. The IPCM attended and graduated the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The PREA Director completed Camden WR/WC Annual Internal PREA Audit and Staffing Plan SOP review. Camden WR/WC IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes.

Camden WR/WC is scheduled for a PREA audit in Year 2 Cycle 3.

Childersburg Work Release/Work Center:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM attended the Annual IPCM Refresher Training on June 23, 2020 in Wetumpka, Alabama. The IPCM attended and graduated the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The PREA Director completed Childersburg WR/WC Annual Internal PREA Audit and Staffing Plan SOP review. Childersburg WR/WC IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes.

Childersburg WR/WC is scheduled for a PREA audit in Year 3 Cycle 3.

Easterling Correctional Facility:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM attended the Annual IPCM Refresher Training on June 22, 2020 in Wetumpka, Alabama. The IPCM attended and graduated the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The PREA Director completed Easterling CF Annual Internal PREA Audit and Staffing Plan SOP review. Easterling CF IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes. Easterling CF has made a request for video monitoring and bathroom upgrades.

Easterling CF is scheduled for a PREA audit in Year 2 Cycle 3.

Elba Work Release Center:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM attended the Annual IPCM Refresher Training on June 22, 2020 in Wetumpka, Alabama. The IPCM attended and graduated the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The PREA Director completed Elba WRC Annual Internal PREA Audit and Staffing Plan SOP review. Elba WRC IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes.

Elba WRC is scheduled for a PREA audit in Year 2 Cycle 3.

Elmore Correctional Facility:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM attended the Annual IPCM Refresher Training on June 24, 2020 in Wetumpka, Alabama. The IPCM attended and graduated the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The PREA Director completed Elmore CF Annual Internal PREA Audit and Staffing Plan SOP review. Elmore CF IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes.

Elmore CF is scheduled for a PREA audit in Year 3 Cycle 3.

Fountain/Fountain Annex Correctional Facility:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM attended the Annual IPCM Refresher Training on June 22, 2020 in Wetumpka, Alabama. The IPCM attended and graduated the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The PREA Director completed Fountain/Fountain Annex CF Annual Internal PREA Audit and Staffing Plan SOP review. Fountain/Fountain Annex CF IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes. Fountain/Fountain Annex had a video monitoring system upgrade.

Fountain/Fountain Annex CF is scheduled for a PREA audit in Year 2 Cycle 3.

Frank Lee Work Release Center:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM attended the Annual IPCM Refresher Training on June 22, 2020 in Wetumpka, Alabama. The IPCM attended and graduated the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The PREA Director completed Frank Lee WRC Annual Internal PREA Audit and Staffing Plan SOP review. Frank Lee WRC IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes.

Frank Lee WRC is scheduled for a PREA audit in Year 3 Cycle 3.

Julia Tutwiler Prison for Women:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM attended the Annual IPCM Refresher Training on June 24, 2020 in Wetumpka, Alabama. The IPCM attended and graduated the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The PREA Director completed Julia Tutwiler PFW Annual Internal PREA Audit and Staffing Plan SOP review. Julia

Tutwiler PFW IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes. Julia Tutwiler Prison for Women had their bi-annual monitoring visit by DOJ in June 2020. The IPCM oversees the temporary intake facility for COVID-19 precautions, to include ensuring that PREA posters are up, PREA drop boxes are installed, PREA risk assessments and 30-day risk reassessments are being conducted within specified timeframes, and conducting any sexual incident follow-up.

Julia Tutwiler Prison for Women is scheduled for a PREA audit in Year 3 Cycle 3.

Montgomery Women's Facility:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM attended the Annual IPCM Refresher Training on June 22, 2020 in Wetumpka, Alabama. The IPCM attended the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The PREA Director completed Montgomery WF Annual Internal PREA Audit and Staffing Plan SOP review. Montgomery WF IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes.

Montgomery WF is scheduled for a PREA audit in Year 2 Cycle 3.

North Alabama Work Release/Work Center:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM attended the Annual IPCM Refresher Training on June 22, 2020 in Wetumpka, Alabama. The IPCM attended and graduated the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The PREA Director completed North Alabama WR/WC Annual Internal PREA Audit and Staffing Plan SOP review. North Alabama WR/WC IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes. North Alabama WR/WC had a video monitoring system upgrade to J Dorm.

North Alabama WR/WC is scheduled for a PREA audit in Year 2 Cycle 3.

Red Eagle Work Center:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM attended the Annual IPCM Refresher Training on June 22, 2020 in Wetumpka, Alabama. The IPCM attended and graduated the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The PREA Director completed Red Eagle WC Annual Internal PREA Audit and Staffing Plan SOP review. Red Eagle WC IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes.

Red Eagle WC is scheduled for a PREA audit in Year 2 Cycle 3.

St. Clair Correctional Facility:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM attended the Annual IPCM Refresher Training on June 22, 2020 in Wetumpka, Alabama. The IPCM attended and graduated the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The PREA Director completed St. Clair CF Annual Internal PREA Audit and Staffing Plan SOP review. St. Clair CF IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes. St. Clair CF has Safe Support Group meetings for the LGBTI population every Friday. The IPCM periodically tests staff on their knowledge of LGBTI and PREA standards.

St. Clair CF is scheduled for a PREA audit in Year 2 Cycle 3.

Staton Correctional Facility:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM attended the Annual IPCM Refresher Training on June 22, 2020 in Wetumpka, Alabama. The IPCM attended and graduated the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The PREA Director completed Staton CF Annual Internal PREA Audit and Staffing Plan SOP review. The IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes. The IPCM oversees the temporary intake facility for COVID-19

precautions, to include ensuring that PREA posters are up, PREA drop boxes are installed, PREA risk assessments and 30-day risk reassessments are being conducted within specified timeframes, and conducting any sexual incident follow-up.

Staton CF is scheduled for a PREA audit in Year 2 Cycle 3.

Ventress Correctional Facility:

The IPCM maintains inmate PREA education and orientation within the required timeframes. The IPCM conducts all new staff PREA orientation. The IPCM ensures that all risk reassessments are completed within the required timeframes. The IPCM took a specialized trauma-informed webinar training presented by End Violence Against Women International in January 2020. The IPCM attended the Annual IPCM Refresher Training on June 23, 2020 in Wetumpka, Alabama. The IPCM attended and graduated the PREA Academy: PREA 101, presented online by the PREA Resource Center during spring quarter 2020. The PREA Director completed Ventress CF Annual Internal PREA Audit and Staffing Plan SOP review. Ventress CF IPCM maintains monthly staff meetings to ensure all staff are aware of any PREA policy and procedural changes. Ventress CF has an open video monitoring project funded through the 2019 ADECA Penalty Grant. The Captain developed an inmate victim support group, *S.A.G.E.*, that will be piloted for six months and funded through the 2019-2022 Federal Grant Award.

Ventress CF is scheduled for a PREA audit in Year 3 Cycle 3.

Data Comparison:**2017:**

Inmate on Inmate Sexual Harassment: 35 reported

0 substantiated, 9 unsubstantiated, 17 unfounded, 9 open

Inmate on Inmate Sexual Abuse: 162 reported

1 substantiated, 95 unsubstantiated, 20 unfounded, 46 open

Staff Sexual Harassment: 35 reported

0 substantiated, 9 unsubstantiated, 17 unfounded, 9 open

Staff Sexual Misconduct: 68 reported

0 substantiated, 15 unsubstantiated, 37 unfounded, 16 open

2018:

Inmate on Inmate Sexual Harassment: 55 reported

6 substantiated, 34 unsubstantiated, 15 unfounded, 0 open

Inmate on Inmate Sexual Abuse: 227 reported

10 substantiated, 195 unsubstantiated, 13 unfounded, 9 open

Staff Sexual Harassment: 7 reported

0 substantiated, 3 unsubstantiated, 4 unfounded, 0 open

Staff Sexual Misconduct: 23 reported

1 substantiated, 7 unsubstantiated, 15 unfounded, 0 open

2019:

Inmate on Inmate Sexual Harassment: 86 reported

5 substantiated, 52 unsubstantiated, 29 unfounded, 0 open

Inmate on Inmate Sexual Abuse: 320 reported

17 substantiated, 253 unsubstantiated, 37 unfounded, 13 open


Staff Sexual Harassment: 32 reported

0 substantiated, 12 unsubstantiated, 19 unfounded, 1 open

Staff Sexual Misconduct: 63 reported

1 substantiated, 18 unsubstantiated, 43 unfounded, 1 open

The 2019 Annual Report has been approved by:

A handwritten signature in blue ink, appearing to read "J S Dunn", is written over a horizontal line.

Jefferson S. Dunn, Commissioner

Date: 8 Oct 2020