

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

Interim       Final

Date of Interim Audit Report:       N/A

*If no Interim Audit Report, select N/A*

Date of Final Audit Report:      March 25, 2021

## Auditor Information

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Company Name: PREA Auditors of America	
Mailing Address: 14506 Lakeside View Way	City, State, Zip: Cypress, TX 77429
Telephone: 225-302-0766	Date of Facility Visit: February 8, 2021

## Agency Information

Name of Agency: Alabama Department of Corrections			
Governing Authority or Parent Agency (If Applicable): State of Alabama			
Physical Address: 301 S. Ripley Street		City, State, Zip: Montgomery, AL 36130	
Mailing Address: Same as Above		City, State, Zip: Same as Above	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: <a href="http://doc-class/externalwebsite/PREA.aspx">http://doc-class/externalwebsite/PREA.aspx</a>			

## Agency Chief Executive Officer

Name: Jefferson Dunn	
Email: Jefferson.Dunn@doc.alabama.gov	Telephone: 334-353-3883

## Agency-Wide PREA Coordinator

Name: Christy Vincent	
Email: Christy.vincent@doc.alabama.gov	Telephone: 334-567-3541
PREA Coordinator Reports to: Mark Fassl, Inspector General	Number of Compliance Managers who report to the PREA Coordinator: 26

## Facility Information

**Name of Facility:** Montgomery Women's Facility

**Physical Address:** 12085 Wares Ferry Road

**City, State, Zip:** Montgomery, AL 36117

**Mailing Address (if different from above):**  
P.O. Box 75

**City, State, Zip:** Mt. Meigs, AL 36057

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** [www.doc.alabama.gov/PREA](http://www.doc.alabama.gov/PREA)

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

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
Internal audit completed by Agency PREA Director in December 2020

### Warden/Jail Administrator/Sheriff/Director

**Name:** Adrienne Givens

**Email:** [adrienne.givens@doc.alabama.gov](mailto:adrienne.givens@doc.alabama.gov)

**Telephone:** 334-215-0702 ext. 101

### Facility PREA Compliance Manager

**Name:** Jewel Jean

**Email:** [jewel.jean@doc.alabama.gov](mailto:jewel.jean@doc.alabama.gov)

**Telephone:** 334-215-0702 ext. 630

### Facility Health Service Administrator N/A

**Name:** Deborah Crook

**Email:** [Deborah.crook@doc.alabama.gov](mailto:Deborah.crook@doc.alabama.gov)

**Telephone:** 334-353-4049

### Facility Characteristics

**Designated Facility Capacity:**

300

**Current Population of Facility:**

137

**Average daily population for the past 12 months:**

135

**Has the facility been over capacity at any point in the past 12 months?**

Yes

No

Which population(s) does the facility hold?	<input checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	20 - 63	
Average length of stay or time under supervision:	180 days	
Facility security levels/inmate custody levels:	Community, Minimum, Medium	
Number of inmates admitted to facility during the past 12 months:	93	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	54	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	36	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g., a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g., police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	68	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	7	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	21	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	84	
<b>Physical Plant</b>		

<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	11
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	1
<p><b>Number of single cell housing units:</b></p>	0
<p><b>Number of multiple occupancy cell housing units:</b></p>	0
<p><b>Number of open bay/dorm housing units:</b></p>	1
<p><b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b></p>	0
<p><b>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p><b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g., cameras, etc.)?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p><b>Medical and Mental Health Services and Forensic Medical Exams</b></p>	
<p><b>Are medical services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Are mental health services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Where are sexual assault forensic medical exams provided? Select all that apply.</b></p>	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input checked="" type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:

## Investigations

### Criminal Investigations

**Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:**

19

**When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.**

- Facility investigators
- Agency investigators
- An external investigative entity

**Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)**

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: \_\_\_\_\_)
- N/A

### Administrative Investigations

**Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?**

19

**When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply**

- Facility investigators
- Agency investigators
- An external investigative entity

**Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)**

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: \_\_\_\_\_)
- N/A

# Audit Findings

## Audit Narrative (including Audit Methodology)

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

Montgomery Women's Facility (MWF) opened in March 1976 and is located behind Kilby Correctional Facility at 12085 Wares Ferry Rd, Montgomery, AL 36117. MWF is participating in the Prison Rape Elimination Act (PREA) audit conducted by a certified Department of Justice PREA auditor. The on-site portion of the audit was conducted at the address stated above February 8, 2021. 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 MWF, 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.

The Montgomery Women's Facility is designated as a prison for adult females. The auditor utilized the Adult Prison and Jail Standards to conduct the audit. The pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility including the "Pre-Audit Questionnaire" and flash drive with supporting documentation. The documentation reviewed by the auditors included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard.

On the first day of the audit the inmate count was 137, with a designated capacity of 300. MWF reported the average length of stay is 180 days.

### PRE-AUDIT PHASE

On January 28, 2020, the Auditor signed a contract to complete the PREA audit at Montgomery Women's Facility.

December 16, 2020, the Auditor emailed the current IPCM, with the appropriate individuals copied. The email outlined rudimentary housekeeping details to ensure smooth information flow. The same date the Auditor provided, via email, the Notice of Audit in English and Spanish with instructions to post copies in housing units, and other places deemed appropriate by facility staff. It was recommended the notices be printed on bright colored paper for easy visibility. The notice provided the dates of the intended onsite audit, as well as a mailing address for the Auditor in the event an individual wished to contact the Auditor prior to the onsite audit. 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 MWF allows the inmate 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 the information remains confidential.

Notices were posted throughout the facility, in areas that were accessible to both inmates and staff. The IPCM forwarded the Auditor (10) ten date stamped pictures of audit notices posted in different locations within the facility to include housing units, general areas, hallways, etc. The pictures were provided to the Auditor January 21, 2021. The IPCM stated the notices were posted the last week of December 2020, which was six (6) weeks prior to the on-site audit. The posted notices were observed in the photographed locations, as well as numerous other locations, during the on-site audit tour.

On January 12, 2021, the Pre-Audit Questionnaire, checklist of policies and procedures and other documents were received from MWF. The review of information began the next day.

On January 15, 2021, the Auditor contacted the facility regarding the specifics of Specialized Staff interviews.

On January 19, 2021, the auditor emailed the facility and requested a complete alpha roster of staff with the new hires and promotions in the last 12- months identified. This roster was provided the same date.

On January 19, 2021, the auditor emailed the facility and requested an alpha roster of the inmates, as well as breakdown lists of all inmates in each of the targeted populations.

On January 20, 2021, following a review by the Auditor of the PAQ and supporting documentation, a *Pre-Audit Issue Log* was not necessary.

On January 21, 2021, the auditor emailed the facility a second request for an alpha roster of the inmates, as well as breakdown lists of all inmates in each of the targeted populations.

On January 29, 2021, the auditor received from the facility an alpha roster of the inmates, as well as breakdown lists of all inmates in each of the targeted populations.

On January 29, 2021, the auditor emailed the facility a third request for breakdown list of all inmates in each of the targeted populations.

On January 30, 2021, the audit was initiated with the PREA Resource Center.

On February 3, 2021, the Auditor received an email notification from the PREA Resource Center that the audit had been successfully created.

On February 4, 2021, the auditor submitted a request for MWF personnel information to the Alabama Department of Corrections.

February 5, 2021 the auditor provided the institution with the list of inmates selected for interviews. On the same date, the auditor provided the facility with a listing of information needed as documentation for inmate PREA education.

On February 25, 2021, the auditor requested information regarding the sexual safety practices of MWF from the Alabama Coalition Against Rape (ACAR), One Place Family Justice Center and Just Detention International. Just Detention International responded a review of our database indicates that we have not received any information regarding this facility (**Montgomery Women's Facility in AL**) in the past 12 months.

The Auditor was able to speak with personnel from the SANE center, One Place Family Justice Center, 530 S, Lawrence Street, Montgomery, AL 36104, who advised they have a dedicated area for all SAFE/SANE examinations. They have staff who can conduct

SAFE/SANE examinations and in the event, no one is on duty, they have staff on call who will report in to conduct SAFE/SANE examinations when needed. The Auditor was advised in the past 12-months they have not heard of any issues at MWF, nor have they conducted any examinations related to MWF. One Place Family Justice Center has a victim advocate built into the forensic examination process and available to the victim. The advocate assists the victim before, during and after the forensic examination to the extent the victim allows.

Pre-Audit Section of the Compliance Tool: January 12, 2021 the IPCM provided the completed pre-audit questionnaire, including supporting documentation, to the Auditor. Upon receipt, the Auditor completed the audit Section of the Auditor Compliance Tool (ACT) by transferring information from the pre-audit questionnaire and supporting documentation to the pre-audit section of the compliance tool.

This is the third PREA audit for MWF. The first PREA audit was conducted July 11-12, 2016, with the final report dated August 10, 2016. The second PREA audit was June 28-29, 2018, with the final report dated July 31, 2018.

There were no barriers in completing the audit. The staff, whom the Auditor encountered, were prepared, cordial and accommodating. The Alabama Department of Corrections, as an agency, which includes MWF, chose to utilize the paper audit instrument, rather than the Online Audit System (OAS).

## ON-SITE PHASE

February 25, 2021, the Auditor arrived at MWF and met with Warden and the Institutional PREA Compliance Manager (IPCM). During the meeting, the agenda was discussed, specifically the facility tour. Staff and inmate interviews, as well as document reviews were discussed. In addition, the audit process, timelines, and expectations were discussed, which included the implementation and utilization of the PREA Auditor Handbook.

Prior to arrival, the Auditor received an alphabetized copy of the staff roster, including custody staff as well as those in management and specialized positions, designating the role and shift of each staff member. The Auditor also received a copy of the current inmate roster, including identification numbers, housing assignments and which inmates were part of targeted populations as defined in the PREA Auditor Handbook. From these rosters, the interview lists were created in a complete random fashion.

Each staff roster was utilized to create a list of staff randomly for interviews. The only selection criteria used for staff were individuals with a specialized position or individuals who had been promoted or hired within the last 12 months. Otherwise, the staff selections were completely random with no pattern whatsoever. The interview list that was created did not specifically identify which staff were in which category for interviewing purposes, except specialized positions.

The Auditor had previously requested a listing of inmates classified into the following categories:

- Disabled Inmates
- Limited English Proficient Inmates
- Inmates Identified as LGBTI
- Inmates in Segregated Housing or Isolation

- Inmates who Reported Sexual Abuse
- Inmates who reported Sexual Victimization during Risk Screening
- Contractors or Volunteers who have Contact with Inmates.

Note: MWF reported it does not house youthful inmates. This was confirmed during the audit by a review of the MWF inmate roster, as well as a visual inspection of the housing area and facility, and no youthful inmates were present.

In addition to the inmate and staff lists, the Auditor requested and subsequently received the following listed items:

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

On the Pre-Audit Questionnaire (PAQ), MWF reported they had no grievances in the past twelve (12) months. The IPCM confirmed MWF did not have any PREA related grievances in the past 12 months.

The Institutional PREA Compliance Manager (IPCM) provided the information requested, and a review of all information was conducted by the Auditor. During the past 12-months there have been zero (0) allegations of sexual abuse, sexual harassment, or retaliation.

The IPCM reported during the past 12-months there were no PREA Hotline calls made to report sexual abuse or sexual harassment.

An extensive amount of internet research was conducted regarding the Montgomery Women's Facility (MWF) and little information was recovered.

July 23, 2020, the Birmingham Watch printed an article entitled "*Work Release Suspension Has Hurt the Pockets of Inmates, Prisons and Victims*". This article discussed the effect COVID-19 restrictions on inmates who are not being allowed to work in the community during the pandemic. MWF is one of the work release programs mentioned in the article.

There were various articles discussing COVID-19 and the Alabama Department of Corrections, where Montgomery Women's Facility was briefly mentioned, but there was no information regarding lawsuits, civil rights issues, security issues, sexual abuse or sexual harassment, or sexual violence. There was not any information discovered during the research portion of the audit to suggest an unhealthy correctional environment within the MWF.

During the research to prepare for this audit, the Auditor learned Alabama law requires individuals in the medical and mental health professions and employees or entities that have ongoing contact with and exposure to elders and adults with disabilities, to report knowledge or reasonable suspicion of abuse, neglect or exploitation of elders and adults with disabilities.

Because of the posted audit notices, the Auditor did not any correspondence from inmates at the facility.

On-site Review: Following the entrance meeting, the Auditor conducted a thorough on-site tour of all areas of the facility. MWF consists of eleven (11) separate buildings:

1. Front gate for entry and exit
2. Administration building which includes offices for the Warden, Captain, mail clerk, payroll clerk, and warden's secretary as well as the kitchen/food service area
3. Multipurpose building and shift office
4. PREA office and maintenance building
5. Healthcare and storage supply building
6. Education
7. Inmate dormitory housing
8. Inmate search area and visiting processing
9. Inmate canteen
10. Inmate laundry area
11. Chemical, property and laundry storage area

MWF has one (1) inmate dormitory, with a capacity rate of 300. Inside the housing unit the inmates have access to a law library, day room with television with seating area for viewing, two (2) microwaves, two (2) large ice machines, three (3) video visitation stations, large restroom with numerous toilets, showers, sinks and a large dressing room.

MWF also has a large outdoor space with seating, green space, and outdoor recreation.

During the tour of the facility, the Auditor noted boxes marked PREA and was secured with a padlock. When the IPCM was asked how often she checks the PREA boxes, she indicated she checks them daily while making rounds throughout the facility. The Auditor observed several inmates interact with the IPCM, each time indicating a positive and respectful relationship with the inmate population.

During the tour of the facility, the Auditor interacted informally and conversationally with staff and inmates, noted the placement and coverage of security mirrors, inspected bathrooms, showers and toilets to identify potential cross gender viewing concerns, checked for blind spots, observed staff to inmate ratios, etc.

The facility had phones available for all inmates to use. The Auditor tested these phones to determine the functionality of the facility's hotline for reporting sexual abuse or harassment. When each receiver was picked up, an inmate or staff member can dial \*6611 at no charge and be instantly connected to the PREA hotline. Using the \*6611 does not require an individual to provide any identifying information prior to making the 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 to follow-up and never required personal identifying information be left.

In all inmate 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 informal questions to determine whether inmates were in positions of supervision over other inmates. When opposite-gender staff were observed entering a housing area, the respective staff member always made an announcement. Prior to opposite-gender staff entering a bathing area, the announcement was made multiple times. In all cases if a response was made from within, no entrance was made until the inmate had completed their purpose, if no response was received after several announcements; enough time was waited prior to entrance. During the interviews, several inmates indicated some of the male staff will not enter the bathing areas under any circumstances and will always defer that responsibility to a female staff member.

During the on-site audit, the facility staff explained the intake process. The staff was able to guide the Auditor through the intake screening process, by modeling the process that each inmate is required to participate in during the initial screening and ongoing intake processes. The intake staff member discussed each of the documents and assessments utilized as we proceeded through the processes. The intake staff also modeled each of the questions, providing the Auditor with a clear and thorough understanding of the overall intake process.

Throughout the on-site review, the Auditor discussed what was being observed and reviewed, there were no discrepancies identified. When the Auditor would seek clarification, appropriate responses were always provided, or staff demonstrated proper procedures on hand.

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

- Warden
- Institutional PREA Compliance Manager

Because of logistics, the Auditor conducted telephonic or written interviews with the following members of the management team:

- Human Relations
- Agency Head or designee
- Investigations & Intelligence
- PREA Director
- SAFE/SANE Nursing Staff

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

All in-person interviews occurred in a private area. The Auditor conducted the following number of staff interviews:

Category of Staff	Numbers of Interviews Conducted
Random Staff (Total)	12
Specialized Staff (Total)	20
Total Interviewed	<b>32</b>
Breakdown of Specialized Staff Interviews	
• Agency Head (or designee)	1
• Agency PREA Coordinator	1
• Agency Contract Administrator	1
• Facility Head	1
• Facility PREA Compliance Manager	1
• Human Resources Staff	1
• Intermediate or Higher Staff	1
• Non-Med/Cross-Gender Strip/Visual Body Cavity Searches	1
• Intake Staff	1
• Classification Staff	1
• Medical Staff	1
• Mental Health	1
• SAFE/SANE Nursing Staff	1
• Contractor with Inmate Contact	1
• Investigative Staff	1
• Staff who perform screening for risk of victimization and abusiveness	1
• Incident Review Team Member	1
• Mailroom Staff	1
• Monitor(s) of Retaliation	1
• First Responder (Security/Non-Security)	1

Note: In several instances, a single person was responsible for covering two (2) separate protocols, i.e. First responder/Intermediate or higher staff, Intake staff/Monitor for retaliation, Intake staff/Screening for risk of victimization and abusiveness, etc.

The IPCM reported MWF had not had volunteers for about a year due to COVID-19 protocols; therefore, none were interviewed. Likewise, they do not have a segregation unit and do not have staff who supervise inmates in segregated housing; consequently, none were interviewed.

Specialized Staff Interviews: Using the list of specialized staff provided, the Auditor was able to select individuals for interviews. All specialized staff provided answers, which were based on the line of questioning on the specific interview protocols for their position and responsibilities. There were thirteen (13) individuals interviewed using twenty (20) protocols.

During interviews with specialized staff, the Auditor learned PREA investigations are initiated in several ways; the PREA boxes which are in various locations throughout the facility, “confidential” letters mailed to Investigations & Intelligence (I & I), through PREA

hotline calls (\*6611), third party reporting, or through notifying a staff member. Depending on whether the PREA compliant is classified as Administrative, or Criminal determines who will be assigned to investigate. In the event the complaint is categorized as inmate-on-inmate sexual harassment, it is assigned to the facility IPCM for follow-up. In the event the complaint is categorized as criminal, then it will be assigned to an investigator from the Investigations & Intelligence Division of the ADOC.

Random Staff Interviews: There are 68 total staff positions allocated at MWF. Work shifts for custody staff are:

- 1<sup>st</sup> shift: 0600 – 1400 hours
- 2<sup>nd</sup> shift: 1400 – 2200 hours
- 3<sup>rd</sup> shift: 2200 – 0600 hours

Non-custody staff work similar variations of the three shifts. Administrative staff work 8:00am to 5:00pm, Monday through Friday.

MWF usually offers the inmate population a variety volunteer program services, ranging from Support Groups to numerous community religious organizations, conducted by volunteers. Unfortunately, due to COVID-19 protocols volunteer programs are currently suspended. Zero (0) volunteers were available for interviews.

The only contractors who have any contact with the inmate population are directly associated with the medical services provided at the facility, through Wexford Medical Care. These contract staff are provided specific PREA training as it relates to health care providers, in addition to the ADOC specific PREA training. The Auditor conducted (1) one interview with contract medical staff. This interview provided a comprehensive overview of the medical processes and screening processes the inmates are subject to, upon arrival and throughout their incarceration.

All in-person interviews occurred in a private area. The Auditor conducted the following number of inmate interviews:

Category of Inmates	Number of Interviews Conducted
Random Inmates (Total)	12
Targeted Inmates (Total)	17
<b>Total Inmates Interviewed</b>	<b>29</b>
<b>Breakdown of Targeted Inmate Interviews</b>	
• Inmates who reported sexual abuse	0
• Inmates who disclosed prior sexual victimization during risk screening	4
• Inmates who identify as Lesbian, Gay or Bisexual	9
• Inmates who identify as Transgender or Intersex	1

• Inmates in segregated housing for risk of sexual victimization	0
• Inmates with physical disability	1
• Inmates with hearing impairment	0
• Inmates with visual impairment	0
• Inmates with LEP	0
• Inmates with cognitive disability	2

Random Inmate Interviews: The institutional count the first day of the on-site audit was 329. The Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicities, and races. Each inmate was escorted, by the IPCM, to the area designated for interviews.

During the on-site tour, the Auditor had several conversational encounters with inmates regarding sexual safety, including education, reporting, communication, responses, etc. This information was used as lagniappe to supplement the overall audit information gathering process. Twelve (12) formal random inmate interviews were conducted with inmates in varying custody levels.

The Auditor did not receive any correspondence because of the PREA audit announcement posting.

At the beginning of each interview, the Auditor made clear to the inmate why she was at the facility, what her role was in the PREA process and explained why interviews were needed. The Auditor also discussed the inmate’s participation as voluntary and while helpful, was not required or mandated in any way. The Auditor then asked the inmate if he wanted to participate and if so, could she ask him a few questions. The Auditor would then ask the protocol questions. All responses were recorded by hand.

During the random interviews, no PREA issues were revealed; no other interview protocols were accessed. All random inmates responded they were aware of the zero-tolerance policy, they knew how to report an incident, they felt they could report anonymously, they knew they had a right to be free from retaliation, and they felt the staff at MWF took PREA issues seriously.

Regarding personal safety at MWF, every random inmate interviewed stated she felt safe from sexual harassment and sexual abuse.

Targeted Inmate Interviews: The Auditor conducted a total of seventeen (17) interviews of those inmates who had been identified for interviews based upon specific PREA standards. Out of the ten (10) categories, there were inmates who fell into five (5) categories. There were four (4) who disclosed victimization during screening; nine (9) who identified as lesbian or gay; one (1) who identified as transgender; one (1) with a physical disability; and two (2) with a cognitive disability. MWF reported there were no inmates in the facility from the other five (5) categories.

The Auditor selected inmates from the list received from the IPCM. The Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicities, and races. Each inmate was escorted, by the IPCM, to the private interview area.

The Auditor did not receive any correspondence because of the PREA audit announcement posting.

At the beginning of each interview, the Auditor made clear to the inmate why she was at the facility, what her role was in the PREA process and explained why interviews were needed. The Auditor also discussed the inmate's participation as voluntary and while helpful, was not required or mandated in any way. The Auditor then asked the inmate if he wanted to participate and if so, could she ask him a few questions. The Auditor would then ask the random protocol questions followed by the specific targeted protocol questions. All responses were recorded by hand.

Regarding personal safety at MWF, every targeted inmate interviewed stated he felt safe from Sexual Harassment and Sexual Abuse.

#### Document Reviews:

A thorough review of the Alabama State Policies, as well as the facility specific policies were included in all three (3) phases of the audit: Pre-Audit, On-Site portion, and Post-Audit.

Prior to conducting the onsite visit to the facility, the Auditor requested the facility identify a comprehensive list of inmates, staff, volunteers, and contractors along 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 lists, the Auditor selected representative samples for interviews (i.e., inmate and staff) and document reviews during the onsite portion of the audit. The list requested by the Auditor in the pre-onsite audit phase is listed below:

1. Alpha listing of all inmates assigned to the facility
2. Roster of Inmates with disabilities (i.e., physical disabilities, hard of hearing, deaf, blind, & cognitive disabilities).
3. Roster of inmates who are Limited English Proficient (LEP)
4. Roster of inmates in segregated housing or isolation
5. Roster of inmates who are or perceived to be Lesbian, Gay or Bisexual
6. Roster of inmates who are or perceived to be Intersex or Transgender
7. Roster of inmates who reported prior sexual victimization during risk screening
8. Roster of inmates who reported sexual abuse in the past 12-months
9. Complete alpha staff roster
10. Complete alpha roster of staff promoted over the past 12 months
11. Complete alpha roster of new staff in past 12 months
12. Complete list of investigative staff who conduct sexual abuse investigations
13. Complete list of contractors who have contact with inmates assigned to the facility
14. Complete list of volunteers who have contact with inmates assigned to the facility
15. Copies of all files of Sexual Abuse and Sexual Harassment Investigations

- conducted in the past 12 months
16. Copies of all allegations submitted over the past 12 months which claim sexual abuse, sexual harassment, or retaliation, including
    - Total number of allegations
    - Number determined to be Substantiated, unsubstantiated or unfounded
    - Number of cases in progress
    - Number of criminal cases investigated
    - Number of administrative cases investigated
    - Number of criminal cases referred to prosecution; number indicted; number convicted; number acquitted
  17. List of all hotline calls made in the 12 months preceding the audit
  18. List of all 3<sup>rd</sup> party reports of inmate sexual abuse, sexual harassment, or retaliation
  19. Copies of all incident review team cases conducted over the past 12 months
  20. List of SAFE/SANE individuals to include name of facility, address, telephone number and email address.
  21. List of community-based advocacy organization(s) utilized by the facility

The facility provided the Auditor the requested list 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:

Name of Record	Total Number of Records	Number Sampled and Reviewed
Personnel Records	68	25
Training Files	68	68
Inmate Records	137	36
Allegations	0	0
Grievances	0	0
Incident Reports	0	0
Investigation Records (SA and SH)	0	0

### Personnel and Training Files:

There were twenty-five (25) records, chosen randomly from the master roster of staff, with varying hiring dates. MWF reported seven (7) new hires in the past 12-months. MWF did not report any promotions within the past 12-months. All the files contained all the required documentation, i.e., initial criminal history check, administrative adjudication, initial PREA education with acknowledgment form signed, PREA annual training and five-year criminal history check, when applicable.

### Inmate Records:

There were thirty-six (36) inmate records, chosen randomly from the master roster, with arrival dates varying throughout the previous 12 months. All thirty-six (36) records had a signed acknowledgment sheet, had received an orientation booklet, PREA brochure and viewed the PREA video. All thirty-six (36) inmates had received PREA information during intake and had their PREA screening within 72 hours of admission. Thirty-five (35) inmates were reassessed within 30-days of arrival, with the other being reassessed 32-days after arrival. Thirty-two (32) inmates received comprehensive PREA education within 30-days

of intake. The remaining four (4) inmates received comprehensive PREA education between 31-days and 37-days after intake.

### Grievances:

On the Pre-Audit Questionnaire (PAQ), MWF reported they had zero (0) no grievances in the past twelve (12) months. The IPCM confirmed MWF did not have any inmate grievances regarding sexual abuse in the past 12-months.

### Incident Reports:

Information received regarding allegations of sexual abuse and sexual harassment indicate in the past 12-months MWF had zero (0) allegations of sexual abuse and sexual harassment. Therefore, the auditor did not review incident report documentation.

### Investigation Files:

Information received regarding allegations of sexual abuse and sexual harassment indicate in the past 12-months MWF had zero (0) allegations of sexual abuse and sexual harassment.

The IPCM reported during the past 12-months there were zero (0) PREA Hotline calls made to report sexual abuse or sexual harassment.

The Auditor scheduled the exit briefing with the Warden and the IPCM. The Warden, IPCM, PREA Director participated in this meeting. During this exit briefing, we discussed the audit findings as well as the audit report, which they would receive no later than March 26, 2021.

## POST-AUDIT PHASE

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

Per PREA procedure, effective August 20, 2016, which is the first day of the first year of the second 3-year audit cycle, it is expected if an Auditor determines a facility does not meet one or more of the standards, this report will be considered an “interim report,” triggering a 180-day corrective action point, and the Auditor will include in the report recommendation(s) 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 the 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) stated, “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 actions taken during the corrective action period to achieve compliance.

This information was discussed with the MWF Institutional Compliance Manager and Warden, as well as the agency PREA Director.

Audit Section of the Compliance Tool: The Auditor reviewed onsite documentation, notes, staff and inmate interview notes, and site notes and began the process of completing the audit section of the compliance tool. The Auditor used this compliance tool as a guide to determine compliance for each standard. After checking the appropriate “yes” or “no” boxes on the compliance tool for each provision 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, exceeds, meets, or does not meet each specific 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 inmate interviews were conducted, and what observations were made during the on-site review of the facility to decide of compliance for each standard provision. The Auditor then provide an explanation of how evidence was used to draw a conclusion of whether the facility’s policies, procedures and practice exceeds, meets, or does not meet the standard.

## Facility Characteristics

*The auditor’s description of the audited facility should include details about the facility type, demographics, and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

The Montgomery Women’s Facility is located in the middle of a rural farm area of Montgomery Alabama, and is located in the northern region of the State. It is an adult female, medium, minimum and community custody facility with a capacity rate of 300 inmates.

MWF has grown over the years with several buildings being added to the original 1976 facility. The facility originally open with 8 trailers that housed 16 inmates each, an administration trailer, inmate dining, and a trailer designated as the Director’s residence.

In August 1986, the Director’s residence was converted to a segregated dormitory for the capacity of 12 female inmates. In July 1989, upgrades and new construction consisted of an inmate dormitory with the capacity of 192 inmates, new dining area, administration building, and a supply area.

In March 1990, two modular buildings were added to increase the inmate population by 24, in addition to a recreation area. This housing addition increased the inmate capacity to 204. In

In January 1991, a hobby craft/classroom, visitation pavilion, supply/storage building were added.

In November 2008, the facility became a total female facility and increased its inmate capacity rate to 300.

In August 2010, a shakedown building and new shift office was added.

In October 2015, the facility completed renovations to the two inmate restrooms to improve appearance, durability, and privacy while performing bodily functions such as showering, use of toilet,

There are 125 internal and external cameras with video monitors, which are monitored by staff to enhance security and the prevention and detection of sexual abuse/harassment. External cameras monitor entrances into the building, recreation area, and movement around the perimeter fence. The internal cameras monitor the hallways, kitchen area, staff offices and all common areas accessed by inmates and staff with the exceptions of restrooms.

The facility consists of 11 separate buildings and are designated as the following:

1. Front gate for entry and exit
2. Administration building which includes offices for the Warden, Captain, mail clerk, payroll clerk, and warden's secretary as well as the kitchen/food service area
3. Multipurpose building and shift office
4. PREA office and maintenance building
5. Healthcare and storage supply building
6. Education
7. Inmate dormitory housing
8. Inmate search area and visiting processing
9. Inmate canteen
10. Inmate laundry area
11. Chemical, property and laundry storage area

MWF has one (1) inmate dormitory, with a capacity rate of 300. Inside the housing unit the inmates have access to a law library, day room with television and seating area viewing room, two (2) microwaves, two (2) large commercial grade ice machines, three (3) video visitation stations, large restroom with numerous toilets, showers, sinks and a large dressing room. There is a smaller restroom inside the dormitory that is currently closed due to problems with the sewer line. MWF also has a large outdoor space with seating, green space, and outdoor recreation.

MWF employs 68 employees. The facility has 21 medical and mental health contract staff through Wexford. They currently have zero (0) volunteers due to COVID-19 restrictions.

Multiple PREA signage was posted throughout the facility. The signs were visible at the entrance point, in the food service area, the dormitory, and above the inmate telephones in the courtyard area, etc. The auditor also observed PREA boxes which are used for inmates and staff to submit PREA related complaints/concerns.

Currently due to COVID-19 protocols, the inmates at the MWF are not working in the community.

## Summary of Audit Findings

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

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

### Standards Exceeded

**Number of Standards Exceeded:** 2  
**List of Standards Exceeded:** 115.31, 115.33

### Standards Met

**Number of Standards Met:** 43

### Standards Not Met

**Number of Standards Not Met:** 0  
**List of Standards Not Met:** 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

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

#### Documentation Reviewed:

- Montgomery Women’s Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454
- ADOC Pamphlet, *Inmate Awareness* in English and Spanish
- ADOC *Women’s Services Inmate Handbook*, dated November 1, 2017
- MWF Standard Operating Procedure (SOP) #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 ADOC Organizational Chart
  - Process Indicators:
    - PI-1 PREA Director Qualifications
    - PI-2 PREA Compliance Manager Qualifications and Training
    - PI-3 Warden Memo designating a back-up PREA Compliance Manager

#### Interviews with the following:

- Institutional PREA Compliance Manager (IPCM)
- Agency PREA Director (PD)

#### Provision (a)

The agency has numerous policies and procedures relative to this provision. Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, Section II, p. 1, indicates a zero-tolerance policy against sexual abuse, harassment, and sexual misconduct. Any sexual conduct, whether inmate-on inmate or staff-on-inmate, whether consensual or coerced, is strictly prohibited.

Section III of ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, as well as the ADOC *Women’s Services Inmate Handbook*, dated November 1, 2017, lists the definitions describing prohibited behaviors in relation to sexual abuse and sexual harassment. Policy language is specific in providing the definitions of substantiated, unsubstantiated, and unfounded allegations, as well as associated sanctions.

Additionally, policy language outlines staff responsibilities, procedures for the prevention of, response to, and the reporting and investigation of sexual abuse and sexual harassment.

The policy is consistent with the PREA standards.

#### Provision (b)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 7, Section E, 1 – 10, identifies the roles and responsibilities of the agency PD, 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 PD is classified at the Director level as confirmed through a review of the agency organization chart. The PD has regular contact with the numerous facilities throughout the state through site visits, emails, and direct conversations with the twenty-six (26) assigned Institutional PREA Compliance Managers (IPCM) who are assigned to various locations, as well as the twenty-six (26) back-up IPCM's. These additional managers ensure the PD has sufficient coverage at each ADOC facility and allows her sufficient time to carry out her varied responsibilities and ensure PREA compliance.

#### Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, establishes, identifies, and outlines the roles and responsibilities of MWF IPCM, which includes the collaboration with various levels of institutional management. Further, it establishes and identifies the responsibilities and procedures for the IPCM to coordinate the institutions efforts to comply with PREA standards. Each of the reviewed policies is consistent with PREA standards and outlines the agency's approach to sexual safety.

The MWF IPCM is classified at the level of Sergeant who reports directly to the Warden of the facility, which was confirmed by a review of the institutional organizational chart. Through interviews with the agency PD and the IPCM, 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 PREA issues.

During interviews with the IPCM, she indicated she has sufficient time to complete her responsibilities.

#### Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets the standard, which addresses zero tolerance of sexual abuse and sexual harassment: PREA coordinator. No recommendations or corrective action is 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.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Contract C170051713 with GEO Reentry, Inc., renewed August 2, 2020
- ADOC Inmate Housing Agreement with Russell County Sheriff Department, dated November 13, 2019
- MWF Standard Operating Procedure (SOP) #454-1
  - Protocols:  
P-1 AR 454

### Interviews with the following:

- Agency Contract Administrator

### Provision (a)

MWF Pre-Audit Questionnaire (PAQ) revealed there were two (2) contracts for the confinement of ADOC inmates.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 7, Section D, states the ADOC general Counsel shall be responsible for ensuring that contracts for confinement of inmates include a

provision indicating to the contracting entity its obligation to comply with the PREA standards and the ADOC's monitoring of such compliance.

ADOC Inmate Housing Agreement with Russell County Sheriff Department, dated November 13, 2019, p. 2, number 4, outlines the Russell County Sheriff Departments responsibility to adhere to the PREA standards. It states in part "pursuant to 28 C.F.R. Part 115.12, Sheriff is obligated to adopt and comply with all PREA standards, and the ADOC shall monitor the Sheriff for compliance."

ADOC Contract CD170051713 with GEO Reentry, 3.39 Prison Rape Elimination Act, states, "Vendor (GEO) shall comply with Alabama Code Section 14-11-31, as well as 28 C.F.R. Part 115, the Prison Rape Elimination Act ("PREA"). The ADOC has a Zero Tolerance Policy toward all forms of custodial sexual misconduct, sexual abuse, and sexual harassment. See Administrative Regulation 454, *Inmate Sexual Assault and Harassment Awareness* (Prison Rape Elimination Act (PREA)). Any type of conduct – including suspected conduct – that falls within the context of custodial sexual misconduct/sexual abuse, as defined by either the State or Federal laws referenced above, shall be reported immediately to the Warden of Kilby Correctional Facility or his/her designee for conduct involving male Inmates, or the Warden of Tutwiler Correctional Facility or his/her designee for conduct involving female Inmates, as well as the ADOC's PREA Director or designated PREA Contract Monitor. Pursuant to 28 C.F.R. Part 115.12, Vendor is obligated to adopt and comply with all PREA standards and the ADOC shall monitor Vendor for compliance consistent with the compliance conditions set forth above. Vendor shall provide reasonable access to the PREA Contract Monitor; provide relevant documentation as requested; require and provide training of all of its employees, agents, or contractors; and provide a Report from any PREA audit, which shall be performed by an independent, DOJ certified auditor."

During the interview process, the agency contract administrator confirmed all contracts to hold ADOC inmates, without exception have the PREA requirement as part of the agreement.

#### Provision (b)

See Provision (a) for details regarding this provision.

#### Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets the standard, which addresses contracting with other entities for the confinement of inmates. No recommendations or corrective action is required.

## **Standard 115.13: Supervision and monitoring**

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

#### **115.13 (a)**

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  
 Yes    No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No

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

### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Form 454-J, *Annual PREA Staffing Plan Review*
- ADOC Form 454-G, *Log of Unannounced Rounds*
- MWF Standard Operating Procedure (SOP) #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 Staffing Plan SOP
  - Process Indicators:
    - PI-1 Copies of Deviation Log

- PI-2 Facility Blueprint/Layout
- PI-3 Unannounced Rounds Log
- PI-4 Vulnerability Assessment Form
- PI-5 Staffing Plan Checklist

Interviews with the following:

- Warden
- Institutional PREA Compliance Manager (IPCM)
- Agency PREA Director (PD)
- Intermediate-or-Higher Level Facility Staff

#### Provision (a)

MWF Pre-Audit Questionnaire (PAQ) indicated MWF does have a staffing plan and it is reviewed at least annually.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 14, D, 1, indicated 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.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 14, D, 2, requires the PD to meet 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. This is documented on the ADOC Form 454-J, *Annual PREA Staffing Plan Review*.

The ADOC Form 454-J, *Annual PREA Staffing Plan Review* requires the staffing analysis to include:

- Generally accepted detention and correctional practices;
- ADOC and MWF determination of which duties will be handled by MWF 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;
- Institutional programming and options for supervision of inmates;
- MWF specific 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.

The MWF 2020 Staffing Plan, indicates that it is the policy of the MWF to ensure all relieved posts are staffed at the times specified in the staffing plan and all gender-restricted posts, if any, are posted by female staff only. When it is necessary to close a post(s) due to insufficient staffing, a decision must be approved by the Warden or Captain.

The Auditor reviewed the 2020 PREA staffing plan. The plan was comprehensive and addressed each of the bullet items required according to Provision (a). On an annual basis, quality assurance audits are conducted to ensure compliance with the established staffing model. The staffing plan was predicated upon an inmate population of 300. The average daily number of inmates during the time of the audit was 135.

Interviews with both the Warden and the IPCM indicated they both conduct random reviews of the staffing levels, how they affect the inmate 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, inmate population composition, placement of supervisory staff, line-staff needs and any prevalence of substantiated or unsubstantiated incidents of sexual abuse. Additionally, the Warden stated during her regular staff meeting, staffing plan compliance and any deviations from the staffing plan is a frequent topic of discussion.

#### Provision (b)

MWF has established a staffing plan, which is predicated on the daily average of 300 inmates. In the event a mandatory post is vacant, the post is filled with overtime staff or staff re-directed from non-mandatory posts. It is the watch commander's responsibility to document these instances.

On the PAQ, MWF reported four (4) most common reasons for deviations from the staffing plan in the past twelve (12) months:

- Employee Call-ins
- Inmate Transport
- PREA Incidents
- Job Abandonment

MWF deviations from the staffing pattern are the exception and not the rule. The Auditor randomly reviewed several documented deviations for a one-month period. Each notice documented the date/time/shift, the reason for the deviation as well as the expected time to resume, including the next time the post resumed coverage.

The Auditor did not find any occurrence when an inmate education or program time was shut down due to limited staff coverage in the past 12 months.

#### Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 14, Section D, requires the staffing plan review to be completed in consultation with the PREA Director (PD) and that the PD receive a copy of the PREA Compliant Staffing Plan. The Auditor requested and was provided a copy of the 2020 ADOC Form 454-J, *Annual PREA Staffing Plan Review* that was forwarded to the ADOC PD. The staffing plan reviews had been completed by the Warden as required. The review discussed the staffing plan, video monitoring and the resources required to adhere to the staffing plan.

Additionally, this 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 inmates 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 PD, Warden, IPCM, and Captain.

MWF has 125 cameras which are strategically located throughout the facility, which are monitored by staff to enhance security and the prevention and detection of sexual abuse and sexual harassment. External cameras monitor entrances to the buildings, recreation areas, common outdoor areas and movement around the perimeter fence. Internal cameras monitor hallways, food service, some staff offices and common areas accessed by inmates and staff. Cameras are not located in any area that would cause PREA concerns.

MWF has a minimum staffing requirement. In the event 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 shift rosters and was able to verify each of the mandatory posts were covered by an assigned staff member.

#### Provision (d)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 14, C, 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 ADOC Form 454-G, *Log of Unannounced Rounds*, is required to be completed for each shift and submitted to the IPCM. This report documents the required unannounced rounds and the PREA Hotline check conducted once per shift. The Auditor reviewed eight (8) of these reports through the document review process. The Auditor also reviewed the Shift reports and noted consistent entries by supervisors on all shifts.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 14, C, indicates the staff are prohibited from alerting other staff when these rounds are occurring, barring legitimate operations of the facility. In speaking with the IPCM, she stated the supervisors tour their units and areas regularly throughout the three (3) shifts, converse with staff of all levels as well as inmates, and audit, review and sign logbooks or irregularities. During the time, the Auditor was on-site; managers and supervisors were observed walking and working in various capacities throughout the facility.

There was one (1) interview conducted with intermediate or higher-level staff. The interview affirmed the staff are making unannounced rounds and documenting them. During random informal conversations with staff, the staff stated the supervisors conduct unannounced rounds and document them in the logbook. This was validated by the Auditor through a review of the logbook.

During interviews of random staff, they all verbalized the prohibition of staff alerting each other when a supervisor is making their rounds.

## Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets the standard which addresses supervision and monitoring. No recommendations or corrective action is 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**

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

Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 March 20, 2017 memo regarding Youthful Inmates
  - Process Indicators:
    - PI-1 Statement of Non-Occurrence from IPCM

Observations during on-site review

Interviews with the following:

- Warden
- Institutional PREA Compliance Manager (IPCM)

Provision (a)

On the PAQ, MWF reported they do not house youthful inmates. The IPCM confirmed MWF does not house youthful inmates.

During the on-site tour, the Auditor did not observe any youthful inmates.

Provision (b)

N/A

Provision (c)

N/A

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the 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, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
 Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  Yes  No  NA

#### 115.15 (c)

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

#### 115.15 (d)

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

#### 115.15 (e)

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

#### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

- Montgomery Women’s Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Complete roster of MWF inmates
- ADOC Administrative Regulation #454
- ADOC Administrative Regulation #336
- ADOC Form 302-A *Incident Report*.
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 AR 336
  - Process Indicators:
    - PI-1 Training records for cross-gender and transgender searches

#### Observations during on-site review

#### Interviews with the following:

- Random Staff
- Random Inmates

#### Provision (a)

On the PAQ, MWF reported they did not have any cross-gender strip or cross-gender

viewed body cavity searches in the past twelve (12) months.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 14, Section E, 1, states that employees/staff members shall not conduct cross-gender strip or visual cavity searches, except in exigent circumstances or by medical practitioners. The reviewed policy is consistent with the PREA standards.

ADOC Administrative Regulation #336, Operations, regarding Searches, dated February 8, 2016, p. 4, Section F, Number 3, states staff shall not conduct cross gender unclothed searches or cross gender visual body searches except in exigent circumstance. The reviewed policy is consistent with the PREA standards.

ADOC Administrative Regulation #336, Operations, regarding Searches, dated February 8, 2016, p. 5, Section F, Number 4, states all cross gender unclothed searches or cross gender visual body cavity searches shall be documented. The reviewed policy is consistent with the PREA standards.

There were twelve (12) random staff questioned about cross gender search practices. All 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. A review of the staff training records confirmed all staff had been trained in cross gender searches.

#### Provision (b)

The agency has numerous policies and procedures relative to this provision. ADOC Administrative Regulation #336, Operations, *Searches*, dated February 8, 2016, p. 5, Section F, number 7 indicates that law enforcement staff shall not conduct cross gender pat down searches of female inmates except in exigent circumstances, and the search must be documented. As well as procedures addressed at the facility level include, ADOC, MWF, SOP, #454-1 states cross gender strip searches, cross gender pat searches, and cross gender searches of any kind are prohibited except in exigent circumstances, when performed by medical practitioners. Each of the reviewed policies are consistent with the PREA standards and outline the agency's approach to sexual safety.

All twelve (12) random and seventeen (17) targeted inmates interviewed confirmed that male staff do not conduct cross-gender pat searches. The one (1) transgender inmate was fully aware of the policy prohibiting cross-gender pat searches and had not had incidents where this occurred.

There were twelve (12) random and twenty (20) specialized staff interviewed. When asked how the male staff would proceed if a female staff was not available, they indicated there is always a female staff member on duty, who can be directed to the area to conduct the pat search. All staff received training on opposite gender pat searches; however, each of them articulated 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)

ADOC Administrative Regulation #336, Operations, regarding Searches, dated February 8, 2016, p. 5, Number 4 indicates that all cross gender unclothed searches and cross

gender visual body cavity searches be documented.

ADOC Administrative Regulation #336, Operations, regarding Searches, dated February 8, 2016, p. 6, Number 11, indicates that such searches are to be documented on the ADOC Form 302-A *Incident Report*. The reviewed policy is consistent with the PREA standards.

There were twelve (12) random staff questioned about cross gender search practices. During the interviews with random staff the Auditor asked under what circumstances would cross gender searches occur, all staff questioned (both male and female) responded that there are always sufficient female staff members available to conduct any searches needed, and that female staff would be diverted to address the issue if needed.

#### Provision (d)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 14, Section E, 3 states each ADOC facility shall implement procedures that enable inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitals, except in exigent circumstances or when such viewing is incidental to routine cell and/or dorm checks. Such procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. The reviewed policy is consistent with the PREA standards.

During the facility tour, opposite gender staff were observed entering the housing units and announcements of their presence were made. The Auditor observed male staff entering the dormitory area and he announced his presence upon entry. He also announced his presence prior to entering the bathroom area.

All twenty-nine (29) inmates interviewed stated male staff announce their presence before entering the housing unit and prior to entering the bathroom area. All inmates interviewed confirmed they can dress without being viewed by staff of the opposite gender. All staff interviewed reported opposite gender staff announcements are made when entering the housing units.

The housing unit is designed in a dormitory style setting, with the bathroom being separate from the sleeping area. The shower area is in the back of the bathroom and as such is impossible to see from the entrance. The large shower room has shower curtains that surround each shower station, giving the individual privacy to shower.

#### Provision (e)

ADOC Administrative Regulation #336, Operations, regarding Searches, dated February 8, 2016, p. 5, Number 6 indicates staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p.15, Section E, 4 indicates staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

A total of thirty-two (32) staff members interviewed and questioned about cross gender search practices. All staff members recalled having this specific training and reported cross

gender strip searches or cross gender body cavity searches do not occur at MWF. In addition, the interview staff indicated specifically that no searches are conducted for the sole purpose of identifying inmate genital status.

All twenty-nine (29) inmates interviewed confirmed male staff do not conduct cross gender searches.

The lone transgender inmate reported no searches have been conducted for the sole purpose of identifying genital status.

#### Provision (f)

The Auditor reviewed every staff members PREA training sessions that occurred in 2020, sixty-eight (68) in total. The Auditor verified each signature on the sign-in sheet correlated to an existing MWF staff member, ensuring that all staff had received the required training. All participants also signed their acknowledgment of all training materials. Training topics included appropriate search techniques, specific to cross-gender pat searches and searches of transgender and intersex inmates. 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 female staff were not available, they indicated there is never an instance when a female staff member is not on duty and would be directed to the area to conduct the search. All staff interviewed recalled receiving training on opposite gender pat searches. During the facility tour, opposite gender staff were observed entering the housing unit and announcement of their presence was made.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined agency/facility meets the standard regarding 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 receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

#### 115.16 (c)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454.
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 MOU with Alabama Institute for the Deaf and Blind
  - Process Indicators:
    - PI-1 Inmate Receipt of PREA/Acknowledgment (Disabled, low-Vision and Deaf Only)
    - PI-2 Low Functioning Information/Materials Used
    - PI-3 Transcript explaining Google Translate

Observations of PREA poster locations during on-site tour of facility

Interviews with the following:

- Agency Head or Designee (Assistant Deputy Commissioner)
- Random Staff
- Inmates with disabilities or LEP

### Provision (a)

On the PAQ, MWF reported the ADOC has established procedures to provide disabled inmates and limited English proficient inmates with equal opportunity to participate in and benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and sexual harassment.

The ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 13, B, 1, c, states 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 inmate for this service.

The ADOC has an existing Memorandum of Understanding (MOU) with the Alabama Institute for the Deaf and Blind for translation and assistance services for those effected inmates, as verified by the Auditor.

An additional translation process was demonstrated for the Auditor. MWF utilizes the Google Translate Services (<https://translate.google.com/>) with an attached microphone to address any translation needs for the inmates of the facility. At the present time, Google Translate supports 103 different languages, and is available 24 hours a day, t 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 inmate population. During the tour, the Auditor also observed the PREA posters were prominently displayed in each housing unit, work area, hallways, as well as numerous other areas throughout the facility in both English and Spanish.

During the interview with the Assistant Deputy Commissioner, she shared the ADOC has established procedures to provide inmates with disabilities or inmates who are Limited English Proficient (LEP), the opportunity to participate in PREA reporting process through several avenues such as, Google Translate, staff interpreters, outside service providers via an MOU.

The auditor interviewed one (1) inmate with a physical disability and two (2) inmates with cognitive disabilities. All three (3) inmates 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. When asked if they felt vulnerable to sexual abuse or sexual harassment due to their disabilities their disabilities, they reported they did not. All three (3) further reported they felt safe at MWF.

#### Provision (b)

The ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 13, B, 1, items a-d, denote numerous items relative to ensuring each inmate is given information in verbal and written form, and that all information regarding ADOC's PREA policy is understood by the inmate.

The ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 13, B, 2, items a – d, dictates inmate PREA education information will 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. MWF also employees an ADA Coordinator who is charged with coordinating training and educational materials for all ADA inmates.

The Auditor was allowed to view a copy of 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 component of ADA including the appropriate treatment of those inmates who are covered under the act.

### Provision (c)

The ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 13, B, 1, c, addresses the prohibition of using other inmates for translation services.

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

During the interview with the IPCM, she indicated there have not been any instances in the past twelve (12) months when an interpreter service was required.

Of the twelve (12) random staff interviewed, all recalled the process of how to utilize Google Translation for interpretation services. Most indicated that in the event translation is required, they would try to find another staff member to provide translation and then contact the shift supervisor before using Google Translate.

### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the 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 who may have contact with inmates?  Yes  No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Administrative Regulation #216
- Personnel file reviews for current employees
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 AR 216
  - Process Indicators:
    - PI-1 Background Checks
    - PI-2 Application/Pre-Employment Questionnaire

Interviews with the following:

- Administrative (Human Resources) Staff
- Random Inmates

#### Provision (a)

On the PAQ, MWF reported to have sixty-eight (68) total staff with seven (7) new hires in the past twelve (12) months. Further, they reported twenty-one (21) contractors, all medical, who have contact with inmates.

The ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 12, V, A, 4, a, declares that ADOC agency 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 administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

The Auditor reviewed a random sampling of staff and contractor files. Of the seven (7) new hires that occurred in the past twelve (12) months, the Auditor reviewed all seven (7) files. Each of the files reviewed contained all items required by the standard, which included documentation and Criminal History Check information. The Auditor also reviewed an additional eighteen (18) files of individuals, both staff and contractor. The Auditor was able to verify all files reviewed contained all items required by the standard, including PREA documentation and verification of the completed criminal history checks.

#### Provision (b)

ADOC Administrative Regulation #216, regarding Background Investigations, dated December 7, 2015, p. 2, Section V, B, states the agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist service of any contract, who may have contact with inmates.

The Auditor interviewed the Human Resources (HR) Director regarding the hiring practices of the ADOC. The HR Director indicated that the potential hire is required to fill out the personnel documents, which require the disclosure of the standard required items. The HR Director stated 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 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 the files reviewed contained all items required by the standard, including the PREA documentation, verification of the completed criminal history checks, and the three (3) questions listed under Provision (a).

### Provision (c)

The ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 12, V, 4, b, indicates that before hiring a new employee or contractor, 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 regarding substantiated allegations of sexual abuse or any resignation during a period of sexual abuse investigation;
- 3) ask potential employees and contractors about previous misconduct described in Paragraph V, A, 4, a of this regulation: (refer to AR 216 *Background Investigations* and ADOC Form 216-B, *PREA Compliance*);
- 4) Apprise potential employees and contractors 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.

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

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

### Provision (d)

The ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 12, V, A, 4, b, (1), indicates that before hiring a new employee or contractor, the ADOC Personnel Division or designee shall conduct a criminal background record check.

On the PAQ, MWF reported there are twenty-one (21) contractors, all medical, who might have contact with inmates. Additionally, in the PAQ, MWF reported during the past twelve (12) months there were no contracts where criminal background record checks were conducted on staff covered in the contract who might have contact with inmates. MWF provided documentation indicating the twenty-one (21) contractors are not due for the next criminal background history check until the next auditing cycle.

### Provision (e)

The ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 13, V, A, 4, f, requires that the ADOC Personnel Director conduct a criminal background records check every five (5) years on all current employees and contractors.

The Auditor interviewed the HR Director who stated the agency has a centralized database

that tracks the completion of all background checks and tracks the due dates of the five (5) year criminal history background check. The Auditor was provided and reviewed a current listing of all MWF staff and contractors that reflected the dates of their last criminal background records check and their next scheduled five-year criminal check. All sixty-eight (68) staff members and twenty-one (21) contractors had a criminal background records check completed within the past five (5) years.

#### Provision (f)

The Auditor reviewed form ADOC 216-B which is provided to all applicants to the ADOC. This form is the *Prison Rape Elimination Act (PREA) Compliance* that is required to be completed by all applicants. The form has several questions, as required in Provision (a) of this standard, related to whether 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 provide up on request.

#### Provision (g)

The ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 13, V, A, 4, b, (2), states that before hiring a new employee or contractor the ADOC Personnel Division or designee shall, apprise the potential employee and contractor that false information or material omissions regarding such misconduct shall be ground for termination and that they have a continuing duty to disclose such conduct.

#### Provision (h)

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

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the 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

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

Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 Staffing Plan SOP
  - Process Indicators:
    - PI-1 Facility Schematic (Blueprint/Layout of Facility)

Observations during on-site review

Interviews with the following:

- Agency Head or designee (Assistant Deputy Commissioner)
- Warden
- PREA Compliance Manager (IPCM)

### Provision (a)

On the PAQ, MWF reported they have not acquired any new facilities or made substantial expansions or modifications of the existing facility. Moreover, they reported the facility has not installed or updated the video monitoring system, electronic surveillance system or other technology since the last PREA audit.

The Auditor conducted a comprehensive tour of MWF. Since the last audit, there has not been any substantial expansions or additions to the facility.

The Auditor interviewed both the Assistant Deputy Commissioner and the Warden, who both advised that any construction, renovation, or modification would be done with full consideration of all PREA standards. They both advised there are meetings that would be held regarding any building or construction considerations and that safety and cameras or other technologies would be discussed and conserved at such meetings. During these meetings MWF executive staff would 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 such as overtime, leave time morale, etc.

### Provision (b)

MWF has annual camera review meetings. These meetings are convened by the Warden to review any facility camera issues, equipment issues, recommended changes, modification, 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 Assistant Deputy Commissioner and the Warden, who both articulated their continuing commitment to the camera monitoring system and indicated having cameras in place has created a sense of comfort for everyone (staff and inmates) knowing that should an incident occur, an independent observation can be reviewed using the stored video. They both believe the cameras significantly enhancement to the overall operation of the facility and reduce the number of false accusations.

### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding upgrades to facility 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 SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
  
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

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

#### 115.21 (e)

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

### 115.21 (f)

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

### 115.21 (g)

- Auditor is not required to audit this provision.

### 115.21 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documentation Review:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #300
- ADOC Administrative Regulation #454
- Memorandum of Understanding Between ADOC and ACAR
- MWF Center Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 Evidence Protocol/Investigations/Medical National Protocol for Sexual Assault Medical Forensic Examinations
  - Process Indicators:

PI-1 Specialized Training Certificates for Investigators  
PI-2 SANE Centers/Rape Crisis Centers  
Regional List

Interviews with the following:

- Random Staff
- SAFE/SANE Staff
- Institutional PREA Compliance Manager (IPCM)

Provision (a)

On the PAQ, MWF reported the facility/agency is responsible for conducting administrative and criminal investigations, including inmate-on-inmate sexual abuse and staff sexual misconduct. According to the PAQ, the ADOC has nineteen (19) investigators who have been assigned to address any administrative or criminal investigations. The Institutional PREA Compliance Manager (IPCM) provides investigative assistance for those inmate-on-inmate sexual harassment administrative cases.

The ADOC has a uniform evidence protocol, as outline in ADOC Administrative Regulation #300, dated April 18, 2016, p. 1, Section II, which states 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.

The Auditor interviewed a total of twelve (12) random staff regarding the rules of evidence, and their understanding of the process should an inmate report alleged sexual abuse. All staff interviewed were able to articulate the basic preservation of evidence component of both victim and abuser. They were also able to explain their responsibilities up to the point when they transfer responsibility to either investigative or medical staff.

Provision (b)

The forensic medical services are provided through a community-based treatment center known as One Place Family Justice Center. The 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 of victims of sexual abuse or sexual assault.

The Auditor was able to speak with personnel from the SANE center, One Place Family Justice Center, 530 S, Lawrence Street, Montgomery, AL 36104, who advised they have a dedicated area for all SAFE/SANE examinations. They have staff who can conduct SAFE/SANE examinations and in the event, no one is on duty, they have staff on call who will report in to conduct SAFE/SANE examinations when needed.

Provision (c)

On the PAQ, MWF reported all treatment services are provided to the victim without financial cost.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, Section G, 3, c, indicated treatment services shall be provided to the victim without financial cost and regardless if 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 collaboration between the ADOC and twenty-eight (28) rape crisis centers throughout the State of Alabama to provide confidential support services related to sexual abuse at ADOC facilities. The inmates housed at MWF are provided the treatment services through One Place Family Justice Center (SAFE/SANE exams and Victim Advocacy Services) in Montgomery, AL.

During the interview with the IPCM, she advised in the past twelve (12) months there have not been any inmates who have been transported for any reason for SAFE/SANE services.

The Auditor conducted a telephone interview with a SAFE/SANE representative. She confirmed the exams are provided at no cost to the inmate and that all forensic services are provided when the inmate is presented for follow-up. She indicated forensic nurses (SAFE/SANE) are available twenty-four (24) hours a day, seven (7) days a week. She indicated in the event no SAFE/SANE staff were on duty at the time an inmate presented, someone is always on call and would report immediately to conduct the examination.

#### Provision (d)

As stated in Provision (c), a victim advocate is provided during the forensic medical examination. In addition, per the MOU with ACAR, the victim/inmate is provided advocacy assistance through One Place Family Justice Center of Montgomery, AL.

During the interview with the IPCM, she indicated victim advocacy services are offered through contract and are built into the forensic exam process. The IPCM stated that all requirements of PREA have been incorporated into the contract. During the examination, the inmate meets the victim advocate and arrangements are made to provide any necessary and/or requested counseling services. Follow-up counseling is coordinated through One Place Family Justice Center of Montgomery, in collaboration with mental health services.

At the time of the audit there were no inmates at MWF who had reported sexual abuse.

#### Provision (e)

As stated in Provision (d) during the examination, the inmate meets the victim advocate. The victim advocate provides emotional support, crisis intervention, information, and referrals as necessary and/ requested.

#### Provision (f)

As reported in Provision (a) the facility/agency is responsible for conducting administrative and criminal investigations, including inmate-on-inmate sexual abuse and staff sexual misconduct.

#### Provision (g)

Auditor is not required to audit this provision.

## Provision (h)

As reported in Provision (d) victim advocacy services are offered through contract and are built into the forensic exam process.

### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding evidence protocol and forensic medical examinations. No recommendations or corrective action is required.

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

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

#### **115.22 (a)**

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

#### **115.22 (b)**

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

#### **115.22 (c)**

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

#### **115.22 (d)**

- Auditor is not required to audit this provision.

#### **115.22 (e)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

### Instructions for Overall Compliance Determination Narrative

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

### Documentation Review:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Standard Operating Procedure Investigations & Intelligence #454
- ADOC Administrative Regulations #300
- ADOC Duty Officer Report
- National Institute of Corrections Investigations course certificate completions and continuing education credits
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
  - Process Indicators:
    - PI-1 Administrative or Criminal Investigations/Refer to Investigations
    - PI-2 Website Publication
    - PI-3 Referrals to Investigations/Incident Reports

### Interviews with the following:

- Random Staff
- Investigative Staff

### Provision (a)

The agency and facility refer all investigations to the Alabama Department of Corrections (ADOC) Investigation and Intelligence (I & I) Division. According to the PAQ, the ADOC has a team of nineteen (19) staff investigators. These investigators are divided by regions of the state. The Northern Region, which includes MWF has a supervisor and four (4) investigators. The auditor reviewed documentation confirming the investigators completed the specialized investigative training from the National Institute of Corrections.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 22, Section I, 1, b, states the Intelligence &

Investigations (I & I) Division is responsible for conducting a prompt, thorough and objective investigation, whether administrative or criminal. Administrative investigations shall be completed regardless of the results of any criminal investigations and regardless of the subject's continued employment by ADOC. The I & I Division shall refer all substantiated criminal cases to the local District Attorney's office and will be available, as requested, to work with those authorities to support criminal prosecution of those cases.

There were zero (0) allegations of sexual abuse or sexual harassment at MWF in the past 12-months.

All staff interviewed knew their responsibility to report any suspicion, or knowledge of an allegation of sexual abuse and sexual harassment. Each reported they were required to make such a report as soon as possible, but no later than four (4) hours of becoming aware of it.

#### 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 who have the authority to conduct sexual abuse/sexual harassment investigations. All investigations are handled by the ADOC I & I Division. All I & I Investigators and MWF officers are trained peace officers. All substantiated criminal investigations are referred to the district attorney for prosecution. Investigations that are administrative in nature are completed by I & I. ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 7, Section C, 5, I & I is responsible for notifying the inmate whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.

MWF documents all allegations on a Duty Officer Report (DOR), which are either followed up through the administrative or criminal investigation process. The policy and processes are published on the agency website, as were verified by the Auditor.

During the interviews, staff indicated all allegations are investigated. The ones which are criminal in nature are investigated by I & I and then referred to the local district attorney office for prosecution.

#### Provision (c)

As stated in Provision (a) the agency and facility refer all investigations to the Alabama Department of Corrections (ADOC) Investigation and Intelligence (I & I) Division

#### Provision (d)

Auditor is not required to audit this provision.

#### Provision (e)

Auditor is not required to audit this provision.

#### Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined

that the agency/facility meets the standard which addresses policies to ensure referral of allegations for investigations. No recommendations or corrective action is required.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

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

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

### 115.31 (c)

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

### 115.31 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
  - Process Indicators:
    - PI-1 Training Curricula
    - PI-2 What Staff Should Know About Sexual Misconduct with Inmates Pamphlet
    - PI-3 Annual Training Records
    - PI-4 PREA Test

Observations during on-site review

Interviews with the following:

- Random Staff

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 11, V, A, 1 indicates 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 standard 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 agency's curriculum and training materials were reviewed by the Auditor. The core training materials were developed by The Moss Group and contain all ten (10) of the elements required for this provision. Each of the elements is covered in detail in the training and have incorporated numbered training elements to facilitate retention of the required elements. The level or complexity of the training will depend on the employee's classification with some specialized training curriculum depending on the employee's job responsibilities.

The Auditor reviewed a total of sixty-eight (68) staff training records, for every staff person assigned to MWF. Each reviewed file contained all relevant documentation to reflect the staff had met their initial PREA requirements. In addition, the Auditor reviewed all the sign-in sheets for PREA refresher training for the past twelve (12) months which confirmed by staff signatures, each of the employees at MWF had acknowledged receiving the PREA training.

Each of the random staff interviewed recalled attending the initial PREA training when they were hired or when PREA went into effect. All staff interviewed confirmed they receive annual PREA training, as well as additional in-service training.

Provision (b)

The policy 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. However, the MWF training has been tailored specifically to the female inmate population. The Auditor reviewed the training materials utilized for the staff at MWF. The training materials are consistent with this PREA standard.

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

#### Provision (c)

Of the sixty-eight (68) staff presently assigned to MWF, the Auditor reviewed documentation that reflected all sixty-eight (68) staff or 100% of the staff have received the PREA training in the past twelve (12) months. IN addition to the annual PREA training, MWF provides PREA training during shift trainings, staff meetings and written materials.

During the on-site facility tour, the Auditor observed a hand-made bulletin board which depicted various aspects of the PREA standards. It contained various items regarding PREA such as terminology, zero tolerance, how to report, the inmate right to be free from sexual abuse and sexual harassment, #6611 (which is the number the inmates dial to report any incident of sexual abuse). The IPCM indicated this board is changed out at least quarterly to keep the information fresh and relevant.

A tri-fold pamphlet is distributed 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 and Sexual Harassment, as well as other issues for staff to consider.

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 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
- Summary/Resources

#### Provision (d)

PREA training requirements mandate attendance at all PREA required training to be documented through employee signature, acknowledging the training they have received. In some instances, employees are required to complete an Acknowledgement of Receipt of Training 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 instances where a receipt of training material was not required, staff would sign-in on a Training sheet, verifying their attendance at the required training. The Auditor reviewed copies of each training session for the past twelve (12) months, reflecting training completed by MWF staff.

## Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility exceeds the standard which addresses policies regarding 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**

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

### **Documentation Review:**

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454

- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 AR 216
  - Process Indicators:
    - PI-1 Contractor Training Records
    - PI-2 Volunteer Training Records
    - PI-3 Training Curricula Volunteer/Contractor Training
    - PI-4 Volunteer/Contractor Training Card

Interviews with the following:

- Contractor who have contact with inmates

#### Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 11, K, 8 indicates the IPCM is responsible to ensure all volunteers and contractors at their facility have received appropriate training.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 11, Section M specifies 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.

MWF has not had volunteers at the facility for approximately one (1) year due to COVID-19 protocols and restrictions. Therefore, not volunteers have been trained in the past 12-months. The Warden stated volunteers will received training prior to being allowed to have contact with the inmates when volunteer programs open up again.

Of the contractors currently at MWF, the Auditor reviewed documentation indicating that twenty-one (21) contractors, or 100%, have received PREA training in the past twelve (12) months.

The Auditor conducted one (1) formal interview with a contract staff. The contractor recalled having PREA training. Recalling the level of training was specific to the contractor role or responsibilities in the facility. When the Auditor questioned her about her knowledge of PREA, she was able to identify what PREA was and more importantly, what her role or responsibility was in the event she is confronted with a situation of sexual abuse or sexual harassment.

The agency's curriculum and training materials were reviewed by the Auditor. The core training materials were developed by The Moss Group and contain all ten (10) of the elements required for this provision. Each of the elements is covered in detail in the training and have incorporated numbered training elements to facilitate retention of the required elements. The level or complexity of the training will depend on the responsibilities and role of the contractor or volunteer.

#### Provision (b)

The Auditor was provided with a four (4) page handout entitled Prison Rape Elimination

Act PREA Training for Volunteers and Contractors. The handout covers numerous items relating to PREA starting with an overview, purposes of PREA, objective of PREA, the ADOC procedures for reporting incidents and/or allegations of prison rape, as well as the definition of Sexual Assault, Sexual Harassment, and Custodial Misconduct. The last page is an Acknowledgement page for the contractor or volunteer to sign, with a copy of the acknowledgment being retained in the IPCM training file.

At the present time there are twenty-one (21) contract staff who are all medical staff. The medical staff are contract workers through Wexford Medical Care. 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 tri-fold pamphlet is distributed to volunteers and contractors entitled *PREA, Prison Rape Elimination Act, Training for Volunteer and Contractors*. This pamphlet addresses the major components of PREA, definitions of Sexual Abuse and Sexual Harassment, as well as other issues for volunteers and contractors to consider.

The Auditor conducted one (1) formal interview with contract staff. During the interview she verbally demonstrated to the Auditor a comprehensive and complete understanding of the agency’s zero-tolerance policy and how to address any instance when an inmate reports a PREA specific issue.

#### Provision (c)

As indicated in Provision (b) copies of the acknowledgment page from the PREA training is retained by the IPCM. The Auditor reviewed the sign in sheets from the PREA training sessions for the past twelve (12) months. Each sign in sheet reflected acknowledgment signatures from contractors for the PREA training they received.

#### Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets the standard which addresses policies regarding 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 the comprehensive education referenced in 115.33(b)?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

### 115.33 (d)

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

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

#### **Documentation Reviewed:**

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Administrative Regulations #454-A
- Inmate Prison Rape Elimination Act Training Curriculum
- PREA Posters
- Misc. Training Materials
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 Inmate Handbook
  - Process Indicators:
    - PI-1 Inmate Orientation Material on Sexual Assault
    - PI-2 Inmate Receipt of PREA/Acknowledgement
    - PI-3 What You Should Know About Sexual Abuse and Assault Pamphlet
    - PI-4 Posters and other Visual Aides/Spanish/Low-Vision Reading Materials

#### **Observations during on-site review**

#### **Interviews with the following:**

- Intake Staff
- Random Inmates

#### **Provision (a)**

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p.13, B, 1, a, states all inmates shall be given understandable information, both written and verbal, explaining the ADOC's zero tolerance PREA policy including how to report sexual abuse and harassment upon initial intake into an ADOC institution.

The *Inmate Handbook*, the inmate orientation material, the PREA pamphlet and the PREA posters were observed during the on-site tour of the facility by the Auditor. The Auditor reviewed written materials in both English and Spanish.

The Auditor reviewed a copy of the *Initial Intake Acknowledgement* (ADOC Form 454-A) which is completed by each inmate upon arrival. This form is a checklist of eight (8) line items, which require the inmate to read and sign, and is witnessed by a staff signature. The form is then placed in the inmate file. The checklist includes:

1. The ADOC has a Zero Tolerance Policy toward 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 \*6611 on any inmate phone system
  - d. Write a letter to the ADOC I & I Division using a pre-addressed envelope that is available for the drop boxes
  - e. Have a family member or friend report it via the ADOC website. [www.doc.alabama.gov](http://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 thirty-six (36) inmate records reviewed, signed, and dated documentation of PREA education was retained in every file with the rest of the inmate information. The date of the signature coincided with the date the inmate arrived at the facility. In addition to the orientation packet, all inmates coming through intake must watch the seventeen (17) minute ADOC PREA video, which is produced in both English and Spanish. It is the policy of MWF that no inmate is assigned to a housing unit until they have completed the PREA orientation.

During interviews with intake staff, it was confirmed inmates are provided a PREA orientation packet upon arrival at MWF. The inmate signs the acknowledgment form which is retained in the inmate file.

The facility has ample telephones designated for inmate use. Using any of these telephones, an inmate can dial \*6611 and be immediately connected to the PREA hotline. The inmate is then advised he can make a report anonymously. The call is free of charge and confidential. This was confirmed by the Auditor on the on-site tour.

During the interviews with twenty-nine (29) inmates, all of them remembered receiving written PREA materials and watching the ADOC PREA video the day of arrival. All the interviewees reported the material they received included information about the facility's zero tolerance policy and ways to report. The one (1) who arrived prior to PREA going into effect, recalled receiving the materials and attending training when PREA was

implemented. All interviewees stated the facility took PREA seriously and frequently discussed it with them both formally and informally.

#### Provision (b)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 13, B, 1, b, states 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 arrival into an ADOC institution. The facility policy is a replica of the ADOC policy.

The PAQ reflected all these inmates whose length of stay was more than thirty (30) days, were provided the PREA information which included their right to be free from sexual abuse, as well as the policies and procedures for reporting. MWF reported 100% of the inmates admitted to their facility in the past 12-months received the mandated information.

There were thirty-six (36) inmate records, chosen randomly from the master roster, with varying arrival dates. All thirty-six (36) records had a signed acknowledgment sheet, had received an orientation booklet, PREA brochure and viewed the PREA video. All thirty-six (36) inmates had received PREA information during intake and had their PREA screening within 72 hours of admission. Thirty-five (35) inmates were reassessed within 30-days of arrival, with the other being reassessed 32-days after arrival. Thirty-two (32) inmates received comprehensive PREA education within 30-days of intake. The remaining four (4) inmates received comprehensive PREA education between 31-days and 37-days of intake.

During interviews with intake staff, they indicated inmates receive their PREA training immediately upon arrival, prior to their unit assignment. They reported the inmates are not allowed to leave the intake area until they have completed their PREA orientation, watch the PREA video and submitted to a urinalysis test. Once these three (3) things are completed the inmate will be assigned a housing unit and bed and escorted to their assigned area.

During interviews with inmates, each were asked to briefly outline what they learned during PREA training. All responses were similar in nature and were generally: zero tolerance for sexual abuse or harassment, right to be free from sexual harassment and retaliation for reporting, who to talk to about a concern, who to report an incident to, to dial \*6611 on the phone to make a report, use the locked drop boxes to file an anonymous report, call the number on the posters around the facility.

#### Provision (c)

As indicated in Provision (b) 100% of inmates who entered the facility during the past 12-month period received the required PREA training. At the time of PREA implementation, all inmates incarcerated at MWF were required to attend PREA training. Inmates arriving after implementation received their training at intake. This training, at intake, is facilitated using viewing videos. The inmate is also provided an inmate handbook, written material on sexual abuse and sexual harassment, and *What You Should Know About Sexual Abuse and Assault* pamphlet. At the end of the intake process is a question-and-answer period to reinforce retention of the information presented during intake.

The information was documented with verification of the training retained in the inmate file. A copy of this documented verification was reviewed by the Auditor.

As indicated in Provision (b) the intake staff provide the PREA information immediately upon arrival into the facility. Interviews with intake staff advised that upon arrival at the facility inmates are given orientation materials, including PREA related materials and are required to watch the PREA video before being assigned to a housing unit. This is a requirement for all inmates, whether they are a new intake or a transfer from another facility.

#### Provision (d)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 13, B, 1, c, requires that the IPCM provide all inmates accessible educational formats if an inmate has special needs (language barriers, visually impaired, deaf, limited reading skills, or otherwise disabled), not relying on inmates for this service.

The various training elements provided to the inmate population range from PREA orientation video and documents in both English and Spanish, PREA posters in both English and Spanish, to staff members who are fluent in Spanish.

During the interview with the IPCM, she was asked what the process was if an inmate had a disability not covered under the training elements established by the facility. She advised she would work with the ADA coordinator to ensure each inmate is able to understand and retain the PREA materials to a comfort level of comprehension.

#### Provision (e)

As stated in previous provisions, all inmates are required to sign the ADOC Administrative Regulations #454-A, *Inmate Awareness Acknowledgment*. A copy of this acknowledgment is scanned and retained in the inmate file as documentation.

As stated in provision (a), a review of thirty-six (36) inmate records was conducted and the signed acknowledgment document was in every record.

The ADOC has a database to track if an inmate has participated in the mandated PREA training. The database can conduct a query by inmate name and facility to verify whether an inmate has received training.

#### Provision (f)

ADOC, MWF and the IPCM are effective in ensuring the inmates at MWF receive crucial education about Sexual Abuse and Sexual Harassment. Using varying formats, the inmate population receives important information in user friendly, comprehensible ways. The various delivery systems are Inmate handbook, which specifically lays out the prevention of Sexual Violence, zero tolerance policy and includes multiple methods inmates can seek assistance regarding sexual violence. The IPCM created a PREA board which highlights different topics and has reminders of zero tolerance, the right to be free from sexual assault, and how to report.

ADOC created a variety of PREA posters, in both English and Spanish. These posters are different throughout the facility as not to become easy to overlook. They are posted in every

area of the facility. During the on-site, the Auditor observed these posters in every room throughout the facility.

In interviews with inmates, they each reported the IPCM often checks with them formally and informally about PREA issues and practices. She often asks them questions to make sure they are remembering PREA policies and reporting guidelines.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility exceeds the standards for inmate education. No recommendations or correction action is required.

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

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

#### **115.34 (a)**

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

#### **115.34 (b)**

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

#### **115.34 (c)**

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

## 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC SOP OPR: I & I Number 454
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 AR 300
  - Process Indicators:
    - PI-1 Specialized Training Curriculum
    - PI-2 Training Certificates for Investigators

#### Interviews with the following:

- Investigative Staff

#### Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 11, V, 2 indicates that additional training related to investigators roles includes, but is 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
- Criteria and evidence required to substantiate a case for administrative action

- Criteria and evidence required to substantiate a case for prosecutorial referral

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, further dictates that all training must be documented and verified through employee signature and must be retained by the agency.

ADOC SOP, OPR: I & I Number 454, PREA Sexual Assault Investigations, p. 2, C, 1 specifies that the I & I investigators shall receive additional training related their roles to include, but not be limited to:

- Interviewing Sexual Abuse Victims
- Conducting Sexual Abuse Investigations in confined settings
- Investigation and Evidence Collection for Inmate Sexual Offenses
- Sexual Harassment and Custodial Sexual Misconduct

The Auditor reviewed portions of the on-line training 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*. This on-line training provides investigative staff training in the following areas:

- PREA Investigations
- Working with Victims Interviewing Techniques
- Institutional Culture and Investigations

According to the PAQ, the ADOC currently employs nineteen (19) PREA investigators statewide. Currently, ADOC has a supervisor and four (4) investigators assigned to the Northern Region, which is the region MWF is located. The Auditor reviewed training certificates for each of the investigators assigned to the Northern Region, as well as the Specialized Investigation Training certificates provided by the Moss Group. The training records reflected the required training items in addition to various other courses such as: Trauma-Informed Sexual Assault, Human Trafficking, Prison Rape and Sexual Assault Investigations.

#### Provision (b)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 11, V, 2 mandates investigators and other ADOC employees with PREA related responsibilities to receive additional training related to their roles to include, but 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
- Criteria and evidence required to substantiate a case for administrative action
- Criteria and evidence required to substantiate a case for prosecutorial referral

The Auditor could view the US 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 course:

- Course Introduction
- PREA Investigations
- Working with Victims
- Interviewing Techniques
- Institutional Culture and Investigations

Through a review of training records and an interview with the MWF investigator, the Auditor was able to confirm that all training requirements have been met.

Provision (c)

As outlined previously in Provision (a) & (b) ADOC Administrative Regulation 454 address this provision.

The ADOC currently employs nineteen (19) PREA investigators statewide. The Auditor reviewed nineteen (19) training certificates for each of the ADOC Investigations & Intelligence PREA Investigators, as well as the Specialized Investigation Training certificates provided by the Moss Group.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets the standard which addresses policies regarding 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full-

or part-time medical or mental health care practitioners who work regularly in its facilities.)

Yes  No  NA

#### 115.35 (b)

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

#### 115.35 (c)

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

#### 115.35 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454

- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 MOU with ACAR
  - Process Indicators:
    - PI-1 Training Records of Medical and Mental Health Practitioners
    - PI-2 Specialized Training Curricula

Observations during on-site review

Interviews with the following:

- Medical Staff

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 12, V, 3, a-g, dictates that Medical and Mental Health employees, shall receive additional training to include, but is not limited to:

- a. How to detect and assess signs of sexual abuse and harassment;
- b. How to preserve physical evidence of sexual abuse;
- c. How to respond effectively and professionally to victims of sexual abuse and harassment;
- d. How and to who to report allegations or suspicions of sexual abuse and harassment
- e. Recognizing the special medical and mental needs of all inmates
- f. Factors to consider in an inmate’s risk of sexual victimization
- g. 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.

At the time of the audit there are twenty-one (21) contracted medical staff assigned to the facility. The inmates are seen for routine medical needs at the facility. Training was verified through staff interview and 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 MWF are prohibited by procedure from performing forensic examination on sexual abuse victims.

Provision (c)

As indicated in Provision (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. The sign-in sheets confirm, in addition to specialized training, the contracted medical staff received the general PREA training mandated for all ADOC employees.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets the standard which addresses policies regarding 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, as known to the agency, prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- ADOC Administrative Regulation #454
- ADOC Administrative Regulation #637
- ADOC Form 454-C, *Classification PREA Risk Factors Checklist*
- ADOC Form 454-K, *PREA Risk Assessment*
- MWF Standard Operating Procedure #454-1

- Protocols:
  - P-1 AR 454
  - P-2 Classification Manual
- Process Indicators:
  - PI-1 Intake Risk Assessment Checklist
  - PI-2 Risk Assessment Checklist
  - PI-3 Explanation of Vault Procedures
  - PI-4 Classification Spreadsheet

Observations during on-site review

Interview with the following:

- Staff Responsible for Risk Screening
- Institutional PREA Compliance Manager (IPCM)
- Agency PREA Director (PD)
- Random Inmates

Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 15, F, 1, mandates all ADOC facilities, including MWF, are required to screen all new inmates, at initial intake. The intake is to occur no more than 72-hours after arrival and is to screen for potential risk of sexual vulnerability and potential risk of sexual aggression. The intake shall be completed using ADOC Form 454-C, *PREA Risk Factors Checklist*.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 15, F, 2, mandates all ADOC facilities, including MWF, are required to screen all inmates transferring from another facility, at initial intake. The intake is to occur no more than 72-hours after being arrival and is to screen for potential risk of sexual vulnerability and potential risk of sexual aggression. The intake shall be completed using ADOC Form 454-C, *PREA Risk Factors Checklist*.

Of the twenty-nine (29) inmates who were interviewed relative to this provision, 100% were able to recall being asked questions relative to their concern for sexual safety, and if they felt like they were going to harm themselves.

During the on-site audit, the facility staff explained the intake screening process and subsequently review intake screening documents. This staff member was able to guide the Auditor through the intake screening process, by modeling the process that each inmate is required to participate in during the initial screening and ongoing classification processes. The intake staff member discussed each of the documents and assessments utilized as we proceeded through the processes. The intake staff also modeled each of the questions, providing the Auditor with a clear and thorough understanding of the overall intake and classification process.

Provision (b)

As stated in (a), according to the listed policies all inmates must be screened within 72 hours of arrival. The Auditor reviewed the PAQ which indicated that all inmates are

screened for risk of victimization and abusiveness upon arrival. The screening is within 72-hours of arrival. The IPCM explained she generally conducts the intake screening within 24-hours of the inmate arriving. The only exception would be if an inmate were to arrive late on an evening prior to a holiday.

The IPCM stated she reassesses every inmate for risk of victimization or abusiveness no later than 30-days after arrival; or sooner, if any additional relevant information is received or discovered by the facility. This reassessment is to ensure all concerns with the inmate's safety are properly and promptly addressed.

The Auditor reviewed random inmate records to ensure they received the training and how that training was completed. Thirty-six (36) inmate records were reviewed. Thirty-five (35) inmates were reassessed within 30-days of arrival, with the other being reassessed 32-days after arrival.

Of the twelve (12) random and seventeen (17) targeted inmates interviewed; all the inmates recalled being asked questions specific to previous sexual abuse & harassment within three (3) days of their arrival at the facility.

As stated in (a), the Auditor was able to specifically question staff about the required questions. The intake staff replied that all the PREA related questions are asked during initial intake and ongoing classification screenings.

#### Provision (c)

The Auditor reviewed copies of several intake forms and screening assessments from the intake staff, which were documented on the ADOC Form 454-K, *PREA Risk Assessment* and ADOC Form 454-C, *Classification PREA Risk Factors Checklist*. These forms are the foundation for an assessment that provides the intake and classification staff with an independently developed, validated and objective assessment used for screening assessments, as outline in the following paragraph.

ADOC Administrative Regulation #637, dated May 9, 2018, Gender Dysphoria, p. 2, V, A, 1, states that pursuant to ADOC Administrative Regulation 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 utilizing the PREA screening checklist (Form 454- C).

Staff members who conduct intake screenings utilize ADOC Form 454-K, *PREA Risk Assessment* and ADOC Form 454-C, *Classification PREA Risk Factors Checklist* for guidance in conducting an initial assessment of an inmate's risk of victimization and risk of abusiveness. All inmates are reassessed within thirty (30) days.

The Auditor was able to verify compliance with this provision through the review of thirty-six (36) inmate 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 scored based upon responses to specific questions required in the Standard and Provision.

As stated in (a), the Auditor was able to interview intake staff who were able to walk the Auditor through the intake screening and classification process, which included an overview of the ADOC Form 454-C, *Classification PREA Risk Factors Checklist* and ADOC Form 454-K, *PREA Risk Assessment*.

#### Provision (d)

The Auditor reviewed the ADOC Form 454-C, *Classification PREA Risk Factors Checklist*, Parts 1 and 2, and compared the questions on Part 1 of the form with the requirements for Provision (d). All items for Provisions (d) have been included into Part 1 of the screening instrument. The included items are:

1. Whether the inmate has a mental , physical, or developmental disability
2. The age of the inmate
3. The physical build of the inmate
4. Whether the inmate was previously incarcerated
5. Whether the inmate’s criminal history is exclusively nonviolent
6. Whether the inmate has prior convictions for sex offenses against an adult or child
7. Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
8. Whether the inmate has previously experienced sexual victimization
9. The inmate’s own perception of vulnerability;
10. Whether the inmate is detained solely for civil immigration purposes.

As stated in (a), the screening and intake process was explained to the Auditor, which included the ADOC Form 454-C, *Classification PREA Risk Factors Checklist* and ADOC Form 454-K, *PREA Risk Assessment*.

#### Provision (e)

The Auditor reviewed the ADOC Form 454-C, *Classification PREA Risk Factors Checklist*, Parts 1 and 2, and compared the questions on Part 2 of the form with the requirements for Provision (e). All items required for Provision (e) have been included in the screening instrument, which addresses Possible Sexual Predatory Risk Factors. The items addressed include:

- Prior acts of sexual abuse
- Prior convictions for violent offenses
- History of prior institutional violence or abuse

As stated in (a), the screening and intake process was explained to the Auditor, which included the ADOC Form 454-C, *Classification PREA Risk Factors Checklist* and ADOC Form 454-K, *PREA Risk Assessment*.

#### Provision (f)

The Auditor reviewed the PAQ which indicated that all inmates are screened for risk of victimization and abusiveness upon arrival. The screening is within 72-hours of arrival. The IPCM explained she generally conducts the intake screening within 24-hours of the inmate arriving. Inmates are re-assessed as required.

Of the twelve (12) random and seventeen (17) targeted inmates interviewed, all inmates relative to this provision indicated they recalled being asked questions relative to this standard, most indicated they recalled being interviewed within a couple of weeks after arrival.

Out of the thirty-six (36) inmate records which were reviewed by the auditor, thirty-five had been reassessed within thirty (30) days. One had been reassessed within 32-days. These finished screening documents were completed by different staff, with each instrument being finalized consistent with the standard.

#### Provision (g)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 14, F, 5, specifies 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 and additional screening will be conducted.

As stated in Provision (a), the Auditor was able to sit with and interview intake staff who were able to walk the Auditor through the intake screening and classification process. Intake staff indicated they monitor all the inmate population and will conduct a re-assessment when warranted due to:

- A referral
- A request
- An incident of sexual abuse, or
- A receipt of additional information that may have some bearing on the inmate's risk of victimization or abusiveness.

#### Provision (h)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 16, F, 7, indicates during the time 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 inmates relative to their disabilities, gender preferences, history of sexual victimization and/or the inmate's own perception of vulnerability. Should the inmate choose not to answer for any reason, they cannot be disciplined. The policy language is broad and applicable to this provision.

Intake staff indicated they do not discipline any inmate for their refusal to answer these questions during an assessment, rather each of them indicated they would explain the reason behind the question and attempt to solicit a response. However, no disciplinary action would be taken if the inmate chose not to respond.

#### Provision (i)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 16, F, 8, mandates there will be appropriate controls on the dissemination of screening information as to ensure each inmate's sensitive

information is not exploited.

As stated in (a), the Auditor interviewed intake staff. During that interview, the intake staff indicated access to the inmate's classification information is secured, with controlled access by classification staff.

The Auditor interviewed the PREA Director and the IPCM regarding who can specifically access the screening information collected during intake and screenings, and was advised that Medical Staff, Classification Staff and the PREA Compliance Manager have access.

Conclusion:

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Documentation Review:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- ADOC Administrative Regulation #454
- ADOC SOP Number 454-5
- Form 454-C, *Classification PREA Risk Factors Checklist*
- ADOC Form 454-K, *PREA Risk Assessment*
- Inmate Records
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 Housing Designation SOP
  - Process Indicators:
    - PI-1 Intake Risk Assessment Checklist
    - PI-2 Risk Assessment Checklist
    - PI-3 Housing Designation Spreadsheet

### Interview with the following:

- Staff Responsible for Risk Screening
- Institutional PREA Compliance Manager (IPCM)
- Agency PREA Director (PD)
- Random Inmates

### Provision (a):

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 16, F, 9, a, specifies that during the screening process and PREA Mental Health Assessment shall be used to make individualize and safety-based determination and assist in the initial classification and institutional assignment of the inmate, with the goal of keeping separate inmates at high-risk of being sexually victimized from those at high risk of being sexually abusive.

The IPCM indicated every assessment completed by staff is factored into the placement and programming of each inmate (ADOC forms 454-C and 454-K). She further stated the inmate's risk levels, housing and program assignments are guided with the use of these various assessments ensuring that every inmate, especially those at high risk of being sexually victimized, are separated from those of at high risk of being sexually abusive.

Following a review of thirty-six (36) inmate 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)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 16, F, 10, a, indicates the information obtained during the screening process and PREA Mental Health Assessment is used to make individualize and safety-based determinations and assist in the initial classification and institutional assignment of the inmate, as well as determine work, education, and program assignments.

During the interview with staff who are responsible for risk screening, the Auditor was advised that because of the assessment procedures being utilized, each inmate is individually evaluated. Staff not only use the assessment procedures which are in place, additional consideration is given to the discussions with each individual inmate when making classification and housing decisions.

#### Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 17, F, 10, f, requires that when 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 concerns.

During the interview with staff that are responsible for risk screening, she indicated the Transgender or Intersex inmates view of their own safety is taken into serious consideration when determining housing placements and programming assignments. In addition, she indicated because of the assessments that are utilized, each inmate is evaluated individually.

The interview with the agency PREA Director (PD), who indicated according to ADOC policy, the gender identification of each inmate is initially determined their sex assignment at birth; however, she further clarified that from that point every inmate is individually assessed and classified to ensure the safety of each inmate, as well as the safety of the inmate population.

Through the formal interview with one (1) self-identified transgender inmate, the Auditor was able to confirm that transgender inmates are not placed in a designated housing area.

#### Provision (d)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse*

*and Harassment*, dated January 4, 2016, p. 17, F, 10, d, advises that placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.

During interviews with the PD, IPCM and staff responsible for screening, all specified the Transgender or Intersex inmate's view of their own safety is given great weight when making decisions regarding housing placement or programming assignments. They further confirmed that regular classification reassessments are conducted a minimum of every six (6) months, or if the inmate is involved in an incident of a sexual nature.

#### Provision (e)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 17, F, 10, e, shows that a transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration.

During interviews with both the PD, IPCM and staff responsible for screening, all specified the Transgender or Intersex inmate's views of their own safety is given great weight when making decisions regarding housing placement or programming assignments. These inmates are interviewed further to determine enemies and potential or perceived threats. Housing placement and programming assignments are based on this information.

Through the formal interview with one (1) self-identified transgender inmate, the Auditor was able to confirm that transgender inmates feel comfortable with the housing and programming assignments. In addition, there was a comfort level reported in approaching the IPCM or staff regarding personal safety concerns.

#### Provision (f)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 17, F, 10, g, reveals Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

The Auditor asked the PD, IPCM and the staff responsible for risk screening about the showering arrangements for Transgender or Intersex population. Each indicated the inmate's views of their own safety is given serious consideration when providing showering options. In addition, the clarified that Transgender or Intersex inmates would be able to shower separately from other inmates by utilizing alternate shower times.

As previously identified, each of the housing areas have bathrooms with shower stalls that are not easily seen by staff. The random staff who were interviewed also indicated that if a Transgender or Intersex inmate asked to shower separately, they would arrange a separate shower time from the other inmates. It was indicated that the alternate shower time would probably be thirty (30) minutes before or after other inmates can shower.

As previously indicated, the housing area has a shower area that has shower curtains which separate each showering area for privacy. During the interview process, the transgender inmate reported being comfortable with the showering arrangements.

## Provision (g)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 17, F, 10, c, specifies the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates.

The interview with the PD and the IPCM, both indicated that neither the ADOC or MWF 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) inmates. Both indicated that all LGBTI inmates are housed within the general population unless specific issues are present and only then the appropriate staff will meet with the inmate and address the concerns.

The auditor interviewed a total of ten (10) inmates who identified as LGBTI. Every LGBTI inmate interviewed indicated they have not been segregated or housed separately from the general inmate population nor have there been any instances where they were searched inappropriately for the purposes of identifying their genital status.

## Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets the standard requiring the use of screening information. No recommendation 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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Review:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- ADOC Administrative Regulation #454
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 AR 435
    - P-3 Memo of non-occurrence from Warden
  - Process Indicators:
    - PI-1 Housing Designation Spreadsheet
    - PI-2 Segregation Log/Holding Cell/Crisis Cell
    - PI-3 Post Allegation Protective Custody Form

#### Interview with the following:

- Warden
- Institutional PREA Compliance Manager (IPCM)

#### Provision (a):

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 23, J, 1, specifies 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 alternative and a determination made that there are no other alternatives available.

During the past twelve (12) months there have been no inmates placed into involuntary administrative or punitive segregation in accordance with this standard

#### Provision (b)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 23, J, 2, indicates that inmates placed into segregated housing as the only means of protecting such an inmate shall have access to all programs, privileged, education and work opportunities, to the extent possible, and it shall only be until an alternative means of separation from the likely accuser can be arranged, a time period not to ordinarily exceed thirty (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 inmates placed into involuntary administrative or punitive segregation in accordance with this standard. . The PAQ reflects this information and the IPCM corroborated this as well.

Provision (c)

During the past twelve (12) months there have been no inmates placed into protective custody in accordance with this standard, specific to a period longer than 30-days while awaiting alternative placement. The PAQ reflects this information and the IPCM corroborated this as well.

Provision (d)

N/A

Provision (e)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 23, J, 3, states inmates placed into segregated housing as the only means to protect such an inmate 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 inmates placed into protective custody in accordance with this standard. . The PAQ reflects this information and the IPCM corroborated this as well.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets the standard relative to protective custody. No recommendation or corrective action is required.

**REPORTING**

**Standard 115.51: Inmate reporting**

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

**115.51 (a)**

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

**115.51 (b)**

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

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- ADOC Administrative Regulation #454
- PREA Poster in English and Spanish
- Inmate Legal Mail Envelopes

- Women’s Services Inmate Handbook – 11/01/2017
- Inmate Hotline MOU
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 MOU with Securus
  - Process Indicators:
    - PI-1 Poster with Reporting Methods

Observations during on-site review

Interview with the following:

- Institutional PREA Compliance Manager
- Random Staff
- Random Inmates

Provision (a):

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 21, Section H, 2, a, specifies that inmates may report sexual abuse or harassment verbally or in writing, third party or anonymously. Inmates may file a grievance, call the PREA hotline, deposit a complaint in the PREA drop box (a secure receptacle located at each facility), tell the IPCM, contact I & I by using 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 twelve (12) random staff and twenty (20) specialized staff that were interviewed, all indicated that they would accept a report or allegation from the inmate and provide it to their supervisor for further direction. They each also reported inmates can report several different ways which includes telling a staff member, calling the PREA hotline posted throughout the facility, or telling a family member. Staff interviewed stated inmates can privately report sexual abuse or sexual harassment as well; through the hotline number \*6611 or through legal mail using a pre-addressed I & I envelope.

Twelve (12) random inmates and seventeen (17) targeted inmates interviewed, all reported that they were aware of multiple ways to report incidents of Sexual Abuse or Sexual Harassment. These included using the \*6611 telephone number, contacting the IPCM, have family member contact the institution, contacting a staff member, and using the PREA boxes throughout the facility. Most indicated they would tell a staff member first.

During the on-site portion of the audit, the Auditor observed numerous different PREA posters in both English and Spanish throughout the facility. These posters were observed in each housing unit, common areas, main hallways, intake holding area, dining room, etc. In addition, the Auditor observed boxes with PREA in bold lettering located in the facility. While interviewing mailroom staff, the Auditor was informed inmates can request and obtain

envelopes which are self-addressed to the Director of the Investigations and Intelligence Division for inmates to provide confidential information relative to PREA utilizing the legal mail process.

#### Provision (b)

The Auditor reviewed a copy of the MOU between Securus Technologies and the ADOC. This contract went into effect May 15, 2019. The contract is to provide a comprehensive correctional communications system statewide. Through Securus Technology the following Hotline numbers are available on every inmate telephone, twenty-four (24) hours a day, seven (7) days a week.

- PREA and Investigations and Intelligence Hotline (\*6611)
- ADOC Crime Tip Hotline designated as 1-866-293-7799, Option 4
- ACAR Hotline designated as 1-800-639-4357

The recording feature on these telephones must store call recordings for at least five (5) years. The Vendor must maintain such records as accessible online to the ADOC at no cost. Via workstation, the System must allow Authorized Users to lock call recordings to ensure their retrieval beyond the on-line storage period. Once a call recording is locked, it must be available on-line unlocked.

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

Of the twelve (12) random inmates, and seventeen (17) targeted inmates interviewed regarding this provision, all were very familiar with the PREA hotline, because a PREA recorded message is played every time before the inmate can make a telephone call to friends or family. All the inmates reported they were aware they could make a report via the telephone without providing their name or ID number.

During the on-site portion of the audit, the Auditor tested the telephones for access to the ADOC PREA hotline. In every instance, the PREA hotline functioned as required. When the receiver was picked up a recorded message would give the person on the phone the option of making an anonymous, free telephone call to the PREA Hotline. When calling the PREA Hotline the inmate can leave a message that is approximately up to 2 minutes in length.

#### Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, Section H, 1, a, states ADOC employees, including MWF employees, can receive 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. ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, H, 1, b stated that any knowledge, suspicion or information regarding sexual abuse, sexual harassment, and custodial sexual misconduct shall be reported immediately.

A review of the *Women's Services Inmate Handbook*, published November 1, 2017, p. 24, states "All allegations are investigated, and we will make all efforts to keep you safe."

Of the twelve (12) random inmates, and seventeen (17) targeted inmates interviewed regarding this provision, 100% indicated they were aware they can make reports of sexual abuse or sexual harassment in person and in writing.

#### Provision (d)

As identified in Provision (c), this matter is addressed in ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, V. Procedures, Section H.

Through interviews with twelve (12) random staff and twenty (20) specialized staff, several methods for staff to privately report sexual abuse of inmates were identified. All staff indicated that they may choose to make a private report to their supervisor, another supervisor, the PREA Director or the IPCM.

#### Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets the standard relative to inmate reporting. No recommendation or corrective action is required.

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

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

#### **115.52 (a)**

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

#### **115.52 (b)**

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (c)

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

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

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

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

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

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided

- ADOC Administrative Regulation #454
- *Women's Services Inmate Handbook* – 11/01/2017
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
  - Process Indicators:
    - PI-1 Statement of Non-Occurrence, if applicable

Observations during on-site review

Interviews with the following:

- Random and Specialized Staff
- Random and Targeted Inmates

Provision (a):

On the Pre-Audit Questionnaire (PAQ), MWF reported they had zero (0) grievances in the past twelve (12) months. The IPCM confirmed MWF did not have any inmate grievances regarding sexual abuse in the past 12-months.

The Auditor reviewed ADOC Administrative Regulation #454, the *Women's Services Inmate Handbook*, as well as the IPCM confirms MWF accepts grievances for sexual related allegations. They can be placed in the grievance box. The box is checked, and the contents collected a minimum of 5-days a week.

Provision (b)

A review of the *Women's Services Inmate Handbook*, dated 11-01-2017, p. 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 the inmate report an incident by filing a grievance.

Provision (c)

A review of the *Women's Services Inmate Handbook*, dated 11-01-2017, p. 26, number 109 address the topic of retaliation. This section defines retaliation as when an inmate or staff injures, harms, or intimidates (or attempts to do so) a person who has reported or attempted to report, verbal or physical abuse, or sexual abuse or sexual harassment. The Warden expressed her deep belief of the importance of a zero-tolerance policy toward retaliation.

Provision (d)

On the Pre-Audit Questionnaire (PAQ), MWF reported they had zero (0) grievances in the past twelve (12) months. The IPCM confirmed MWF did not have any inmate grievances regarding sexual abuse in the past 12-months.

The IPCM advised 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.

#### Provision (e)

On the Pre-Audit Questionnaire (PAQ), MWF reported they had zero (0) grievances in the past twelve (12) months. The IPCM confirmed MWF did not have any inmate grievances regarding sexual abuse in the past 12-months.

The IPCM reported, third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and are also be 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 the alleged victim agree to have the request filed on her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. Finally, if the inmate declines to have the request processed on her behalf, MWF documents the inmate's decision.

#### Provision (f)

On the Pre-Audit Questionnaire (PAQ), MWF reported they had zero (0) grievances in the past twelve (12) months. The IPCM confirmed MWF did not have any inmate grievances regarding sexual abuse in the past 12-months.

The IPCM indicated MWF has procedures for the filing of an emergency grievance where an inmate is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, MWF immediately forwards the grievance that alleges the substantial risk of imminent sexual abuse, to a level of review at which immediate corrective action may be taken, shall provide an initial response within forty-eight (48) hours, and shall issue a final agency decision within five (5) calendar days. The initial response and final agency decision shall document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

#### Provision (g)

On the Pre-Audit Questionnaire (PAQ), MWF reported they had zero (0) grievances in the past twelve (12) months. The IPCM confirmed MWF did not have any inmate grievances regarding sexual abuse in the past 12-months.

The IPCM affirmed MWF only disciplines an inmate for filing a grievance related to alleged sexual abuse when it is proven the inmate filed the grievance in bad faith.

## Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding exhaustion of administrative remedies. No recommendations or corrective action is required.

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

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

#### **115.53 (a)**

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

#### **115.53 (b)**

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

#### **115.53 (c)**

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

### **Auditor Overall Compliance Determination**

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

## Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
  - Process Indicators:
    - PI-1 MOU with Rape Crisis Center
    - PI-2 PREA Posters
    - PI-3 Alabama Advocacy Hotline
    - PI-4 MOU with Outside Confidential Support Service Agency
    - PI-5 Advocacy Centers Contact Information

### Observations during on-site review

#### Interviews with the following:

- Inmate who reported sexual abuse
- Random Inmates

#### Provision (a)

The facility provided the Auditor a listing from the Alabama Coalition Against Rape (ACAR) Member Crisis Centers, including the mailing address, as well as the office telephone number. The listing further broke down the contact information by county for utilization by respective facilities. The facility provided the contact information for the One Place Family Justice Center which indicated an office number, and a 24-hour Crisis Line.

The Auditor spoke with a representative from One Place Family Justice Center and was advised a victim advocate is made available to be present with the victim before, during and following the examination. Additionally, the advocate conducts follow-up contacts with the victim to ensure aftercare is arranged and firmly in place.

Of the twelve (12) random and seventeen (17) targeted inmates interviewed, all responded they were familiar with the PREA hotline. Each reported the call was free and confidential. Each responded they knew about an outside agency because of the PREA training and the posters around the facility.

During the tour of the facility, the Auditor observed posters throughout the facility. Some posters were provided by the ADOC, some were provided by the Alabama Coalition Against Rape. The posters regularly stated, "You have a right to be free from sexual assault" or "zero tolerance for sexual abuse or assault". The posters had a victim support

telephone number to call. An inmate can also go to the telephone and dial \*6611 and be connected to the PREA hotline for a free, confidential way to report sexual abuse or assault. The Auditor utilized the telephone number provided, as well as the \*6611 and was able to confirm it was a functioning for the identified services. Lastly, posting around the facility let inmates know they can notify the IPCM, or other staff member, of any incident of sexual abuse or harassment.

#### Provision (b)

During the tour of the facility, the Auditor tested several payphone for access to the ADOC PREA hotline. Each time the PREA hotline functioned appropriately. The phones are checked once on each shift by an intermediate or higher staff member to make sure they are in working order to reach the PREA hotline without difficulty.

Of the twelve (12) random and seventeen (17) targeted inmates interviewed, all responded they were familiar with the PREA hotline. Each responded they knew some of the information they provided might be given to the facility staff.

The Auditor spoke with a representative from One Place Family Justice Center and was advised a victim advocate is made available to be present with the victim before, during and following the examination. The representative reported One Place Family Justice Center staff have a responsibility to inform any victim that some information the victim shares with them may need to be provided to facility staff. This information may be medical and/or non-medical, for purposes such as institutional security, PREA investigation, and further medical and mental health services.

#### Provision (c)

The Auditor was provided a copy of a MOU between the ADOC and the Alabama Coalition Against Rape (ACAR) to facilitate services related to implementation of the Prison Rape Elimination Act. The MOU states that ACAR will provide confidential emotional support services related to sexual abuse. ACAR is also required to either maintain or enter into 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 (MWF).

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the 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

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

#### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC webpage links
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
  - Process Indicators:
    - PI-1 Website Publication Showing DOC PREA Email
    - PI-2 Reporting Forms for I & I

#### Provision (a)

The ADOC has provided access to a third-party reporting process through their agency website. On the agency website, the individual wishing to report a PREA related incident can access this through the PREA link, located under the 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 agency website. On the agency 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](mailto:DOC.PREA@doc.alabama.gov)

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the 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 retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

### 115.61 (b)

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

### 115.61 (c)

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

### 115.61 (d)

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

### 115.61 (e)

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

## Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 Mandatory Reporting Law (Alabama Code 26-14-13)
    - P-3 AR 302
  - Process Indicators:
    - PI-1 Incident Reports

#### Interviews with the following:

- Random Staff
- Specialized Staff
- Medical Staff
- Warden
- PREA Director (PD)
- Institutional PREA Compliance Manager (IPCM)

#### Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, Section H, 1, a, specify 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.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, Section H, 1, 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 size spiral booklet entitled “Prison Rape Elimination Act (PREA). A Trauma-Informed Guide for First Responders.” The booklet provides a quick reference guide to all aspects of the PREA process including the responsibility and role of medical staff to preserve evidence and the process of disseminating information, and to whom.

During interviews with twelve (12) random staff and twenty (20) specialized staff, 100% were aware of this requirement and were able to explain how they would immediately report an allegation of sexual abuse in a manner compliant with policy. Moreover, each verbalized information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, medical staff, etc. All staff indicated PREA related allegations and reports go to the IPCM, who then notifies the investigative staff.

#### Provision (b)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, Section H, 1, c indicates an employee or staff member shall not reveal any information related to a PREA incident to anyone other than to the extent necessary to make investigation, management, and treatment decisions. Initial interviews of potential sexual abuse victims should be limited to only information necessary to protect the victim from immediately harm until an Investigator arrived for a more detailed interview.

The Auditor was able to review a copy of the *Informed Consent for Medical Services* the inmate signs prior to treatment. The consent document released and gave permission to the medical or mental health care provider the ability to provide pertinent and relevant information to individuals who need to know.

During interviews with twelve (12) random staff and twenty (20) specialized staff, 100% were aware of this requirement and were able to verbalize how they would immediately report an allegation of sexual abuse. Further, each articulated information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, medical staff, etc.

#### Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 20, Section H, 1, f declares medical and mental health practitioners shall ensure all inmates are informed prior to the initiation of the service of the limits of their confidentiality and shall report information about sexual victimization to the facility IPCM.

The ADOC provides all first responders a pocket size spiral booklet entitled “*Prison Rape Elimination Act (PREA). A Trauma-Informed Guide for First Responders.*” The booklet provides a quick reference guide to all aspects of the PREA process including the responsibility and role of medical staff to preserve evidence and the process of disseminating information, and to whom.

The Auditor reviewed a copy of the *Informed Consent for Medical Services* the inmate

signs prior to treatment. The consent document released and gave permission to the medical or mental health care provider the ability to provide pertinent and relevant information to individuals who need to know.

During interviews with medical staff, 100% were aware of this requirement and were able to verbalize how they would immediately report an allegation of sexual abuse. Further, each verbalized their understanding of the policy as well as their rights and responsibilities. They all articulated they were obligated to advise the victim (inmate) of the limitations of confidentiality, due to the mandatory reporting law, prior to the initiation of services.

#### Provision (d)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 20, Section H, 1, g, mandates that any allegation of sexual abuse or sexual harassment involving a youthful inmate or a vulnerable adult inmate under a State statute, shall additionally be reported to the Alabama Department of Human Resources.

In interviews with the Warden, PREA Director and IPCM, each articulated they were aware of this requirement and would report any abuse allegations to the appropriate agency, as required by law, as well as the IPCM and agency investigators.

#### Provision (e)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, Section H, 1, b, specifies that any knowledge, suspicion or information regarding sexual abuse or sexual harassment or custodial sexual misconduct shall be reported to the IPCM, PREA Director and the I & I investigator immediately, in accordance with AR302, *Incident Reporting*.

In interviews with the Warden, PREA Director and IPCM each confirmed allegations of sexual abuse and sexual harassment are reported to the IPCM and I & I investigators.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the 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

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

#### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 Transfer of Inmate due to Sexual Safety
    - P-2 Housing Placement (Housing Designation Log)

#### Interviews with the following:

- Agency Head or designee (Assistant Deputy Commissioner)
- Warden
- Random Staff

#### Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 23, Section J, 1, indicates 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 alternative available.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 10, Section K, 3, specifies the IPCM is responsible for recommending placement and/or transfer of inmates involved in reported incidents of sexual abuse and sexual harassment with the approval of the Warden or designee, and taking immediate action when an inmate is subject to a substantial risk of imminent abuse.

The Auditor interviewed the Assistant Deputy Commissioner who indicated that if she received such information, she would contact the facility where the inmate was housed and if necessary, the inmate could be temporarily transferred while the investigation was completed. If the perpetrator were identified, the perpetrator would be placed in disciplinary

segregation pending completion of the investigation.

The Auditor interviewed the Warden, who stated she would take immediate action to protect the victim (inmate). The victim (inmate) might be moved to another area of the facility or to another facility all together, depending on what was needed to protect the victim. She stated that the perpetrator, if known, would be transferred to another facility.

During random staff interviews, all staff reported if they received an allegation from an inmate, they would immediately separate the victim and the perpetrator, protect the victim, contact their supervisor, and preserve evidence.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the 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

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

#### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC form 454-F, *Reporting to Other Confinement Facilities*
- MWF Center Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
  - Process Indicators
    - PI-1 Reporting to Other Confinement Facilities Form

#### Interviews with the following:

- Agency Head or designee (Assistant Deputy Commissioner)
- Warden
- PREA Director (PD)
- Institutional PREA Compliance Manager (IPCM)

#### Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 20, Section H, 1, d, mandates the Warden, upon receiving an allegation that an inmate was sexually abused while confined in another facility, shall notify the lead of the other facility of the alleged abuse as soon as possible, but no later than 72-hours from receiving the allegation. (See ADOC Form 454-F, *Reporting to Other Confinement Facilities*.)

MWF reports in the last twelve (12) months they have received zero (0) inmate notifications of sexual abuse or sexual harassment that occurred in other confinement facilities.

#### Provision (b)

The 72-hour notification requirements are the same as indicated in Provision (a). MWF reports in the last twelve (12) months they have received zero (0) inmate notifications of sexual abuse or sexual harassment that occurred in other confinement facilities.

#### Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 20, Section H, 1, d indicates the Warden is responsible for notifying the other confinement facility and should do so using ADOC Form 454-F, *Reporting to Other Confinement Facilities*.

MWF reports in the last twelve (12) months they have received zero (0) inmate notifications of sexual abuse or sexual harassment that occurred in another confinement facility.

### Provision (d)

Interviews with the Assistant Deputy Commissioner, Warden, PREA Director and the IPCM all confirms any notification received regarding a PREA incident, whether it be sexual abuse or sexual harassment or sexual misconduct that occurred within any ADOC facility will be investigated in accordance with the guidelines of ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016.

According to documentation received from MWF, in the last twelve (12) months they received zero (0) inmate notifications of sexual abuse or sexual harassment that occurred in another confinement facility. This was confirmed through interviews with the Warden and the IPCM.

During the interview with the Assistant Deputy Commissioner, she stated all allegations received are referred to the Director of Investigations, with contact being made with the IPCM and an investigator is assigned to conduct a review.

The Assistant Deputy Commissioner, Warden, PREA Director and IPCM all indicated once an allegation of sexual abuse or sexual harassment is received from another agency, it is immediately assigned to an investigator to conduct the investigation.

### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding reporting to other confinement agencies. 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

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

#### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- PREA First Responder Card
- PREA Pocket Guide for First Responders
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
  - Process Indicators
    - PI-1 First Responder Duty Card
    - PI-2 First Responder Pocket Guide

#### Interviews with the following:

- Custody Staff (First Responders)
- Non-Security First Responders

#### Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 17, Section G, 1, a-g, states that upon learning of an allegation of a PREA related incident, the first responder shall:

- a. Ensure the victim(s), aggressor(s), and witness(es) are physically separated.

- b. Protect and Preserve the crime scene until appropriate steps can be taken to collect evidence
- c. Request the victim not bathe, wash, brush teeth, eat, drink, smoke, urinate or defecate
- d. Ensure the alleged aggressor not bathe, wash, brush teeth, eat, drink, smoke, urinate or defecate
- e. If the first responder staff is not security staff, the responder should request the alleged victim not take any actions that would destroy evidence and notify security staff.
- f. Do not show the alleged victim(s), aggressor(s), or witness(es) 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*.

All security staff, non-security staff and administrative staff interviewed had a First Responder Duty Card. This card is a pocket size laminated card that provides a step-by-step outline of what staff are required to follow when a PREA incident occurs or is reported. Each card provides bulleted items from the PREA policy mentioned in this provision.

The Auditor was 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. The booklet is divided into the following sections:

- Intro to PREA
- Definitions
- PREA Components
- Prevention
- Detection
- Response
- Summary and Resources.

Each section gives the staff an overview of all aspects of PREA related issues and responsibilities and roles of first responders, as well as other staff.

Information received regarding the allegation of sexual abuse and sexual harassment indicate in the past 12-months zero (0) allegations of sexual abuse and sexual harassment.

The Auditor's review of the PREA training curriculum all staff, volunteers and contractors received identifies whoever received the information first, as a First Responder, including staff, volunteers, and contractors. As a First Responder these individuals are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the alleged perpetrator, remove all uninvolved parties, relay any observations to the investigators, IPCM or shift commander.

During the interview process the Warden indicated first responder staff have been trained in the PREA process, and frequent training is conducted to ensure competency and compliance.

During staff interviews, all staff, were able to articulate to the Auditor, step-by-step how to

respond to a PREA incident. All staff, volunteers and contractors were aware of the mandate to separate the perpetrator from the victim, preserve physical evidence, as well as the area the incident occurred, seek medical aid, as needed, and report the incident to the senior staff member on duty.

During interviews with first responders, all stated they were trained in the PREA process through annual in-service training, on the job training, and staff meetings. Each verbalized the IPCM is constantly reminding them of PREA policies and speaking with them regarding the importance of PREA and sexual safety.

Non-custody staff who were interviewed, all stated they would notify custody staff, separate the victim and the perpetrator, direct the victim and the perpetrator not to do anything to destroy evidence and keep the scene secure until security staff arrived. They all verbalized the importance of, as well as their understanding of the need for confidentiality in all cases.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the 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

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

Documentation Reviewed:

- Montgomery Women’s Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- PREA First Responder Card
- PREA Pocket Guide for First Responders
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 Coordinated Response SOP
  - Process Indicators
    - PI-1 First Responder Duty Card
    - PI-2 First Responder Pocket Guide

Interviews with the following:

- Warden

### Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 17, Section G, 1, outlines the responsibilities of a First Responder upon learning of an allegation of a PREA related incident.

The Auditor was 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. The booklet is divided into the following sections:

- Intro to PREA
- Definitions
- PREA Components
- Prevention
- Detection
- Response
- Summary and Resources.

Each section gives the staff an overview of all aspects of PREA related issues and responsibilities and roles of first responders.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 18, Section G, 2, the responsibilities of a Shift Commander upon learning of an allegation of a PREA related incident.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 18, Section G, 3, outlines the responsibilities of Medical and Mental Health care personnel upon learning of an allegation of a PREA related incident.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, Section H, 1, outlines the responsibilities of employees and staff when reporting an allegation of a PREA related incident.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse*

*and Harassment*, dated January 4, 2016, p. 21, Section H, 2, outlines the steps for inmates to report an allegation of a PREA related incident.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 22, Section I, 1, outlines the roles and responsibilities of the IPCM and investigators in investigations of inmate-on-inmate sexual abuse and staff-on-inmate sexual abuse and harassment.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 22, Section I, 2, outlines the roles and responsibilities of the IPCM and investigators in investigations of inmate-on-inmate sexual harassment.

The Warden confirmed, during the interview process, that the coordinated response has been identified in the policies listed above. She indicated each item breaks down what the various responsibilities are for the respective staff members and positions. Training is provided routinely through annual in-service training, monthly staff meetings and on the job training. She further verbalized the staff have all been issued PREA First Responder Card and the PREA Pocket Guide for First Responders to keep on their person while at work.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding coordinated 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**

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

#### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Memorandum, *Collective Bargaining and PREA Standard 115.66*, dated 3/19/19
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 Memo from Legal
  - Process Indicators
    - PI-1 Statement of Non-Occurrence

#### Interviews with the following:

- Personnel Director

#### Provision (a)

ADOC Memorandum, *Collective Bargaining and PREA Standard 115.66*, dated 3/19/19, from the agency Personnel Director states corrections officers and other prison staff employed by the ADOC do not have a labor union. Therefore, the ADOC does not engage in collective bargaining with corrections officers or other facility staff.

Management does have the right to separate the inmate from a staff member who is the subject of an investigation. This separation can either be temporarily reassigning the employee, redirecting the employee, or restricting the employee from the grounds during the investigation.

The IPCM confirmed MWF has not had any PREA related incidents that required alleged staff sexual abusers to not have contact with any inmate pending the outcome of an investigation during the audit period.

#### Provision (b)

Auditor is not required to audit this provision.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding 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

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

#### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Form 454-D, *Sexual Abuse/Harassment Retaliation Monitoring*
- MWF Standard Operating Procedure #454-1
  - Protocols:

- P-1 AR 454
  - o Process Indicators
    - PI-1 Retaliation Form
    - PI-2 Transfers of Inmates due to Sexual Safety

Interviews with the following:

- Agency Head or designee (Assistant Deputy Commissioner)
- Warden
- Institutional PREA Compliance Manager (IPCM)

#### Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 23, Section K, 1, specifies that retaliation in any form for the reporting of, or cooperation with, sexual abuse or harassment allegations is strictly prohibited.

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 23, Section K, 2, indicates the Warden and the IPCM shall ensure inmates and staff who report sexual abuse, sexual harassment or cooperate with the sexual abuse investigation are protected from retaliation by other inmates or staff.

The IPCM at MWF has been identified as the individual who is primarily responsible for monitoring possible retaliation.

#### Provision (b)

At the time of the on-site audit, there were no inmates at MWF who had reported sexual abuse that occurred at the facility. Therefore, no inmate was interviewed regarding retaliation monitoring.

The MWF IPCM confirmed she did not have any incidents that required inmates to be transferred due to a PREA related incident for sexual safety during this reporting period.

In the interview with the Warden, the Auditor was advised there are multiple measures used to protect inmates and staff from retaliation. These measures include considering and monitoring if the inmate is being given changes in housing assignments, work assignments or an increase in disciplinary reports. The monitoring of staff includes watching for negative performance reviews or work reassignments.

#### Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 23, Section K, 2,a, mandates the Warden and the IPCM shall ensure inmates and staff who report sexual abuse and sexual harassment or cooperate with a sexual abuse investigation are protected from retaliation by other inmates or staff. Moreover, it delegates the primary responsibility to the IPCM for this monitoring; stating the IPCM will monitor the conduct and treatment of inmate(s) or staff for at least 90-days after an incident is reported. The time frame can be extended in thirty (30) day increments if there is a continuing need.

The MWF IPCM affirmed she did not have any incidents that required agency protection against retaliation in the preceding twelve (12) month period.

In the interview with the Warden, the Auditor was advised that retaliation is not tolerated at MWF. The Warden as well as the IPCM emphasize to staff and inmates that they are to speak about PREA issues without fear of retaliation. They both stressed that if retaliation does occur, those responsible for the retaliation will be investigated and disciplined.

#### Provision (d)

The IPCM showed the Auditor ADOC Form 454-D, *Sexual Abuse/Harassment Retaliation Monitoring*, which would be used to track retaliation if it occurred. This three (3) page form is divided into thirteen (13) weeks with each week having dedicated space for the date, steps taken to ensure retaliation was not happening and comments by the monitoring staff member. At the end of the form is a space for the findings of the retaliation monitoring, i.e., monitoring complete – no retaliation found, monitoring complete, retaliation addressed and resolved, continue monitoring for thirty (30) days. The very bottom of the form has a space for the signature of the IPCM monitoring the retaliation and the date.

#### Provision (e)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 23, Section K, 2, d, directs that all appropriate measures shall be taken to protect any individual who cooperates with an investigation and expresses fear of retaliation.

#### Provision (f)

Auditor is not required to audit this provision

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding 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

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

#### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Form 454-H, *Prison Rape Elimination Act (PREA) Post-Allegation Protective Custody*, dated January 4, 2016
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
  - Process Indicators
    - PI-1 Housing Designation Spreadsheet
    - PI-2 Post Allegation Protective Custody Form
    - PI-3 Restricted Housing Log/Holding Cell/Crisis Cell

#### Observations during on-site review

#### Interviews with the following:

- Facility Head - Warden
- Classification Staff

#### Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 23, Section J, 1, specifies 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 alternative available. (See ADOC Form 454-H, *PREA Post Allegation Protective Custody*)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 23, Section J, 2, indicates in cases where segregated housing is the only means to protect such an inmate, the inmate shall have access to all programs, privileges, education, and work opportunities, to the extent p[ossible, and it shall only be until an alternative means of separation from likely abusers can be arranged, a time not ordinarily to exceed thirty (30) days. Furthermore, in these cases the facility shall clearly document:

- a. The basis for the facility's concern for the inmate's safety

- b. The reason why no alternative means of separation can be arranged.

The IPCM confirmed she did not have any inmates placed in protective custody due to PREA related incidents.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the 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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

- Montgomery Women's Facility completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Standard Operating Procedure Investigations & Intelligence #454
- Alabama Department of Corrections form #454-C
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR #454
    - P-2 AR #300
  - Process Indicators:
    - PI-1 Investigative Outcomes/Disposition
    - PI-2 Investigative Review Team Meeting Minutes
    - PI-3 Notification to Inmate

#### Interviews with the following:

- Inmate who reported sexual abuse
- Investigative Staff
- Warden
- PREA Director (PD)
- PREA Compliance Manager (IPCM)

#### Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, and the ADOC Standard Operating Procedure I & I #454, Investigation, and Intelligence Division, PREA Sexual Assault Investigations, dated July 16, 2015, require the Department to investigate all allegations of sexual misconduct involving inmates thoroughly, promptly, and objectively under the jurisdiction or authority of the Department. When I & I investigates allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations including third party and anonymous reports.

At the present time the Northern Region, which includes MWF, has one (1) supervisor and

four (4) investigators. The auditor reviewed documentation confirming the investigators completed the specialized investigative training from the National Institute of Corrections. I & I completes all administrative and criminal investigations. I & I refers all substantiated criminal cases to the local district attorney office and are available, as requested, to work with those authorities to support criminal prosecution of those cases.

During the interview with the investigator from I & I, he indicated investigations begin immediately following notification from MWF. He reported the same protocols are used regardless of how the incident is reported, whether it is in person, telephonically, third party, by mail or anonymously.

In the past 12-months zero (0) PREA allegations have been made.

#### Provision (b)

ADOC Standard Operating Procedure I & I #454, Investigation, and Intelligence Division, *PREA Sexual Assault Investigations*, dated July 16, 2015, p. 2, III, C, requires all investigators used by the ADOC to receive special training in sexual abuse investigation pursuant to 115.34 of the Prison Rape Elimination Act.

I & I Investigators receive additional training including interviewing techniques for sexual abuse victims, conducting sexual abuse investigations in a confinement setting, investigation and evidence collection for inmate sexual offenses, sexual harassment, and custodial sexual misconduct. This training is documented and was verified by the Auditor through employee signatures on sign in sheets as well as certificates of completion.

During the interview with investigative staff, it was confirmed he had attended these training sessions. The Auditor reviewed the investigators training records and verified his attendance and participation in all mandated training.

#### Provision (c)

In ADOC Standard Operating Procedure I & I #454, Investigation and Intelligence Division, *PREA Sexual Assault Investigations*, dated July 16, 2015, p. 2, III, it states investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Furthermore, it states investigators shall interview alleged victims, suspected perpetrators, and witness in person, and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

During the interview, the investigative staff indicated all his investigations follow practically the same investigative format. He stated he interviews the victim first, then any witnesses, leaving the perpetrator for last. He stated it varies slightly if it is an alleged Sexual Harassment rather than an alleged Sexual Assault or Sexual Abuse. If it is an alleged Sexual Assault or Sexual Abuse incident, he will go to the rape crisis center or the dedicated SAFE/SANE location at One Place Family Justice Center where the victim is being seen. Except in the cases where the SAFE/SANE team collects the evidence, the investigator indicated he collects and secures all evidence. He was trained in evidence collection through the agency's investigator training and NIC training. The Auditor reviewed training records, which confirmed this training.

#### Provision (d)

ADOC Standard Operating Procedure I & I #454, Investigation and Intelligence Division, *PREA Sexual Assault Investigations*, dated July 16, 2015, p. 3, F, 1, i, states when the quality of evidence supports criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews could be an obstacle for subsequent criminal prosecution.

During interviews, the investigative staff reported when it appears a crime may have been committed; all questions immediately stop. The perpetrator is immediately read their Miranda rights and the case, including all evidence, is turned over to the office of the district attorney. At this point, I & I will only conduct compelled interviews after consultation with prosecutors, and a definite determination is made such interviews will not be an obstacle for subsequent criminal prosecution.

MWF reported they had zero (0) hot line calls in the past 12-months. A review of the 2020 PREA Hotline telephone logs, revealed there were no calls made by inmates to the PREA hotline to report instances of Sexual Abuse or Sexual Harassment.

#### Provision (e)

ADOC Standard Operating Procedure I & I #454, Investigation and Intelligence Division, *PREA Sexual Assault Investigations*, dated July 16, 2015, p. 2, E, is very clear the credibility of the alleged victim, suspect and witness shall be assessed on an individual basis and shall not be determined by the person's status as an 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 of proceeding with the investigation of any allegation.

The investigative staff reported credibility of anyone involved in the investigation is determined through the investigative process. He stated everyone is treated as credible and truthful unless the investigation proves otherwise. He confirmed a polygraph is not used in the investigative process of PREA cases.

#### Provision (f)

ADOC Standard Operating Procedure I & I #454, Investigation and Intelligence Division, *PREA Sexual Assault Investigations*, dated July 16, 2015, p. 3, F, 2 & 3, state 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.

During the interview, the investigative staff reported in administrative investigations he follows the evidence as the investigation unfolds. In following the evidence, he attempts to determine if staff actions or failure to act contributed to the allegation. He summarizes all findings in his report.

During the past 12-months there have been zero (0) administrative cases.

#### Provision (g)

ADOC Standard Operating Procedure I & I #454, Investigation and Intelligence Division, *PREA Sexual Assault Investigations*, dated July 16, 2015, p. 3, G, states that criminal investigations shall be documented in a written investigative report that contains a thorough description of physical, testimonial, and documentary evidence with attached copies of all documentary evidence where feasible.

When asked about handling criminal investigation, the investigative staff reported he thoroughly documented all steps of the process, including investigative steps, interviews, facts, and findings.

In the past twelve (12) months there have been zero (0) criminal investigations.

#### Provision (h)

During the past 12 months there have been zero (0) any criminal cases referred for prosecution.

During the interview, the investigator said when it seems a crime has been committed the case is referred to the district attorney. The district attorney then decides if it is prosecutable. If so, the case is criminally investigated. Upon the conclusion of the criminal investigation, the case is presented for prosecution.

#### Provision (i)

ADOC Standard Operating Procedure I & I #454, Investigation and Intelligence Division, *PREA Sexual Assault Investigations*, dated July 16, 2015, p. 3, J, is states that the departure of the alleged abuser or victim from the employment of the facility or agency, shall not provide a basis for terminating an investigation.

During the interview, the investigator confirmed that if a principle (victim or abuser) is released or terminated from the agency, it in no way alters the investigation. The investigation continues to its natural end regardless of the employment or residence of the individuals involved.

#### Provision (k)

Auditor not required to audit this provision.

#### Provision (l)

While the ADOC handles all aspects of their investigations, ADOC Standard Operating Procedure I & I #454, Investigation and Intelligence Division, *PREA Sexual Assault Investigations*, dated July 16, 2015, p. 3, L. indicates that if an outside agency were to investigate an allegation of sexual abuse within one of its facilities, the facility shall cooperate with the outside investigators. Outside agency involvement is only authorized by and coordinated through the I & I Director and the ADOC Commissioner.

The Warden and the PREA Director both reported they had never known of an outside agency investigating, but if it did occur, they would remain in the loop through the I & I Director. The IPCM reported she had never had to monitor a case being investigated by an outside agency. She stated if he were to be put in that position, she would take direction from the PREA Director and the Warden.

The investigative staff reported he could not think of a possible situation where an external agency would conduct a sexual abuse investigation inside of an ADOC facility. He stated the ADOC is set up in such a manner that it handles all its own Administrative and Criminal Investigations.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets the standard regarding criminal and administrative agency investigations. No recommendation 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

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

#### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Administrative Regulation #300
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 AR 300
  - Process Indicators
    - PI-1 Refer to I & I

Observations during on-site review

Interview with the following:

- Investigative Staff

#### Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 22, Section I, specifies the standard of proof in all investigations of sexual abuse and harassment is a preponderance of the evidence.

ADOC Administrative Regulation #300, Investigations, and Intelligence Division, dated April 18, 2016, p. 5, declares the I & I Division shall distribute all investigative reports as follows:

- Commissioner or designee
- Inspector General
- Deputy/Associate Commissioners, Institutional Coordinators, Institutional Wardens, as appropriate
- District Attorney of county having jurisdiction if incident involved criminal conduct
- ADOC official that requested the investigation
- Investigations that involve central office personnel will be distributed only to the Commissioner of Corrections.

The Auditor interviewed investigative staff who relayed that during an investigation, all available evidence is collected (physical, from the victim, from the perpetrator, from the scene, 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 the available evidence, the Auditor has determined the agency/facility meets the standard regarding 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

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

#### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
  - Process Indicators
    - PI-1 Investigative Outcome/Disposition
    - PI-2 Notification to Inmate (Must have Signature)
    - PI-3 Investigative Review Team Meeting

#### Interview with the following:

- Warden
- Investigative Staff

#### Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 22, Section H, 2, f, specifies following the I & I investigation into an inmate's allegation that he or she suffered from sexual abuse, the I & I Division shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

In interviewing the investigative staff, the Auditor was instructed the final step of the investigation process, takes place after all findings have been determined. At the conclusion of any PREA investigation I & I submits a close out letter to the victim and the perpetrator, advising each of the conclusion of the investigation and the findings. The Warden was asked a similar question and she echoed the response of the investigative staff.

Information received related that during the past 12-months there have been zero (0) administrative or criminal cases.

#### Provision (b)

N/A

Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 7, Section C, 6, indicates the I & I Director shall be responsible for informing an inmate of the following information when an inmate alleges that an employee/staff member committed sexual abuse against the inmate:

1. The employee/staff is no longer with the ADOC
2. The employee./staff is no longer at the institution
3. The employee/staff has been indicted on a charge related to the sexual abuse
4. The employee/staff has been convicted on a charge related to the sexual abuse.
5. All Notifications shall be documented

The IPCM confirmed during the preceding twelve (12) months there were not any incidents of PREA allegations, no PREA inmate notifications and no PREA Incident Review Team action.

Provision (d)

The IPCM confirmed during the preceding twelve (12) months there were not any incidents of PREA allegations, no PREA inmate notifications and no PREA Incident Review Team action.

Provision (e)

The IPCM confirmed during the preceding twelve (12) months there were not any incidents of PREA allegations, no PREA inmate notifications and no PREA Incident Review Team action.

Provision (f)

The Auditor is not required to audit this provision.

Conclusion:

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

<b>DISCIPLINE</b>
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**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

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

### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Administrative Regulation #208, Personnel, dated 08/17/05, *Employee Standards of Conduct and Discipline*
- ADOC memorandum, PREA Compliance Standard 115.76, *Disciplinary Sanctions for Staff*
- MWF Standard Operating Procedure #454-1
  - Protocols:

- P-1 AR 454
- P-2 AR 208
- Process Indicators
  - PI-1 Disciplinary Sanctions for Sexual Misconduct
  - PI-2 Refer to HR and I & I for Letter of Dismissal

Interviews with the following

- Warden
- Institutional PREA Compliance Manager

#### Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 13, Section V, 4, a, indicates that if an employee has engaged in the following conduct:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institutions
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
3. Has been civilly or administratively adjudicated to have engaged in activity described above

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 13, Section V, 4, d states employees shall be subject to disciplinary sanctions up to and including termination for violation of the agency's sexual abuse or sexual harassment policies.

#### Provision (b)

ADOC Administrative Regulation #208, August 17, 2005, *Employee Standards of Conduct and Discipline* provides a detailed description of the standards of conduct and discipline, and the responsibilities, policies and procedures concerning employee behavior and work performance. It also provides a table of disciplinary sanctions as a guide to implement disciplinary action when necessary.

Additionally, ADOC Administrative Regulation #208, August 17, 2005, *Employee Standards of Conduct and Discipline* includes 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.

During interviews with the Warden and the IPCM, they both confirmed during the previous twelve (12) months there had not been any terminations, resignations, or other sanctions against staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies.

#### Provision (c)

ADOC Administrative Regulation #208, August 17, 2005, *Employee Standards of Conduct*

*and Discipline* indicates disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstance of the acts committed, the staff members disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.

During interviews with the Warden and the IPCM, they both confirmed during the previous twelve (12) months there had not been any terminations, resignations, or other sanctions against staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies.

#### Provision (d)

ADOC Administrative Regulation #208, August 17, 2005, *Employee Standards of Conduct and Discipline* mandates that all terminations for violations of ADOC's sexual abuse and 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. ADOC shall also report the staff member to any relevant licensing bodies.

During interviews with the Warden and the IPCM, they both confirmed during the previous twelve (12) months there had not been any terminations, resignations, or other sanctions against staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the 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

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

### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Administrative Regulation #216, Personnel, dated December 7, 2015
- ADOC memorandum, PREA Compliance Standard 115.77, *Corrective Action for Contractors and Volunteers*
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 AR 216
  - Process Indicators
    - PI-1 Training Records for Contractors
    - PI-2 Training Records for Volunteers
    - PI-3 Statement of Non-Occurrence
    - PI-4 Refer to I & I and HR Dismissal Letter

### Interview with the following

- Warden

### Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 13, Section V, 4, b, 4, indicates that before hiring a new employee or contractor, the ADOC Personnel Division or designee shall apprise potential employees and contractors that false information or omissions regarding the following misconduct shall be grounds for termination:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institutions

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
3. Has been civilly or administratively adjudicated to have engaged in activity described above

Moreover, each new employee or contractor must be apprised of their continuing duty to disclose such conduct.

#### Provision (b)

During an interview with the Warden, she disclosed that when an issue is brought to her attention, she immediately refers the matter to the Director of the Investigation & Intelligence Division for their follow-up. During this time, the contractor and volunteer are not allowed access to the facility pending investigation and review of the matter.

The IPCM affirmed during the preceding twelve (12) months there were not any incidents of PREA allegations related to volunteers or contractors.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the 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)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Administrative Regulation #403
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 Inmate Handbook
  - Process Indicators
    - PI-1 Inmate Disciplinary Report
    - PI-2 Referral to Mental Health

### PI-3 Inmate Disciplinary Hearing Report

Interview with the following

- Warden
- Medical Staff

#### Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, indicates that inmates shall be subject to disciplinary sanctions following a formal disciplinary process to findings that the inmate engaged in inmate-on-inmate sexual abuse to following a criminal finding of guilt for an inmate-on-inmate sexual abuse.

Additional information received provided an overview of the Administrative and Criminal cases, including status. During the past 12-months there have been zero (0) administrative or criminal cases.

#### Provision (b)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 22, H, 2, e, states that each case shall be carefully evaluated on its merit, considering evidence and circumstances and whether there is any possibility that the alleged incident could have occurred.

During the interview with the Warden, disciplinary sanctions were discussed. The Warden indicated inmate discipline is based on level of the violation and penalties are imposed comparable to other inmate's penalties. Penalties might include change of housing assignment, loss of good time credit, and possible prosecution, when appropriate.

#### Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 22, H, 2, e, states that each case shall be carefully evaluated on its merit, considering evidence and circumstances and whether there is any possibility that the alleged incident could have occurred.

During the interview with the Warden, disciplinary sanctions were discussed. The Warden indicated if the inmate has a mental history, mental health staff will be involved to assist in determining appropriate sanctions.

#### Provision (d)

During interviews with Medical staff, the Auditor was informed that medical staff can make recommendations for referrals for inmates for therapy, counseling, or other interventions to address underlying issues related to abuse. The inmate's issues would be addressed during regular counseling sessions or group counseling sessions. Participation in interventions is not a condition for access to other programming or benefits.

The IPCM confirmed there had not been any inmates referred to mental health for PREA related incidents.

#### Provision (e)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 22, H, 2, e, states that each case shall be carefully evaluated on its merit, considering evidence and circumstances and whether there is any possibility that the alleged incident could have occurred.

The IPCM confirmed there had not been any inmates disciplined for sexual abuse or sexual harassment.

Provision (f)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 22, H, 2, c, specifies an inmate reporting sexual abuse or sexual harassment, shall not be issued a disciplinary report for lying based solely on the fact their allegations were determined to be unfounded or that the inmate later decides to withdraw his allegation.

The IPCM confirmed there had not been any inmates disciplinary action taken against any inmates for a report of sexual abuse made in good faith.

Provision (g)

ADOC Rules Violation Definitions and Examples, associated with RV#912 Sexual Offenses (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. The agency prohibits all sexual activity between inmates.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard 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

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

#### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Form 454-C, *PREA Risk Factors Checklist*
- MWF Standard Operating Procedure #454-1

- Protocols:
  - P-1 AR 454
- Process Indicators
  - PI-1 Risk Assessment Checklist
  - PI-2 Mental Health Referral
  - PI-3 Medical Referral
  - PI-4 Classification Spreadsheet

Observations during on-site review

Interview with the following

- Medical Staff

#### Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 15, F specifies if an inmate has a high risk to be victimized or screens as sexually aggressive a Mental Health Professions shall meet with the inmate and review their screening information. If the screening indicates the inmate has prior sexual victimization or sexual aggression in their history, the Mental Health Professional shall offer a follow-up meeting with Mental Health within 14-days of the intake screening.

The Auditor interviewed staff who conduct intake screenings. These staff confirmed inmates are offered a follow-up meeting with a mental health professional, within 14-days of intake, if the intake screening indicates the inmate is at high risk for possible victimization, aggressiveness or has a history of victimization.

The IPCM confirmed there had not been any inmates referred for a mental health evaluation due to a prior act of sexual victimization during this audit period.

#### Provision (b)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 16, F, 6 indicates within a set time period, not to exceed thirty (30) days from the inmate's arrival, the inmate shall be re-assessed for risk of victimization or abusiveness using the risk screening assessment and any additional, relevant information received since the intake screening. An inmate's risk level is to also be re-assessed 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.

During the document review there were thirty-six (36) inmate records, chosen randomly from the master roster, with varying arrival dates. All thirty-six (36) records had a signed acknowledgment sheet, had received an orientation booklet, PREA brochure and viewed the PREA video. All thirty-six (36) inmates had received PREA information during intake and had their PREA screening within 72 hours of admission. Thirty-five (35) inmates were reassessed within 30-days of arrival, with the other being reassessed 32-days after arrival. Thirty-two (32) inmates received comprehensive PREA education within 30-days of intake.

The remaining four (4) inmates received comprehensive PREA education between 31-days and 37-days of intake.

#### Provision (c)

The Auditor interviewed staff who conduct the intake screenings. These staff confirmed inmates are offered a follow-up meeting with a mental health professional, within 14-days of intake, if the intake screening indicates the inmate is at high risk for possible victimization, aggressiveness or has a history of victimization.

The IPCM confirmed there had not been any inmates referred for a mental health evaluation due to a prior act of sexual victimization during this audit period.

#### Provision (d)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 16, F, 9, denotes that all information obtained during the intake screening process and PREA Mental Health Assessment shall be used to make individualize 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 ADOC Classification Manual, AR433 and AR435, 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 Auditor interviewed staff who conduct the intake screenings and was advised that all medical and mental health records are contained in a separate and secure database. This database is accessed only through medical or mental health staff, and information is only provided to classification and high-level staff on a need-to-know basis.

#### Provision (e)

The IPCM confirmed there had not been any inmates referred for a mental health evaluation due to a prior act of sexual victimization during this audit period.

The IPCM confirmed there had not been any inmates referred for medical treatment due to a prior act of sexual victimization during this audit period.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the 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

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

#### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Form MH-008, *Referral to Mental Health*.
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 MOU with ACAR

- Process Indicators
  - PI-1 Refer to SANE Centers/Rape Crisis Centers/ER for Verification of Visit
  - PI-2 Incident Reports

Interview with the following

- Medical Staff
- First Responders

#### Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 18, F, 3, a, specifies 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 an ADOC Mental Health professional for further treatment and counseling. A referral shall be made utilizing ADOC Form MH-008, *Referral to Mental Health*.

A Memorandum of Understanding (MOU) has been entered into between the ADOC and the Alabama Coalition Against Rape (ACAR) for the purpose of facilitating services related to implementation of Prison Rape Elimination Act (PREA). ACAR is a community service provider who is being contracted to provide confidential emotional support services related to sexual abuse to inmates within the ADOC custody.

All forensic medical exams and SAFE/SANE (Sexual Assault Nurse/Examiner) personnel are located at One Place Family Justice Center in Montgomery, AL. There is dedicated space for forensic examinations. SAFE/SANE practitioners are on staff. In the unlikely event a SAFE/SANE practitioner is not on shift, one is always on call 24/7 and will report to the to conduct the rape kit examination, provide results of the exam to ADOC, as well as other issues relative to the SART (Sexual Assault Response Team) exam.

Medical staff interviewed by the Auditor reported treatment is provided immediately and is based on their professional judgment. Medical and mental health work together to ensure the inmate received the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

MWF IPCM affirmed there were no incidents of emergency medical and mental health service in the previous twelve (12) months.

At the time of the on-site portion of the audit there were no inmates at MWF who had reported sexual abuse; therefore, no interviews were conducted.

#### Provision (b)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, G, 3, b, dictates 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 with first responders revealed notification is made via the telephone to the medical staff who are on duty when they are informed of an incident of sexual abuse. The inmate is then transferred to One Place Family Justice Center for a SART exam by a SAFE/SANE practitioner.

#### Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 18, G, 3, mandates that inmate victims of sexual abuse or sexual harassment while incarcerated be offered timely information about access to emergency contraception, pregnancy tests, tests for sexually transmitted infections, and prophylaxis where medically appropriate.

As previously cited in Provision (a) medical and mental health staff interviewed by the Auditor reported treatment is provided immediately and is based on their professional judgment. Medical and mental health work together to ensure the inmate received the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

#### Provision (d)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 18, G, 3, c, declares 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 the available evidence, the Auditor has determined the agency/facility meets the 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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Form MH-008, *Referral to Mental Health*
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 MOU with ACAR
  - Process Indicators
    - PI-1 Refer to SANE Centers/Rape Crisis Centers/ER for Medical Information
    - PI-2 Incident Reports
    - PI-3 Referral for on-going treatment (Must have inmate signature)

#### Interview with the following

- Medical Staff

#### Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, G, 3, d, specifies that inmates shall receive medical and mental health evaluations and treatment shall be offered to all inmates who have been victimized by sexual abuse.

A Memorandum of Understanding (MOU) has been entered into between the ADOC and the Alabama Coalition Against Rape (ACAR) for the purpose of facilitating services related to implementation of Prison Rape Elimination Act (PREA). ACAR is a community service provider who is being contracted to provide confidential emotional support services related to sexual abuse to inmates within the ADOC custody.

All forensic medical exams and SAFE/SANE (Sexual Assault Nurse/Examiner) personnel are located at One Place Family Justice Center in Montgomery Alabama. There is dedicated space for forensic examinations. SAFE/SANE practitioners are on staff. In the unlikely event a SAFE/SANE practitioner is not on shift, one is always on call 24/7 and will report to conduct the rape kit examination, provide results of the exam to ADOC, as well as other issues relative to the SART (Sexual Assault Response Team) exam.

The Auditor reviewed records produced by the facility documenting the community standard of care, the evidence of Sexually Transmitted Infection testing, prophylaxis treatment, psychiatry and psychology services, crisis intervention. These services are free of charge to inmates regardless of whether the abuser is named or whether the inmate

cooperates with an investigation.

Medical staff interviewed by the Auditor reported treatment is provided immediately and is based on their professional judgment. Medical and mental health work together to ensure the inmate received the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

Provision (b)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, G, 3, e, dictates 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 released from custody.

Provision (c)

Interviews with medical staff support compliance in the area of evaluation, follow-up, treatment plans and referral services. The statement of medical and mental health staff reflects an active understanding of the importance of appropriate evaluation, follow up, treatment planning and service referral.

Documentation and records review supported attentiveness to follow-up services and treatment plans. The files demonstrated detailed and professional notes on the evaluations conducted by medical and mental health staff and their follow up appointments with inmates. Follow-up consisted of routine inmate visits with medical and mental health staff.

Provision (d)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, G, 3, mandates that inmate victims of sexual abuse or sexual harassment while incarcerated be offered timely information about access to emergency contraception, pregnancy tests, tests for sexually transmitted infections, and prophylaxis where medically appropriate.

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

MWF IPCM indicated no inmates were referred for SART examinations by SAFE/SANE practitioners in the previous twelve (12) months.

Provision (e)

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

MWF IPCM indicated no inmates were referred for SART examinations by SAFE/SANE practitioners in the previous twelve (12) months.

Provision (f)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, G, 3, mandates that inmate victims of sexual abuse or sexual harassment while incarcerated be offered timely information about access to emergency contraception, pregnancy tests, tests for sexually transmitted infections, and prophylaxis where medically appropriate.

MWF IPCM confirmed no inmates were referred for SART examinations by SAFE/SANE practitioners in the previous twelve (12) months.

Provision (g)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, G, 3, e, mandates 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.

Provision (h)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 19, G, 3, g, states an attempt shall be made to conduct a mental health evaluation of known Inmate-on-Inmate abusers within sixty (60) days of learning of such abuse history and offer treatment. All referrals for mental health shall be made using ADOC Form MH-008, *Referral to Mental Health*.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding ongoing medical and mental health care for sexual abuse victims. 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

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## Documentation Reviewed:

- Montgomery Women’s Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Form 454-E, *Sexual Abuse Incident Review*
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
  - Process Indicators
    - PI-1 Sexual Assault Incident Review
    - PI-2 Investigation Spreadsheet

## Interviews with the following:

- Warden
- Institutional PREA Compliance Manager (IPCM)
- Incident Review Team (IRT)

### Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 20, H, 1, k, indicates that a review team, including upper-level management officials, with input from line supervisors, investigators, and medical and mental health practitioners, shall conduct an incident review within thirty (30) days of the conclusion of every investigation of substantiated and unsubstantiated allegations of sexual abuse or staff-on- inmate sexual harassment.

During the past 12-months, there were zero (0) PREA related investigations; therefore, zero (0) incident reviews required.

MWF IPCM affirmed no incident reviews were conducted during the previous twelve (12) months.

### Provision (b)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 20, H, 1, k, indicates that a review team, including upper-level management officials, with input from line supervisors, investigators and medical and mental health practitioners, shall conduct an incident review within thirty (30) days of the conclusion of every investigation of substantiated and unsubstantiated allegations of sexual abuse or staff-on- inmate sexual harassment.

During the past 12-months, there were zero (0) PREA related investigations; therefore, zero (0) incident reviews required.

MWF IPCM affirmed no incident reviews were conducted during the previous twelve (12) months.

### Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse*

*and Harassment*, dated January 4, 2016, p. 20, H, 1, k, indicates that a review team, including upper-level management officials, with input from line supervisors, investigators and medical and mental health practitioners, shall conduct an incident review within thirty (30) days of the conclusion of every investigation of substantiated and unsubstantiated allegations of sexual abuse or staff-on- inmate sexual harassment.

The multidisciplinary IRT consists of intermediate or higher-level facility managers, supervisors, investigators, as well as medical and mental health practitioners.

In the interview with the Warden, she confirmed her understanding of the composition of the review team and expressed her willingness to consider and incorporated recommendations from team members.

During the past 12-months, there were zero (0) PREA related investigations; therefore, zero (0) incident reviews required.

MWF IPCM affirmed no incident reviews were conducted during the previous twelve (12) months.

#### Provision (d)

The Warden, IPCM as well as other members of the Incident Review Team were interviewed. Each team member reported the team considers the following criteria:

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 dynamic at MWF
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 findings for submission to Monitor, DOJ, PREA Director and IPCM.

During the past 12-months, there were zero (0) PREA allegations and therefore zero (0) Incident Reviews.

#### Provision (e)

The Warden, IPCM as well as other members of the Incident Review Team were interviewed. Each team member reported the team would make recommendations for corrections or improvements for shortcomings discovered during the incident review process.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the 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

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

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

#### Documentation Reviewed:

- Montgomery Women’s Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- 2019 Survey of Sexual Victimization (Form SSV-2)
- MWF Work Release Center Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
  - Process Indicators
    - PI-1 2019 US DOJ Form SSV-IJ Survey of Sexual Violence
    - PI-2 2019 Annual Data Report
    - PI-3 Website Address for ADOC

Interview with the following

- PREA Director (PD)

#### Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 24, L, 1, dictates that the data collection requirement include:

1. The procedure 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 instruments used to collect data:
4. The standardized definitions used
5. The methodology employed to analyze data
6. The quality control mechanisms to verify data accuracy

#### Provision (b)

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

The Auditor reviewed the submitted SSV-2 for 2019.

#### Provision (c)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 24, L, 1, dictates that the data collection requirement include:

1. The procedure 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 instruments used to collect data:
4. The standardized definitions used
5. The methodology employed to analyze data
6. The quality control mechanisms to verify data accuracy

PREA policy dictates 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. The Auditor was provided a copy of the 2019 annual report which addressed all questions, as required.

#### Provision (d)

PREA policy mandate the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. The Auditor was provided a copy of the 2019 annual report which contained relevant areas of concern and noted corrective action items.

#### Provision (e)

N/A - The ADOC does not contract with private facilities for the confinement of its inmates.

#### Provision (f)

The ADOC aggregates all its data submitting all required items according to the US Department of Justice SSV-02 (Survey of Sexual Victimization) and submits all information on June 30 from the previous calendar year to the US Department of Justice.

The Auditor reviewed the submitted SSV-2 for 2019, which reflected completion of all data fields within the required timeline.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the 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

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

#### Documentation Reviewed:

- Montgomery Women's Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- 2019 Survey of Sexual Victimization (Form SSV-2)
- MWF Standard Operating Procedure #454-1

- Protocols:
  - P-1 AR 454
- Process Indicators
  - PI-1 2019 US DOJ Form SSV-IJ Survey of Sexual Violence
  - PI-2 2019 Annual Data Report
  - PI-3 Website Address for ADOC

Interview with the following

- PREA Director (PD)
- Warden
- Institutional PREA Compliance Manager (IPCM)

#### Provision (a)

ADOC Administrative Regulation (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 24, L, 1, c, indicates the PREA Director shall review data collected to assess and improve the effectiveness of appropriate ADOC policies and procedures. The PREA Director shall prepare a report on each institution for the Commissioner identifying problem areas, suggesting corrective action, and providing comparison from the previous year's data reports.

During an interview with the PREA Director, the Auditor was advised 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 continues by stating 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 learned 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)

The Auditor reviewed the annual report from 2019 and found it to follow the PREA standards, including a comparison to the findings in previous reports to assess progress in addressing sexual abuse.

#### Provision (c)

As required by standard, the ADOC places all annual reports on its website, accessible for public view. <http://doc.state.al.us/PREA> allows access to the ADOC PREA webpage, which contains each annual report since 2013.

#### Provision (d)

The PREA Director indicated that the agency reviews data collected pursuant to 115.87 while only redacting personal identifying information. All other information is included in the annual report.

## Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the 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**

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

## Documentation Reviewed:

- Montgomery Women’s Facility (MWF) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- ADOC Administrative Regulation #454
- ADOC Administrative Regulation #027
- Alabama Department of Corrections publicly accessible website
  - a. <http://www.doc.state.al.us/PREA>
- MWF Standard Operating Procedure #454-1
  - Protocols:
    - P-1 AR 454
    - P-2 AR 027
  - Process Indicators
    - PI-1 2019 US DOJ Form SSV-IJ Survey of Sexual Violence
    - PI-2 Website Address for ADOC

Interview with the following

- PREA Director (PD)

### Provision (a)

During an interview with the PREA Director, the Auditor was advised there are several locations where the ADOC retains data. At the local level, data is retained within a local Risk Management System and access to the system is limited to those staff with a need to know. Additional data is retained at the Agency level as required for completion of the SSV-2, and within the ADOC website for public access.

### Provision (b)

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

### Provision (c)

During an interview with the PREA Director, the Auditor was made aware 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 (AR) #454, Operations & Legal, *Inmate Sexual Abuse and Harassment*, dated January 4, 2016, p. 26, L, 1, d & e, indicates data shall be retained securely for ten (10) years and criminal and administrative investigation records shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years. The Auditor reviewed data from August 20, 2012 as required by the PREA compliance standard.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding data storage, publication, and destruction. No recommendations or corrective action is required.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

- Alabama Department of Corrections publicly accessible website
  - a. <http://www.doc.state.al.us/PREA>

#### Interview with the following

- Agency Head or designee (Assistant Deputy Commissioner)
- PREA Director (PD)

#### Provision (a)

During an interview with the Assistant Deputy Director, the Auditor was advised each facility within the ADOC had been audited within the previous three (3) year audit cycle. Copies of all audit reports are on the ADOC website for public information and review. ADOC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at <http://www.doc.state.al.us/PREA>

#### Provision (b)

During an interview with the PREA Director, the Auditor was advised the audit for MWF was in the second year of the new three (3) year audit cycle.

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

#### Provision (c)

N/A

Provision (d)

N/A

Provision (e)

N/A

Provision (f)

N/A

Provision (g)

N/A

Provision (h)

During the on-site portion of the audit, the Auditor had complete, unimpeded access to every area of the facility. Throughout the on-site portion of the audit the IPCM was available to accompany the auditor to and give her complete access to any part of the facility she requested to see.

Provision (i)

At all times throughout the audit process, ADOC and MWF provided the Auditor with all requested information in a timely and complete manner.

Provision (j)

N/A

Provision (k)

N/A

Provision (l)

N/A

Provision (m)

The Auditor was provided a secure, private space to conduct all interviews during the on-site portion of the audit.

Provision (n)

During twenty-nine (29) inmate interviews, all inmates reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.

Provision (o)

N/A

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding frequency and scope of audits. No recommendations or corrective action is required.

**Standard 115.403: Audit contents and findings**

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

**115.403 (f)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

Documentation Reviewed:

- Alabama Department of Corrections publicly accessible website
  - <http://www.doc.state.al.us/PREA>

Provision (a)

N/A

Provision (b)

N/A

Provision (c)

N/A

Provision (d)

N/A

Provision (e)

N/A

Provision (f)

ADOC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Previous PREA reports, for all facilities can be accessed at <http://www.doc.state.al.us/PREA>

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding audit contents and findings. 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.

### **Auditor Instructions:**

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

Darla P. O'Connor  
**Auditor Signature**

March 25, 2021  
**Date**

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

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