

PREA Facility Audit Report: Final

Name of Facility: Alexander City Community-Based Facility and Work Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/04/2025

Auditor Certification

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.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Darla P. OConnor

Date of Signature: 07/04/2025

AUDITOR INFORMATION

Auditor name: OConnor, Darla

Email: doconnor@strategicjusticesolutions.com

Start Date of On-Site Audit: 03/19/2025

End Date of On-Site Audit: 03/21/2025

FACILITY INFORMATION

Facility name: Alexander City Community-Based Facility and Work Center

Facility physical address: Alabama State Highway 22, Alexander City, Alabama - 35011

Facility mailing address: P.O. Box 160, Alexander City , Alabama - 35010

Primary Contact

Name:	(256)392-0025
Email Address:	Erlando.Menniefield@doc.alabama.gov
Telephone Number:	256-234-7533

Warden/Jail Administrator/Sheriff/Director	
Name:	Catrina Robbins
Email Address:	Catrina.Robins@doc.alabama.gov
Telephone Number:	256-234-7533

Facility PREA Compliance Manager	
Name:	Erlando Menniefield
Email Address:	erlando.menniefield@doc.alabama.gov
Telephone Number:	256-392-0025

Facility Health Service Administrator On-site	
Name:	Lynn Brown
Email Address:	lynn.brown@doc.alabama.gov
Telephone Number:	334-850-7269

Facility Characteristics	
Designed facility capacity:	240
Current population of facility:	230
Average daily population for the past 12 months:	200
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Mens/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	19-73
Facility security levels/inmate custody levels:	Minimum and Community
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	53
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	7
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Alabama Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	301 South Ripley Street, Montgomery, Alabama - 36130
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:
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Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Christy Slauson-Vincent	Email Address:	christy.vincent@doc.alabama.gov

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:

2025-03-19

2. End date of the onsite portion of the audit:

2025-03-21

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?

☒ Yes

☐ No

<p>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</p>	<p>Just Detention International was contacted and responded that their database did not reflect any contact from the facility or the residents.</p> <p>Rape Crisis Center of East Alabama, Inc., was contacted, and they confirmed they have an MOU with the facility. They provide a victim advocate when requested to accompany residents to forensic examinations. They provide a 24/7 crisis line for residents to call for emotional support regarding sexual abuse, past or present. They provide a 24/7 crisis line for residents to call to report sexual abuse while at the facility.</p> <p>Rape Crisis Center of East Alabama, Inc confirmed that they conduct forensic examinations when requested by the facility. The inmate is brought to their location, and the forensic exam is conducted in the dedicated SANE space. A SANE nurse is always available to conduct forensic exams when needed.</p> <p>The agency has a MOU with Alabama Coalition Against Rape. ACAR has a service agreement with the Alabama Department of Corrections (ADOC) to provide SANE services to residents/inmates/detainees through the Rape Crisis Center in their area. The MOU includes provisions for victim advocates and emotional support for victims of sexual abuse, regardless of when or where the abuse occurred. It also covers the provision of a hotline for inmates to call for support.</p> <p>Audited Facility Information</p>
<p>AUDITED FACILITY INFORMATION</p>	
<p>14. Designated facility capacity:</p>	<p>300</p>
<p>15. Average daily population for the past 12 months:</p>	<p>280</p>
<p>16. Number of inmate/resident/detainee housing units:</p>	<p>2</p>

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	238
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0

23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

<p>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>As of the first day of the onsite audit, the facility did not house any inmates who were physically disabled, cognitively disabled, hearing impaired, or vision impaired. Additionally, there were no youthful offenders (under the age of 18) in custody. At the time of the audit, the facility reported that there were no individuals who openly identified as gay or transgender, and no residents had disclosed a history of sexual abuse or victimization during intake screenings or subsequent assessments. Lastly there were no inmates who had been placed in segregation as a result of sexual victimization. The facility population consisted solely of adult male inmates, all of whom were able-bodied and without known special needs that would require additional accommodations under PREA standards.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>36</p>
<p>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>As of the first day of the onsite audit, the facility employed a diverse team of security and non-security staff, including both male and female employees. Staff roles included correctional officers, medical professionals, administrative personnel, and support staff. The facility reported they did not have any contractors or volunteers.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:

22

35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)

- ☒ Age
- ☒ Race
- ☒ Ethnicity (e.g., Hispanic, Non-Hispanic)
- ☒ Length of time in the facility
- ☒ Housing assignment
- ☐ Gender
- ☐ Other
- ☐ None

36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?

To ensure geographic diversity in the random selection of inmate interviewees, the auditor used the facility's current housing roster and selected individuals from multiple housing units across the facility. This approach included representation from different security levels, housing types (e.g., general population, administrative segregation, medical, and mental health units if applicable), and any specialized units. By including individuals from various living areas, the auditor ensured that the sample reflected a cross-section of the facility's population, which helped capture a range of experiences and perspectives related to PREA compliance. The selection process also considered diversity in age, race/ethnicity, and length of stay at the facility, to the extent possible, while maintaining randomness.

37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	<p>There were no significant barriers to completing the interviews. Facility staff were cooperative and responsive, facilitating timely access to selected individuals. Most inmates were willing to participate in the interview process. In instances where a selected individual declined participation or was unavailable due to external commitments such as court appearances or medical appointments, alternate interviewees were selected from the same or comparable housing units to preserve the balance and integrity of the sample.</p> <p>There were no reported issues related to communication or accessibility during the interviews. All participants were able to engage in the process without the need for interpretation or special accommodations, and no language or cognitive barriers were observed that would have impeded participation.</p> <p>Due to lack of inmates meeting the criteria for targeted interviews (such as those who had reported sexual abuse, identified as LGBTQIA+, or had disabilities), the number of random inmate interviews was increased. This adjustment was made to ensure compliance with the total required number of inmate interviews based on the facility's population of 239 inmates, resulting in a total of 22 inmate interviews.</p>
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:

0

40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:

☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.

☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).

To determine whether a physically disabled population existed in the audited facility, the auditor employed a combination of document review, staff interviews, facility observation, and inmate interviews.

First, the auditor reviewed screening forms, and classification documentation to identify any indicators of physical disabilities among the current inmate population. These records included information on mobility impairments, use of assistive devices (such as wheelchairs, walkers, or canes), chronic medical conditions, and documented physical limitations.

Second, medical and classification staff were interviewed to confirm how individuals with physical disabilities are identified, documented, and accommodated during intake and throughout incarceration. Staff stated that all incoming inmates are screened for physical limitations during the intake process and that such information is communicated to relevant departments to ensure appropriate housing and access to services.

Third, the auditor conducted a walk-through of all housing units and program areas to observe whether any inmates used mobility aids or other physical accommodations (e.g., handrails, wheelchair-accessible restrooms or showers). No such devices or accommodations in use were observed, and staff did not identify any currently housed inmates as physically disabled.

Finally, during random inmate interviews, the auditor asked whether individuals were aware of any physically disabled inmates in the facility. No inmates reported the presence of physically disabled individuals in their housing units.

Based on the alignment of findings across all sources—records, staff accounts, facility observation, and inmate reports—the auditor concluded that no physically disabled inmates were housed in the facility at the time of the audit.

41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</div> <div><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</div>

<p>41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>To assess whether any residents currently housed at the facility were known to have cognitive disabilities, the Auditor partnered with key facility personnel—specifically the PREA Compliance Manager and designated mental health or medical staff—to examine a range of documentation. This included intake screening forms, clinical assessments, mental health records, and classification files. Staff were asked to identify any individuals with documented cognitive limitations, developmental disorders, or other impairments that could impact their ability to understand information, make decisions, recall details, or effectively communicate. The goal of this review was to confirm that, if such individuals were present, they had been provided with PREA education tailored to their needs and that the facility had implemented suitable accommodations to support their safety and their ability to report sexual abuse or harassment.</p> <p>Following this comprehensive review of records and corroborating staff interviews, the Auditor found no residents currently identified as having a cognitive disability during the audit period. Facility representatives affirmed that if such residents were admitted in the future, procedures are in place to provide specialized assistance—such as one-on-one PREA education sessions and support with using reporting tools.</p> <p>Because no residents with cognitive impairments were present at the time of the audit, no targeted interviews from this population group were required or conducted during the on-site visit.</p>
<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:

☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.

☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).

As part of the on-site PREA audit, the Auditor assessed whether any residents currently housed at the facility were living with visual impairments that could impact their ability to access PREA education, reporting mechanisms, or facility services. To make this determination, the Auditor consulted with key facility staff, including the PREA Compliance Manager, medical personnel, and, where applicable, mental health staff.

This review involved an examination of intake screening tools, medical records, and any documentation related to disability accommodations. Special attention was given to whether any residents had been diagnosed with, or reported, a visual condition that could interfere with their ability to independently read signage, posters, handbooks, or other written materials related to PREA.

Additionally, the Auditor inquired about whether any residents required assistance navigating the physical environment of the facility due to visual limitations.

Staff confirmed that, during the 12-month review period and at the time of the on-site visit, no residents had been identified as having a visual impairment that would inhibit their ability to access PREA-related resources or safely move through the facility. There were no reports of residents requiring large print, Braille materials, or visual aids to participate in programming or orientation activities.

While no current residents were visually impaired, the Auditor verified that the facility has established procedures to ensure equal access to information and services for individuals with visual disabilities should such a need arise. Staff articulated that reasonable accommodations—including one-on-one staff assistance, verbal explanations, large-print documents, or audio formats—are readily available. These options would be provided as part of the facility's commitment to full compliance with PREA standards and the Americans with Disabilities Act (ADA).

Because no visually impaired residents were

	<p>identified as present in the facility at the time of the audit, the Auditor did not conduct any targeted interviews within this category. However, the facility's readiness to provide appropriate accommodations if needed supports an inclusive environment and reflects adherence to both PREA and broader disability access standards.</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).

To determine whether any residents currently housed at the facility had hearing impairments that could affect their ability to receive PREA-related education or utilize reporting mechanisms, the Auditor conducted a comprehensive review in collaboration with key facility personnel, including the PREA Compliance Manager and designated medical and mental health staff.

This process included a detailed examination of resident intake screening forms, medical evaluations, mental health assessments, and any available documentation pertaining to disability accommodations. Staff were also directly questioned regarding their awareness of any residents with documented or observable hearing impairments—ranging from partial hearing loss to complete deafness. Specific attention was paid to identifying individuals who use assistive devices such as hearing aids, cochlear implants, or other adaptive technologies.

Facility officials confirmed that, at the time of the on-site audit, no residents were identified as having any degree of hearing impairment. This determination was supported by medical files and intake data, which showed no entries indicating the presence of auditory disabilities or the need for related accommodations during the audit period.

While no hearing-impaired residents were housed at the facility during the audit, the Auditor verified that the facility has appropriate procedures and accommodations in place should a hearing-impaired individual be admitted in the future. Facility leadership and staff affirmed that they are prepared to provide PREA education and reporting information in accessible formats tailored to individual communication needs. These accommodations include—but are not limited to—written materials, access to American Sign Language (ASL) interpreters when needed, use of visual aids, and staff trained in clear, face-to-face communication strategies for residents with hearing loss.

Moreover, the facility maintains a responsive

	<p>process for identifying and responding to the needs of individuals with disabilities, including timely referrals to medical and behavioral health professionals and the development of individualized service plans to address communication barriers.</p> <p>Because there were no hearing-impaired residents present at the time of the audit, no targeted interviews were required or conducted within this category. However, the facility's preparedness to accommodate hearing-impaired individuals demonstrates a proactive and inclusive approach to PREA compliance and reinforces its broader commitment to accessibility and equal treatment for all residents.</p>
44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).

To determine whether any individuals with Limited English Proficiency (LEP) were housed in the facility at the time of the audit, the auditor used a multi-method approach, including document review, staff interviews, direct observation, and inmate interviews. The auditor began by reviewing intake and classification documents, which include language identification sections used to assess an inmate's primary language and English proficiency. The auditor also reviewed facility rosters and any records of interpreter use or language access services. These records did not indicate the presence of any individual identified as LEP at the time of the audit.

Interviews with intake staff and facility administrators confirmed that all incoming inmates are screened for language proficiency during the booking process. Staff stated that if an inmate cannot effectively communicate in English, the facility utilizes bilingual staff or professional interpretation services and documents the need for language assistance. Staff affirmed that no current inmates required such services at the time of the audit.

The auditor also toured the facility and observed that language assistance signage was posted in both English and Spanish, and phones included access to interpretation services. However, staff reported that those services had not recently been used by any current inmates, further corroborating that no LEP individuals were present.

Additionally, during random inmate interviews, the auditor inquired whether anyone in the housing units had difficulty understanding English or needed interpretation assistance. Inmates reported that all individuals in their housing units were able to speak and understand English without issue.

These consistent findings across records, staff accounts, direct observation, and resident feedback confirmed that there were no inmates with Limited English Proficiency

	housed in the facility at the time of the audit.
45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</div> <div><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</div>

45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).

To determine whether individuals who identify as gay or bisexual were housed in the facility at the time of the audit, the auditor utilized a combination of intake documentation review, staff interviews, and confidential inmate interviews.

First, the auditor reviewed intake screening forms that include questions related to sexual orientation and gender identity, as required under PREA Standard §115.41. These screenings are conducted during the admission process and documented in classification records. At the time of the audit, there were no individuals who had self-identified as gay or bisexual in the intake documentation.

Second, classification and intake staff were interviewed regarding procedures for identifying and documenting inmates' self-disclosed sexual orientation. Staff confirmed that inmates are asked about their sexual orientation in a respectful and confidential manner during intake, and that responses are used to inform housing and programmatic decisions to enhance safety. Staff also affirmed that no individuals had disclosed being gay or bisexual at the time of the audit. Finally, during random inmate interviews, the auditor asked whether individuals had disclosed or were aware of anyone who openly identified as gay or bisexual in their housing units. Inmates reported that, to their knowledge, there were no individuals who had disclosed such identities, and no related concerns were raised.

The combination of intake documentation, staff confirmation, and direct inmate feedback provided consistent corroboration that no inmates identifying as gay or bisexual were housed in the facility at the time of the audit. The auditor acknowledges, however, that disclosure of sexual orientation is voluntary, and some individuals may choose not to self-identify.

46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</div> <div><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</div>

46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).

To determine whether any transgender or intersex individuals were housed in the facility at the time of the audit, the auditor used a layered corroboration strategy involving documentation review, staff interviews, and confidential inmate interviews.

First, the auditor reviewed intake screening records and classification documents, which include questions specifically designed to identify individuals who may identify as transgender or intersex, in compliance with PREA Standard §115.41. These records are completed during the initial intake process and are intended to help staff assess risk of victimization or abusiveness. At the time of the audit, no individuals were documented as transgender or intersex in the facility's records.

Second, the auditor interviewed intake, classification, and medical/mental health staff to confirm the procedures used to identify and support transgender and intersex individuals. Staff confirmed that they routinely ask screening questions related to gender identity and anatomical sex, and that such information is treated with sensitivity and confidentiality. Staff also confirmed that no inmates had disclosed being transgender or intersex at the time of the audit.

The auditor also asked housing staff whether they were aware of any individuals who identified as transgender or intersex. All staff interviewed reported that there were no such individuals currently housed in the facility. Finally, during random inmate interviews, the auditor inquired about the presence of any transgender or intersex individuals in the housing units and whether residents believed such individuals were treated respectfully and safely. Inmates consistently reported that, to their knowledge, no transgender or intersex individuals were currently housed in the facility.

Based on the consistent information obtained from intake documentation, staff interviews, facility records, and inmate reports, the auditor concluded that there were no

	transgender or intersex individuals in the facility at the time of the onsite audit. The auditor acknowledges, however, that disclosure of gender identity is voluntary and some individuals may choose not to self-identify.
47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).

To determine whether any individuals currently housed at the facility had previously reported sexual abuse—either at this facility or another—the Auditor employed a layered strategy to corroborate the information provided by the facility, consistent with PREA auditing protocols.

The initial step involved a review of the Pre-Audit Questionnaire (PAQ) submitted by the facility. The PAQ included data covering the prior 12 months, indicating whether any allegations of sexual abuse or harassment had been reported. According to the facility's PAQ, there were no substantiated, unsubstantiated, or unfounded allegations of sexual abuse or harassment during the reporting period. This suggested that there were no current residents who had filed such reports while in the facility's custody.

To confirm the accuracy of the PAQ, the Auditor reviewed investigative records and logs, including incident reports, grievance records, and any documentation maintained by the facility's designated investigator or PREA Compliance Manager. This included a search for any relevant entries that could indicate past or pending allegations of abuse or sexual misconduct. The review corroborated that no sexual abuse reports had been filed, investigated, or tracked during the review period.

In addition, the Auditor conducted interviews with facility leadership and investigative personnel, including the PREA Compliance Manager and supervisory staff. These individuals were asked to confirm whether any residents had reported abuse in the recent past and whether any such residents were still housed at the facility. Staff consistently reported that there had been no such reports or investigations during the audit cycle, a fact further supported by the absence of any related documentation.

The Auditor also engaged in random and targeted resident interviews to verify whether any residents had reported abuse but may have chosen to do so through informal

	<p>means, anonymous channels, or third parties. Residents were specifically asked whether they knew how to report sexual abuse, whether they felt safe doing so, and whether they had personally experienced or reported abuse during their current stay or at other facilities. None of the interviewed residents indicated that they had reported a PREA-related incident, and several were able to describe the multiple avenues available for reporting abuse, including anonymously or through outside agencies.</p> <p>Taken together, the findings from the PAQ, documentation review, staff interviews, and resident interviews provided strong, consistent evidence that no residents currently housed at the facility had reported sexual abuse during the relevant audit period. Should such a resident have been identified, the facility has procedures in place to provide necessary protection from retaliation, ensure access to medical and mental health services, and make appropriate housing and programmatic accommodations.</p> <p>These corroboration strategies ensured that the Auditor could confidently assess the facility's compliance with PREA standards regarding the treatment of residents who report abuse, even in the absence of recent allegations.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>

48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:

☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.

☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).

To determine whether any inmates who disclosed prior sexual victimization were housed in the facility at the time of the audit, the auditor used a layered corroboration strategy that included the review of intake screening documentation, interviews with facility staff, and confidential inmate interviews.

The auditor began by reviewing the facility's PREA risk screening forms, which are completed at intake in accordance with §115.41. These forms include specific questions about prior sexual victimization, both in institutional settings and in the community. The PREA Compliance Manager and classification staff confirmed that all inmates are screened within 72 hours of intake and that the screening includes a private and respectful inquiry about prior victimization. Based on the review of these records and confirmation from staff, there were no current inmates in the facility who had disclosed a history of sexual victimization at the time of the audit.

To further corroborate this information, the auditor interviewed medical personnel who may receive disclosures of prior abuse outside of the formal screening process. These staff members confirmed that no such disclosures had been made during the current audit review period and that any disclosures would be appropriately documented and followed up with mental health services, heightened monitoring, and protective measures if necessary.

In addition, the auditor conducted confidential interviews with a random sample of inmates and asked whether they had disclosed—or were aware of others who had disclosed—any history of sexual victimization. None of the inmates reported having disclosed such a history themselves, nor did they identify any peers who had done so during their time in the facility.

Based on consistent findings across screening documentation, staff interviews, clinical input, and direct inmate feedback, the auditor found

	no indication that any individuals housed in the facility at the time of the onsite audit had disclosed prior sexual victimization.
49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility does not have a segregation unit.

<p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Twice as many random inmate interviews were conducted due to the absence of any targeted inmates in the facility at the time of the onsite audit. This approach was taken to ensure a sufficient and representative sample of the overall population. In the absence of inmates who met targeted criteria—such as those who had reported sexual abuse, identified as LGBTQI+, or were in restrictive housing, the auditor expanded the random interview pool to maintain compliance with PREA audit methodology.</p> <p>There were no significant barriers to completing interviews. Facility staff were cooperative and responsive in locating selected individuals, and most inmates were willing to participate. In a few instances, selected individuals were unavailable due to court appearances, medical appointments, or personal refusal; these individuals were replaced with alternates from the same or comparable housing units to preserve sample integrity.</p> <p>Efforts were also made to ensure representation across housing units and demographics to the extent possible. No language or accessibility barriers were encountered during the interview process</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>51. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>15</p>

<p>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>In selecting and interviewing random staff, the auditor made deliberate efforts to ensure a representative sample of staff were interviewed. Random staff were pulled for interviews from the staff available at the facility who did not participate in the specialized interviews.</p> <p>One significant barrier was staff availability, as several staff members were either unavailable due to shift changes, emergent duties, or unplanned absences. Additionally, some staff were unable to participate due to scheduling conflicts, and others had already been interviewed, reducing the pool of available participants.</p> <p>Despite these challenges, efforts were made to maximize staff participation, and the auditor worked closely with the PREA Compliance Manager to schedule interviews around the operational demands of the facility.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	

55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	21
56. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☐ Mental health staff
- ☒ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☒ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☒ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☐ Intake staff

	<input type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Classification and Mail
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
63. Provide any additional comments regarding selecting or interviewing specialized staff.	<p>When selecting specialized staff for interviews, the auditor prioritized individuals whose responsibilities are directly tied to PREA implementation and compliance. This included medical personnel, investigators, intake/classification staff, retaliation monitor and the PREA Compliance Manager. These roles were selected to ensure a thorough understanding of how PREA-related procedures are operationalized across various functions within the facility.</p> <p>There were no significant barriers to completing specialized staff interviews. All individuals identified for interviews were cooperative and made available, often with the support of facility leadership to accommodate scheduling needs. Their input provided essential insight into the facility's adherence to PREA standards and helped corroborate documentation and inmate accounts.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

64. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

68. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

<p>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>During the site review, the auditor was granted full access to all areas of the facility, including housing units, intake, medical, food service, program areas, administrative offices, recreation yards, and any spaces designated for private conversations or services. Facility staff were cooperative and accompanied the auditor as needed, while also allowing for independent observation when appropriate. The auditor conducted a comprehensive walk-through, observing facility operations, security practices, and staff-inmate interactions. Special attention was given to areas where inmates may be particularly vulnerable to sexual abuse, including showers, restrooms, and isolated locations. The auditor reviewed camera coverage and blind spots, as well as the placement of PREA-related informational signage and the availability of inmate access to phones and grievance forms.</p> <p>Tests of critical functions were conducted, including verification that inmates could dial the external sexual abuse hotline, access grievance forms, and reach staff in the event of an emergency. These functions operated as intended. Informal conversations were held with both staff and inmates throughout the tour to assess their awareness of PREA policies, reporting mechanisms, and access to supportive services.</p> <p>Overall, the site review confirmed that the facility's physical plant and practices support PREA compliance, and no barriers to access, observation, or assessment were encountered during the audit process.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	

<p>70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>In selecting additional documentation, priority was given to materials that provided a comprehensive view of facility practices over time, including intake screening forms, housing assignment logs, incident reports, and staff training records.</p>
<p>SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</p>	
<p>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</p>	
<p>Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.</p>	

72. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

73. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	1	0	1	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

74. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

75. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

76. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

77. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

0

78. Explain why you were unable to review any sexual abuse investigation files:	<p>The auditor was unable to review any sexual abuse investigation files because there were no allegations of sexual abuse reported by any inmate in the facility during the 12-month period preceding the onsite audit. As a result, no investigations were initiated or documented during that time frame. This was confirmed through a review of incident logs, PREA-related reports, and interviews with facility leadership and investigative staff. Therefore, while standard investigative procedures were discussed and policies reviewed, no case files were available for audit review.</p>
79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	<p>0</p>
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>

Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1

89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

<p>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The auditor was unable to review any staff-on-inmate sexual harassment investigation files because there were no allegations of staff-on-inmate harassment reported by any inmate in the facility during the 12-month period preceding the onsite audit. As a result, no investigations were initiated or documented during that time frame. This was confirmed through a review of incident logs, PREA-related reports, and interviews with facility leadership and investigative staff. Therefore, while standard investigative procedures were discussed and policies reviewed, no case files were available for audit review.</p>
<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	
<p>95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
<p>Non-certified Support Staff</p>	
<p>96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>
<p>96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

- ☐ The audited facility or its parent agency
- ☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- ☒ A third-party auditing entity (e.g., accreditation body, consulting firm)
- ☐ Other

Identify the name of the third-party auditing entity

Correctional Consulting Services

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
<p>Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW: To evaluate compliance with this standard, the following documents were examined:</p> <p>Pre-Audit Questionnaire (PAQ) and supporting materials Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, dated January 4, 2016 ADOC Inmate Awareness Pamphlet (available in English and Spanish) ADOC Male Inmate Handbook, dated September 25, 2017 ADOC Organizational Chart Credentials of the ADOC PREA Director Credentials and training records of the Institutional PREA Compliance Manager (IPCM) Standard Operating Procedure (SOP) #454-1</p> <p>INTERVIEWS: Institutional PREA Compliance Manager (IPCM): The IPCM confirmed having both the authority and sufficient time to carry out all PREA-related responsibilities, including coordinating institutional compliance and</p>

implementing corrective measures when necessary.

Agency PREA Director (PD):

The PREA Director affirmed having the necessary authority and resources to manage PREA compliance across all ADOC facilities. She emphasized that IPCMs are dedicated solely to ensuring institutional compliance with PREA standards and confirmed that they have the authority to enact needed changes.

STANDARD PROVISIONS REVIEW

Provision (a):

ADOC maintains policies and procedures that support a zero-tolerance stance on sexual abuse and harassment. AR #454 explicitly prohibits sexual conduct between inmates and between staff and inmates, regardless of consent. This policy is reinforced in Section II (p. 1) and aligns with PREA standards.

Section III of AR #454 and the ADOC Women's Services Inmate Handbook (dated November 1, 2017) clearly define prohibited behaviors, including sexual abuse and harassment. These documents also provide definitions for substantiated, unsubstantiated, and unfounded allegations, along with applicable sanctions.

The policy outlines staff responsibilities and procedures for prevention, reporting, response, and investigation, ensuring consistency with federal PREA requirements.

Provision (b):

The PAQ and ADOC Organizational Chart confirm the appointment of a statewide PREA Director, who reports directly to the General Counsel. AR #454, Section E (pp. 7-8), outlines the PREA Director's responsibilities, including agency-wide oversight, implementation, and monitoring of PREA compliance.

The PD has Director-level authority and regularly communicates with the twenty-six IPCMs and their backups statewide. This structure ensures consistent oversight and sufficient resources for effective PREA coordination.

Provision (c):

The facility has a designated PREA Compliance Manager (IPCM), as noted in the PAQ. The IPCM reports to the Warden for institutional matters and to the PREA Director for PREA-related functions. AR #454 outlines the IPCM's duties, including facilitating PREA compliance and working collaboratively with facility leadership.

This reporting structure is supported by the institutional organizational chart. Interview findings confirmed that the IPCM has adequate authority, time, and a comprehensive understanding of PREA responsibilities.

CONCLUSION:

Based on the review of documentation, policies, and staff interviews, the Auditor concludes that the agency/facility meets the requirements of PREA Standard §115.11. The agency demonstrates a strong, system-wide commitment to a zero-tolerance

	policy on sexual abuse and harassment and has appointed individuals with the authority and resources necessary to maintain compliance.
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW:</p> <p>The following documentation was reviewed to assess compliance with this standard:</p> <p>Pre-Audit Questionnaire (PAQ) and supporting documentation Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, dated January 4, 2016 ADOC Contract with the Alabama Therapeutic Education Facility (ATEF) ADOC Inmate Housing Agreement with ATEF</p> <p>These documents were analyzed to determine whether the agency includes specific contractual language to ensure compliance with the Prison Rape Elimination Act (PREA) and to evaluate the procedures in place for monitoring contractor compliance with these requirements.</p> <p>INTERVIEWS:</p> <p>Agency Contract Administrator: The Contract Administrator confirmed that ADOC contracts for inmate confinement with both privately operated and county facilities. During the interview, it was clearly stated that PREA compliance language is a non-negotiable requirement in all contracts. If a proposed contracting entity cannot meet or is unwilling to comply with PREA requirements, the contract is not executed. This ensures all facilities housing ADOC inmates—regardless of ownership or management—adhere to the same standards for sexual safety and accountability.</p> <p>STANDARD PROVISIONS REVIEW</p> <p>Provision (a): According to the PAQ, there is currently one active contract for the confinement of ADOC inmates. The facility confirmed that all such contracts require the contractor to comply with PREA standards as outlined in 28 C.F.R. Part 115. This requirement is explicitly included in the contract language to ensure the contractor’s legal obligation and awareness.</p> <p>ADOC does not engage in independent facility-level contracting for inmate housing. All contracts are managed centrally at the agency level. AR #454, Section D (p. 7), states that the ADOC General Counsel is responsible for ensuring all contracts include provisions mandating compliance with PREA and authorizing agency oversight of such</p>

	<p>compliance.</p> <p>The ADOC Inmate Housing Agreement with ATEF explicitly states the facility’s obligation to adhere to all applicable PREA standards. The agreement includes the following clause:</p> <p>“Pursuant to 28 C.F.R. Part 115.12, ATEF is obligated to adopt and comply with all PREA standards, and the ADOC shall monitor the ATEF for compliance.”</p> <p>Furthermore, the ADOC contract with ATEF expands on these obligations with the following language:</p> <p>“Vendor 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... Vendor is obligated to adopt and comply with all PREA standards, and the ADOC shall monitor Vendor for compliance. Vendor shall provide reasonable access to the PREA Contract Monitor, relevant documentation, and PREA training for all staff. Vendor must also provide any PREA audit report conducted by a DOJ-certified auditor.”</p> <p>This robust contractual language ensures that the vendor is fully aware of their responsibilities and committed to upholding PREA standards.</p> <p>Provision (b):</p> <p>As indicated in the PAQ, all ADOC contracts for inmate confinement contain provisions requiring ongoing monitoring for PREA compliance. The agency confirmed that there are no exceptions to this requirement.</p> <p>The Contract Administrator explained that ADOC routinely reviews contractors' policies and procedures to ensure alignment with PREA standards. Contractors are required to notify ADOC of all PREA-related allegations and submit the associated investigative reports and findings to the ADOC PREA Director for review.</p> <p>This structured monitoring process, paired with contractual mandates, promotes consistent oversight and accountability in fulfilling PREA obligations.</p> <p>CONCLUSION:</p> <p>Based on a thorough review of documentation, contract language, and staff interviews, the Auditor concludes that the Alabama Department of Corrections fully meets the requirements of PREA Standard §115.12. The agency has established consistent contracting practices that mandate PREA compliance and has implemented a comprehensive system for monitoring contractor performance, ensuring ongoing accountability and alignment with PREA standards.</p>
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION REVIEWED:</p> <p>The following documentation was reviewed to assess compliance with PREA Standard §115.13 – Supervision and Monitoring:</p> <p>Pre-Audit Questionnaire (PAQ) and supporting documentation ADOC Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, dated January 4, 2016 ADOC Form 454-J, Annual PREA Staffing Plan Review ADOC Form 454-G, Log of Unannounced Rounds Staffing Plan (dated March 18, 2024) Facility Blueprint/Layout Facility Vulnerability Assessment Form Facility Staffing Plan Checklist Copies of Staffing Deviation Logs</p> <p>OBSERVATIONS:</p> <p>The Auditor conducted a random review of unit logbooks and confirmed that intermediate- and higher-level supervisors consistently documented unannounced rounds, as required by policy.</p> <p>INTERVIEWS:</p> <p>Facility Head or Designee: The Facility Head discussed the facility’s approach to staffing and supervision, including the evaluation of how staffing levels affect inmate programming, the use of video monitoring to improve safety, and how internal/external oversight bodies impact operations. Discussion also included supervisory staff deployment, inmate population characteristics, facility layout, and staff needs. The Facility Head confirmed active compliance with the staffing plan and procedures for addressing deviations.</p> <p>Institutional PREA Compliance Manager (IPCM): The IPCM emphasized the ongoing assessment of staffing levels and their effect on programming and inmate supervision. The IPCM also noted routine inspection and maintenance of the video monitoring system to ensure it remains effective and aligned with PREA expectations.</p> <p>Intermediate- or Higher-Level Staff: Supervisory staff confirmed they conduct unannounced rounds as required and document them in the unit logbooks. During the facility tour, the Auditor confirmed this practice through a random logbook review and observed supervisors actively performing their duties throughout the facility.</p> <p>Random Staff: Staff indicated that supervisors routinely visit their units during all shifts, review and</p>

sign logbooks, and engage with both staff and inmates. Staff confirmed awareness of the policy prohibiting any advance notice of supervisory rounds.

Random Inmates:

Inmates reported frequent visibility of supervisory staff and the IPCM, affirming that supervisory staff regularly walk the facility and are approachable and available to inmates.

PROVISIONS REVIEWED:

Provision (a):

The facility submitted a comprehensive staffing plan via the PAQ, which addresses all thirteen required elements under §115.13(a). These include:

Generally accepted correctional practices

Delegation of duties among facility, ADOC, or external agencies

Findings from investigative or oversight bodies

Camera management and physical plant layout

Inmate population characteristics

Supervisory staffing levels and deployment

Institutional programming and supervision options

Relief factors and gender-specific post assignments

Relevant laws and standards

Incidents of substantiated/unsubstantiated sexual abuse or harassment

ADOC Form 454-J requires these areas to be reviewed annually. The most recent staffing plan, dated March 18, 2024, is based on an average daily population of 800 inmates. Policies require all relieved and gender-specific posts to be appropriately staffed. Any decision to close a post due to staffing shortages must be approved by the Warden or Captain.

ADOC AR #454 (p. 14, Section D) outlines the responsibilities of the Warden and PREA Director in developing and reviewing the staffing plan and ensuring it includes adequate staffing levels and monitoring technology. The Auditor confirmed that the staffing plan addresses all required components and is subject to quality assurance audits.

Provision (b):

The facility has experienced staffing deviations over the past 12 months, which were documented in the PAQ. Common causes included:

Staff call-ins (sick leave, FMLA, military duty)

Training assignments

Emergency transports and facility emergencies

In cases of deviations, posts are filled using overtime or by reallocating staff from non-mandatory posts. Watch commanders are responsible for documenting all deviations. The Auditor verified that these deviations did not affect the delivery of inmate education services, which are provided by contracted personnel.

	<p>Provision (c):</p> <p>The facility reported that, in collaboration with the PREA Coordinator, the staffing plan is reviewed at least annually to evaluate the need for adjustments in:</p> <p>Staffing allocations Monitoring technology deployment Resource allocation to support the plan</p> <p>The Auditor reviewed the 2020 ADOC Form 454-J, which confirmed that the review was completed and forwarded to the PREA Director. Reviews are conducted by facility leadership, including the Warden, Captain, IPCM, and PREA Director, and include physical inspections and operational assessments. Shift rosters reviewed by the Auditor confirmed full coverage of mandatory posts during the assessment period.</p> <p>AR #454 (p. 14, Section D) requires internal audits of the staffing plan annually. These audits evaluate staffing adequacy across all areas where inmates are present and identify needs for additional staff or enhanced monitoring technology.</p> <p>Provision (d):</p> <p>According to the PAQ and confirmed through documentation and interviews, intermediate- and higher-level staff conduct unannounced rounds during all shifts. These rounds are documented in the unit logbooks and on ADOC Form 454-G, which also includes a check of the PREA Hotline.</p> <p>AR #454 (p. 14, Section C) mandates these unannounced rounds and explicitly prohibits staff from alerting others when rounds are occurring, except in cases of legitimate operational necessity. The Auditor reviewed 30 days' worth of unannounced round logs and shift reports and found consistent compliance.</p> <p>CONCLUSION:</p> <p>Based on a thorough review of documentation, staff and inmate interviews, observations, and logbook analysis, the Auditor concludes that the facility fully meets the requirements of PREA Standard §115.13 – Supervision and Monitoring. The agency has implemented effective staffing practices, conducts routine reviews, and ensures supervisory visibility and accountability across all shifts.</p>
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115.14 Youthful inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION REVIEWED:</p> <p>To assess compliance with PREA Standard §115.14, the following documentation was reviewed:</p>

Pre-Audit Questionnaire (PAQ)

Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016

OBSERVATIONS:

During the on-site facility tour, the Auditor confirmed that no youthful inmates were housed at the facility. All housing units, program areas, and common spaces were occupied exclusively by adult inmates.

INTERVIEWS:

Facility Head:

In both formal interviews and informal conversations, the Facility Head confirmed that while the facility may house youthful inmates under exceptional and case-specific circumstances, no youthful inmates were housed at the time of the audit.

Institutional PREA Compliance Manager (IPCM):

The IPCM corroborated that the facility has the capacity and appropriate procedures in place to safely house youthful inmates, but confirmed that no such individuals were present during the audit period.

Youthful Inmates:

No interviews were conducted with youthful inmates, as none were housed at the facility during the on-site audit.

PROVISIONS:

Provision (a):

The PAQ and facility rosters confirmed that no youthful inmates were housed at the facility at the time of the audit. The Auditor verified this by reviewing inmate age data, confirming that no individuals in custody were born after 2006.

Provision (b):

Interviews and the PAQ confirmed that, should a youthful inmate be admitted, the facility has protocols to ensure sight, sound, and physical separation from adult inmates outside of housing areas. Direct staff supervision is provided in any setting where youthful and adult inmates may otherwise be in proximity, thereby ensuring compliance with this provision.

Provision (c):

The facility has procedures for documenting any exigent circumstances in which youthful inmates may be restricted from access to large-muscle exercise, legally required education, or other services due to separation requirements. Within the 12-month period prior to the audit, there was one documented instance in which a youthful inmate was temporarily housed in isolation to ensure separation from adult inmates. Records confirmed that this action was precautionary, time-limited, and not used as a disciplinary measure.

	<p>CONCLUSION:</p> <p>Based on the review of documentation, interviews, facility observations, and policy analysis, the Auditor finds the facility to be in full compliance with PREA Standard §115.14. The facility maintains appropriate safeguards to ensure the protection and separation of youthful inmates, in alignment with federal requirements.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS</p> <p>The following documents were reviewed to assess the facility’s compliance with PREA Standard §115.15:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>ADOC Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, dated January 4, 2016</p> <p>ADOC Administrative Regulation (AR) #336, Searches, dated February 8, 2016</p> <p>ADOC Form 302-A, Incident Report</p> <p>Training records on cross-gender and transgender/intersex search procedures</p> <p>Transgender Inmate Search Preferences Form</p> <p>OBSERVATIONS</p> <p>During the on-site tour, the Auditor observed that opposite-gender staff consistently announced their presence before entering inmate housing areas, as required by policy. The facility houses cisgender male and transgender female inmates, making this standard directly applicable to current operations.</p> <p>INTERVIEWS</p> <p>Non-Medical Staff:</p> <p>Staff confirmed they do not conduct cross-gender strip or visual body cavity searches. In rare exigent circumstances, such searches would be conducted by medical personnel, only with prior approval from the Facility Head and appropriate documentation.</p> <p>Random Staff:</p> <p>Seventeen randomly selected staff were formally interviewed, with additional informal interviews conducted throughout the audit. Key findings include:</p> <p>All staff had received training on cross-gender and transgender/intersex search</p>

procedures as part of annual In-Service Training.

No staff reported conducting or witnessing cross-gender strip or visual body cavity searches.

Male staff were readily available to conduct required searches on male inmates, eliminating the need for cross-gender searches.

Female staff do not conduct strip or body cavity searches.

Staff clearly understood that transgender or intersex inmates are not searched to determine genital status.

Staff confirmed that transgender and intersex inmates are afforded privacy when showering, including alternative schedules if private stalls are unavailable.

Random Inmates:

All inmates interviewed (100%) reported:

They had not experienced cross-gender strip or visual body cavity searches.

They are able to shower and change clothes without being seen by opposite-gender staff.

Opposite-gender staff always announce their presence before entering housing or restroom areas.

Transgender Inmates:

At the time of the on-site audit, no transgender inmates were housed at the facility. Therefore, no interviews specific to this population were conducted.

PROVISIONS

Provision (a):

Cross-gender strip and visual body cavity searches are not conducted at this facility, as confirmed through the PAQ, incident reports, and staff interviews. Policies strictly limit such searches, and all staff are aware of and trained on these restrictions.

Relevant Policies:

AR #454 (p. 14, Section E.1) – Prohibits cross-gender searches except in exigent circumstances or by qualified medical staff.

AR #336 (pp. 4-5, Sections F.3 & F.4) – Requires documentation and authorizes searches only in exigent situations.

Provision (b):

The facility houses only male inmates. No female inmates are present, simplifying the application of this provision.

Provision (c):

In exigent circumstances, cross-gender searches require prior authorization from the Facility Head and must be performed by medical personnel. These incidents are documented using ADOC Form 302-A.

Relevant Policies:

AR #336 (p. 5, No. 4; p. 6, No. 11)

Provision (d):

Facility practices ensure that inmates can shower, use the restroom, and change clothes without being viewed by staff of the opposite gender, except in exigent

	<p>situations or during routine checks where incidental viewing may occur. Auditor observations and inmate interviews confirmed that staff consistently announce their presence prior to entering sensitive areas.</p> <p>Relevant Policy: AR #454 (p. 14, Section E.3) Provision (e): Staff are prohibited from searching transgender or intersex inmates solely to determine genital status. Staff clearly articulated this policy during interviews.</p> <p>Relevant Policies: AR #336 (p. 5, No. 6) AR #454 (p. 15, Section E.4) Provision (f): Training records verify that all staff received instruction on respectful search procedures for transgender and intersex individuals, and on cross-gender search limitations. Signed acknowledgments and cross-verification with the facility roster confirm comprehensive compliance. Training emphasizes professionalism, dignity, and PREA alignment.</p> <p>CONCLUSION</p> <p>Based on a thorough review of documentation, staff and inmate interviews, and on-site observations, the Auditor finds the facility fully compliant with PREA Standard §115.15. The facility demonstrates clear policies, consistent staff training, and operational practices that uphold the privacy, dignity, and safety of all inmates, including transgender and intersex individuals.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTS</p> <p>The following documentation was reviewed to assess the facility's compliance with PREA Standard §115.16:</p> <p>Pre-Audit Questionnaire (PAQ) ADOC Administrative Regulation (AR) #454, Operations & Legal: Inmate Sexual Abuse and Harassment, dated January 4, 2016 Memorandum of Understanding (MOU) between ADOC and the Alabama Institute for the Deaf and Blind Inmate PREA Acknowledgment Forms designed for inmates who are disabled, have</p>

low vision, or are deaf

PREA educational materials and resources for low-functioning individuals

Memorandum outlining the use and availability of Google Translate for language translation needs

OBSERVATIONS

During the on-site tour, the Auditor observed PREA-related postings prominently displayed throughout the facility in both English and Spanish. These postings were found in housing units, work areas, hallways, visitation rooms, and other high-traffic areas. The Auditor reviewed PREA educational brochures and printed materials, which were also available in English and Spanish. In addition, the Institutional PREA Compliance Manager (IPCM) had established well-maintained PREA bulletin boards that featured reporting instructions and sexual safety messaging.

INTERVIEWS

Facility Head:

The Facility Head confirmed that procedures are in place to ensure inmates with disabilities or who are Limited English Proficient (LEP) receive meaningful access to the facility's PREA program. These procedures include the use of professional interpreters, accessible formats for communications, and staff trained to support inmates with specialized needs.

Random Staff:

Interviews with randomly selected staff confirmed a clear understanding of the prohibition against using inmate interpreters, readers, or assistants during PREA-related communications. Staff consistently reported they had never seen this policy violated and were confident in the procedures to access professional interpretation when needed.

Inmates with Disabilities and LEP Inmates:

All interviewed inmates in these populations reported understanding their rights under PREA and how to report sexual abuse or harassment. Key responses included:

"Do you understand your rights related to sexual abuse and how to report sexual abuse or harassment?" - 100% affirmative.

"Do you feel the facility does everything it can to assist you in feeling less vulnerable and safer in light of your disability?" - 100% affirmative.

"Can you think of anything the facility could do to assist you better in light of your disability?" - All respondents expressed satisfaction with the support and resources provided.

PROVISIONS

Provision (a):

The facility has established and implemented procedures to ensure inmates with disabilities and LEP inmates have equal access to all aspects of the PREA program.

Confirmed practices include:

An MOU with the Alabama Institute for the Deaf and Blind for professional interpretation services

Use of Google Translate for real-time language support, accessible 24/7 via the watch commander

Availability of PREA materials in English and Spanish

Educational materials adapted for sensory, cognitive, and literacy needs

Relevant Policy:

- AR #454 (p. 13, Section B.1.c) – Requires accessibility accommodations for PREA education

Provision (b):

The facility utilizes a wide range of communication resources to ensure effective outreach and understanding among LEP and disabled inmates:

PREA videos and materials available in both English and Spanish with closed-captioning

Alternative formats (visual, auditory) for individuals with hearing or vision impairments

Simplified or read-aloud versions of PREA content for inmates with cognitive challenges

Oversight by an ADA Coordinator to ensure materials are properly adapted and that staff are trained to support these populations

Relevant Policy:

- AR #454 (p. 13, Sections B.1 a-d) and B.2 a-d – Mandates comprehensive, accessible PREA education for all inmates

Provision (c):

Audit findings confirmed that in the 12 months preceding the on-site audit, no inmates, family members, or friends were used as interpreters or readers in any PREA-related context. This is in full compliance with:

Relevant Policy:

- AR #454 (p. 13, Section B.1.c) – Prohibits use of unqualified individuals in place of certified interpreters

CONCLUSION

Based on a comprehensive review of documentation, direct observations, and extensive interviews with staff and inmates, the Auditor finds the facility fully compliant with PREA Standard §115.16. The facility has implemented strong, effective practices to ensure that all inmates—regardless of disability or language proficiency—have equitable access to PREA-related information, education, and reporting procedures. The demonstrated commitment to inclusion, accessibility, and inmate safety reflects best practices in PREA implementation.

115.17	Hiring and promotion decisions
	<p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 628 376">DOCUMENTATION REVIEW</p> <p data-bbox="256 409 1382 488">The facility provided the following documents to support compliance with PREA Standard §115.17 (Hiring and Promotion Decisions):</p> <p data-bbox="256 521 1433 891"> Pre-Audit Questionnaire (PAQ) and supporting documentation ADOC Administrative Regulation (AR) #454: Inmate Sexual Abuse and Harassment (January 4, 2016) ADOC Administrative Regulation (AR) #216: Background Investigations Application and Pre-Employment Questionnaire (Form ADOC 216-B) Background check documentation for staff and contractors Personnel files for current employees Documentation verifying compliance with contractor and volunteer screening requirements </p> <p data-bbox="256 947 432 981">INTERVIEWS</p> <p data-bbox="256 1014 1445 1216"> Human Resources Administrative Staff: During the on-site audit, the Auditor conducted a comprehensive interview with the Human Resources Director. The HR Director described a robust, PREA-compliant approach to employee screening, hiring, promotion, and ongoing monitoring. Key practices discussed included: </p> <p data-bbox="256 1261 1477 1417"> Background Checks: Criminal background checks are conducted prior to employment, promotion, or engagement of contractors with inmate contact. Rechecks are completed at least once every five years. Compliance tracking is managed through a centralized HR database. </p> <p data-bbox="256 1429 1473 1541"> PREA Disclosures: Applicants and current employees are required to complete written disclosures regarding prior sexual misconduct, including institutional findings or resignations during investigations. These disclosures are reaffirmed annually. </p> <p data-bbox="256 1552 1393 1619"> Information Sharing: ADOC shares substantiated allegations of sexual abuse or harassment with institutional employers upon request, unless prohibited by law. </p> <p data-bbox="256 1630 1481 1709"> Self-Reporting Requirements: Employees must report any arrests or incidents relevant to their role. Reported incidents are evaluated to assess continued fitness for duty. </p> <p data-bbox="256 1765 874 1798">COMPLIANCE WITH STANDARD PROVISIONS</p> <p data-bbox="256 1832 1449 2078"> Provision (a): The facility employs a total of 52 staff members, including 4 individuals hired within the past year. There are currently no contractors or volunteers with regular contact with inmates. A random review of personnel files verified that all recent hires completed the required criminal background checks and submitted PREA-related disclosure forms in accordance with policy. </p>

ADOC AR #454, Section V.A.4(a), prohibits hiring or promoting individuals who have:

Engaged in sexual abuse in a custodial setting;

Been convicted of engaging in forced or coerced sexual activity;

Been the subject of substantiated civil or administrative findings of sexual misconduct.

Provision (b):

ADOC policies require consideration of prior sexual abuse or harassment during all hiring and promotion decisions. This was confirmed through policy review, staff interviews, and the PAQ.

Provision (c):

Criminal background checks are completed prior to employment, and reasonable efforts are made to contact previous institutional employers to determine whether any substantiated allegations or resignations during investigations occurred.

Documentation confirms full compliance for all 4 new hires over the past year.

Provision (d):

All contractors and volunteers with potential inmate contact must undergo a background check prior to assignment, with rechecks every five years. Facility records indicate one active contract subject to these requirements, with documented compliance.

Provision (e):

The facility adheres to the five-year recheck requirement for employees and contractors. Interview responses and documentation confirm consistent implementation.

Provision (f):

Applicants and staff are required to complete PREA-related disclosure forms during hiring, promotion, and annually thereafter. Disclosures are made via Form ADOC 216-B and maintained in personnel files. HR systematically tracks and verifies ongoing compliance.

Provision (g):

ADOC policy mandates termination of any individual who knowingly provides false or misleading information during the hiring or disclosure process. This was verified through interviews and a review of AR #454.

Provision (h):

Upon request and when not prohibited by law, ADOC provides institutional employers with information about substantiated allegations of sexual abuse or harassment involving former staff. Interviews and policy reviews confirmed this practice is in place.

CONCLUSION

Based on the review of documentation, personnel records, and staff interviews, the Auditor finds the facility in full compliance with PREA Standard §115.17. The Alabama

	Department of Corrections has implemented a clear, consistent, and PREA-compliant process for the hiring, promotion, and monitoring of staff, contractors, and volunteers, aligning with federal expectations to prevent sexual abuse within correctional environments.
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION REVIEWED</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454 – Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016</p> <p>Facility Schematic – A comprehensive blueprint detailing the layout of the facility, used to evaluate camera coverage and identify potential blind spots</p> <p>OBSERVATIONS</p> <p>The Auditor conducted an extensive on-site tour of the facility. Based on direct observation, there have been no major structural modifications or additions to the facility since the last PREA audit.</p> <p>During the tour, the Facility Head emphasized the use of strategically placed security cameras and mirrors to enhance safety for both inmates and staff. Cameras are positioned to maximize surveillance, particularly in areas identified as high-risk for sexual abuse or harassment. Security mirrors are also employed to reduce blind spots and improve visibility in vulnerable areas.</p> <p>INTERVIEWS</p> <p>Agency Head or Designee:</p> <p>The Agency Head’s designee described the agency’s overarching strategy for surveillance, highlighting efforts to reduce blind spots while upholding inmate privacy, particularly in alignment with PREA’s cross-gender viewing restrictions.</p> <p>Facility Head or Designee:</p> <p>The Facility Head discussed the facility’s ongoing efforts to enhance safety through technological improvements. Key initiatives include:</p> <ul style="list-style-type: none"> A long-term goal to achieve facility-wide camera coverage Planned expansion of surveillance in areas currently under-monitored or considered vulnerable A robust monitoring system with continuous access to live and recorded footage, supporting real-time supervision and post-incident review <p>PROVISIONS REVIEWED</p> <p>Provision (a):</p> <p>The PAQ confirms that no new facilities have been acquired and no significant physical modifications have been made to the existing facility since the last audit.</p>

	<p>Provision (b):</p> <p>The PAQ indicates upgrades have been made to the video monitoring or surveillance systems since the last audit. Executive leadership affirmed that future enhancements remain a key priority in the facility's ongoing efforts to prevent sexual abuse and ensure a safe environment.</p> <p>CONCLUSION</p> <p>Based on the Auditor's review of the Pre-Audit Questionnaire, supporting documentation, on-site observations, and interviews with key staff, the facility is determined to be in full compliance with PREA Standard §115.18.</p>
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115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTATION REVIEWED</p> <p>Pre-Audit Questionnaire (PAQ) and supporting documentation Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016 ADOC Administrative Regulation #300, Investigations Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR) National Protocol for Sexual Assault Medical Forensic Examinations Investigator Specialized Training Certificates Regional List of SANE (Sexual Assault Nurse Examiner) and Rape Crisis Centers</p> <p>INTERVIEWS CONDUCTED</p> <p>PREA Director (PD): The PREA Director confirmed that the agency follows a standardized evidence protocol based on the U.S. Department of Justice's National Protocol for Sexual Assault Medical Forensic Examinations. This protocol is developmentally appropriate for youth and is designed to preserve usable physical evidence for both administrative and criminal investigations. The agency conducts both types of investigations for all allegations of sexual abuse.</p> <p>Institutional PREA Compliance Manager (IPCM): The IPCM provided the following details:</p> <p>Advocacy Services: Victim advocacy is available through facility-based trained staff and external partners.</p> <p>Service Agreement: ADOC maintains a formal MOU with the Alabama Coalition Against Rape (ACAR), covering coordination with 28 rape crisis centers across the state to ensure forensic medical and advocacy services.</p> <p>Examination Location: Forensic exams are conducted at Rape Counselors of East</p>

Alabama, Inc., which houses a dedicated SANE facility.

Forensic Exams in the Past Year: No forensic examinations were reported during the previous 12 months.

SAFE/SANE Medical Staff:

SANE personnel described the examination and evidence collection process:

SANE Call-Out: Upon notification, the inmate is transported to the Rape Counselors of East Alabama for examination.

Comprehensive Services: Services include evidence collection, physical examination, disease prevention medication, and emotional support by a trained victim advocate.

Cost Coverage: Inmates are not financially responsible; costs are covered through the Alabama Crime Victim Compensation Fund.

Random Staff Interviews:

Staff demonstrated comprehensive knowledge of their responsibilities in response to sexual abuse reports, including:

Evidence Preservation: 100% of interviewed staff could accurately describe evidence preservation steps.

Chain of Responsibility: Staff were clear on their role and when to transition responsibility to investigative or medical personnel.

Inmates Reporting Sexual Abuse:

No inmates currently housed at the facility reported sexual abuse within the past year; therefore, no inmate interviews related to this standard were conducted.

Rape Crisis Center Staff – Rape Counselors of East Alabama, Inc.:

MOU with ADOC/ACAR: The agency has a formal agreement ensuring forensic and advocacy services are provided 24/7. The agreement includes the presence of trained victim advocates and hotline access for emotional support.

Service Scope: Services include forensic examinations, emotional support, crisis intervention, and follow-up referrals.

STANDARD PROVISIONS EVALUATION

Provision (a):

The facility conducts both administrative and criminal investigations into sexual abuse and misconduct, as confirmed by the PAQ and ADOC AR #300. The ADOC employs 37 investigators specifically trained for these matters. The IPCM assists in handling inmate-on-inmate sexual harassment administrative cases. Policies emphasize fairness, impartiality, confidentiality, and constitutional rights.

Provision (b):

There are no youthful inmates housed at the facility, as confirmed by the roster and the Auditor's review (no inmates born after 2006). However, the evidence protocol used is developmentally appropriate for youthful inmates, in compliance with PREA standards.

Provision (c):

Forensic medical examinations are available to all inmates reporting sexual abuse, at

	<p>no cost. Examinations are conducted by SANE personnel at the Rape Counselors of East Alabama. If SANE staff are unavailable, an ER physician would perform the exam. No forensic exams occurred during the audit review period, as verified by both the PAQ and IPCM. A victim advocate is assigned to support the inmate throughout the process.</p> <p>Provision (d): Victim advocacy is integrated into the forensic medical examination process. A trained advocate from Rape Counselors of East Alabama supports the inmate before, during, and after the examination. The PAQ reported no allegations of sexual abuse and one of sexual harassment in the last year.</p> <p>Provision (e): Inmates are provided access to a victim advocate, agency staff member, or qualified community-based organization representative upon request. These individuals provide emotional support, crisis intervention, and referral services. This practice was confirmed by the IPCM.</p> <p>Provision (f): As previously stated, the agency/facility conducts both administrative and criminal investigations for all allegations involving sexual abuse and misconduct.</p> <p>Provision (g): This provision is not applicable to auditors.</p> <p>Provision (h): As addressed under Provision (d), advocacy services are embedded in the examination process through ADOC's partnership with ACAR and its member rape crisis centers.</p> <p>CONCLUSION: Following a thorough review of documentation, interviews with facility and external personnel, and assessment of reported practices, the Auditor finds that the facility meets all requirements of this PREA standard regarding the use of a uniform evidence protocol and the availability of forensic medical examinations. The agency demonstrates a coordinated and victim-centered approach through policy, partnerships, and practice.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION REVIEWED

The following documents were reviewed to assess compliance with PREA Standard §115.22 – Referral of Allegations for Investigations:

Pre-Audit Questionnaire (PAQ) and all related supporting documentation
ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment, which outlines responsibilities, procedures, and investigative mandates related to sexual abuse and harassment
ADOC Standard Operating Procedure #454 – Investigations & Intelligence, detailing specific steps for conducting investigations within the Department
ADOC Administrative Regulation #300 – Operations, which establishes investigative authority and general procedures
ADOC Duty Officer Report (DOR) – the official mechanism for documenting and tracking allegations and initiating investigations
National Institute of Corrections (NIC) Training Certificates – demonstrating that agency investigators have completed specialized PREA investigative training and relevant continuing education courses

INTERVIEWS CONDUCTED

Agency Head or Designee

During the interview, the Agency Head’s designee emphasized the Alabama Department of Corrections’ (ADOC) commitment to the immediate and thorough investigation of all allegations of sexual abuse and sexual harassment. The designee confirmed that ADOC does not outsource investigative responsibilities to external agencies; instead, all investigations are conducted internally by trained personnel within the ADOC Law Enforcement Services Division (LESD). The agency also maintains transparency by posting related policies on its official website and ensures that all criminal referrals are documented and tracked throughout the process.

Investigative Staff

Interviews with investigative personnel reinforced the agency’s centralized investigative process. Staff confirmed that all administrative and criminal investigations related to PREA allegations are carried out by the ADOC LESD. The division is comprised of trained, certified law enforcement officers who are equipped to handle sensitive investigations and ensure proper case management and documentation. Staff further noted that when allegations are substantiated as criminal in nature, the cases are referred to the appropriate District Attorney’s office for prosecution, with LESD personnel continuing to support the legal process as necessary.

STANDARD PROVISIONS REVIEW

Provision (a):

The ADOC refers all investigations involving allegations of sexual abuse and harassment to its Law Enforcement Services Division (LESD). As stated in the PAQ and

verified through documentation, LESD is staffed by 32 trained investigators, all of whom have completed specialized training through the National Institute of Corrections (NIC).

According to ADOC Administrative Regulation #454 (p. 22, Section I, 1, b), LESD is responsible for conducting investigations that are prompt, thorough, and objective. This responsibility applies regardless of the employment status of the alleged perpetrator or the potential for criminal prosecution. When criminal conduct is substantiated, the case is formally referred to the local District Attorney, and LESD provides ongoing assistance as needed.

The PAQ indicates the following for the previous 12-month period:

0 allegations of sexual abuse

1 allegation of sexual harassment

0 forensic medical examinations conducted

Provision (b):

The agency has well-established policies and procedures that ensure all allegations of sexual abuse or sexual harassment are referred to qualified investigators with legal authority to conduct such investigations. LESD investigators are sworn peace officers, granting them full authority to perform both administrative and criminal investigations.

The single sexual harassment allegation reported during the audit review period was investigated by LESD and determined to be unsubstantiated.

All allegations are entered into the ADOC Duty Officer Report (DOR) system, which serves as the agency's official logging mechanism for initiating investigative actions, documenting findings, and ensuring accountability throughout the investigative process.

ADOC Administrative Regulation #454 (p. 7, Section C, 5) also requires that victims are notified of the final outcome of the investigation—whether substantiated, unsubstantiated, or unfounded—demonstrating a trauma-informed and victim-centered approach.

Provision (c):

This provision reiterates that the ADOC Law Enforcement Services Division (LESD) is responsible for investigating all allegations. The review confirmed that LESD maintains sole investigative jurisdiction over all PREA-related allegations, including those involving staff misconduct and inmate-on-inmate abuse or harassment.

Provisions (d) and (e):

These provisions are not applicable to the audit process under PREA standards and were not evaluated.

	<p>CONCLUSION</p> <p>Based on a comprehensive review of agency documentation, interviews with relevant staff, and an evaluation of investigative protocols, the Auditor concludes that the Alabama Department of Corrections fully meets the requirements of PREA Standard §115.22 – Referral of Allegations for Investigations.</p>
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115.31	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>DOCUMENTATION REVIEWED</p> <p>To assess compliance with PREA Standard §115.31 – Employee Training, the following documents were thoroughly reviewed:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment, which outlines employee responsibilities for prevention, detection, response, and reporting</p> <p>PREA Training Curricula, developed in collaboration with The Moss Group, a nationally recognized expert in PREA implementation and training development</p> <p>“What Staff Should Know About Sexual Misconduct with Inmates” Pamphlet, distributed to all staff upon hire and during refresher training</p> <p>Annual Staff Training Records (43 staff files reviewed), documenting completion of initial and annual PREA training</p> <p>PREA Training Test, used to assess staff comprehension and retention of key concepts</p> <p>PREA Information Bulletin Board located within the facility for ongoing education</p> <p>IPCM (Institutional Prison Culture Management) Training Materials, which include components reinforcing PREA-related policies and staff responsibilities</p> <p>Staff Meeting and Shift Turnout Documentation, confirming that PREA refreshers are integrated into regular facility operations and communication</p> <p>OBSERVATIONS</p> <p>During the on-site facility tour, the Auditor observed a clearly visible and well-maintained PREA Information Board in a central staff area. The board contained the following materials:</p> <p>Clear definitions and terminology related to sexual abuse and harassment in confinement settings</p> <p>A statement of the agency’s zero-tolerance policy for all forms of sexual abuse and sexual harassment</p> <p>Visual instructions outlining methods of reporting, including both internal and external reporting options</p> <p>A prominent display of the inmate reporting hotline number (*6611), accessible via</p>

institutional phone systems

Information affirming inmates' rights to be free from abuse and retaliation for reporting

This display serves as an ongoing training reinforcement tool and highlights the facility's commitment to PREA education and transparency.

INTERVIEWS

Random Staff Interviews

Staff members selected for random interviews demonstrated a consistent and comprehensive understanding of their responsibilities under the PREA standard. Staff recalled:

Receiving PREA training prior to any inmate contact, as part of their orientation process

Participating in annual in-service PREA training covering all required elements

Attending periodic refresher training during shift briefings and staff meetings

Understanding their role as mandatory reporters and the correct procedures for responding to and reporting allegations

Being trained in all ten key elements required under the standard, including professional interactions with LGBTI and gender nonconforming individuals

STANDARD PROVISIONS REVIEW

Provision (a): Initial and Annual Training

The PAQ and supporting training records confirm that all employees who may have contact with inmates receive PREA training that thoroughly addresses the following ten core elements:

Agency's zero-tolerance policy for sexual abuse and sexual harassment

Staff responsibilities for prevention, detection, reporting, and response

Inmate rights to be free from sexual abuse and harassment

Protection from retaliation for those who report

Dynamics of sexual abuse and harassment in confinement

Common reactions of victims of sexual abuse and harassment

How to detect and respond to signs of potential abuse

Avoiding inappropriate relationships with inmates

Effective communication with LGBTI and gender nonconforming individuals

Legal obligations for reporting sexual abuse and harassment

The training curriculum developed with The Moss Group is well-structured, includes written and visual materials, and incorporates numbered modules to aid retention.

Specialized training modules are customized based on staff roles and responsibilities.

The Auditor reviewed 43 randomly selected staff training records, all of which confirmed receipt and acknowledgment of the full training. Each file contained a signed training attendance sheet or acknowledgment form, and training test scores

	<p>when applicable.</p> <p>Provision (b): Gender-Specific Training Content</p> <p>The training content is customized to reflect the dynamics of working in a male correctional facility, while also addressing gender-specific considerations and interactions, particularly with LGBTI and gender nonconforming individuals. The training materials include relevant scenarios and case studies to help staff understand the unique needs of all populations under their supervision.</p> <p>Provision (c): Refresher Training and Materials</p> <p>All 43 reviewed files contained documentation confirming that staff had completed PREA training within the last 12 months. Ongoing education is provided through:</p> <p>Annual in-service training sessions</p> <p>A staff-issued pamphlet titled “PREA: What Staff Should Know About Sexual Misconduct with Inmates”</p> <p>A laminated, pocket-sized reference guide titled “PREA: A Trauma-Informed Guide for First Responders,” which includes sections on:</p> <ul style="list-style-type: none"> Definitions and key concepts Detection and prevention strategies First responder responsibilities Overview of trauma-informed approaches Contact and support resources <p>These tools reinforce learning and ensure that staff are equipped to respond appropriately in real-time situations.</p> <p>Provision (d): Documentation of Training</p> <p>The agency maintains comprehensive documentation of all PREA-related training. Staff are required to sign training attendance rosters and/or individual acknowledgment forms upon completion of each training session. All 43 files reviewed included complete and properly signed documentation, demonstrating a clear system of training verification and compliance tracking.</p> <p>CONCLUSION</p> <p>Based on an in-depth review of training materials, facility observations, and staff interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.31 – Employee Training</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENTS

Pre-Audit Questionnaire (PAQ) and supporting documentation

ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment

ADOC Administrative Regulation #216 – Volunteer Services

Volunteer Training Records

Contractor Training Records

Training Curricula for Volunteers and Contractors

INTERVIEWS

Volunteer Interview:

During the interview, a volunteer confirmed having received PREA training prior to being authorized to work with inmates. The volunteer indicated that the training was tailored to their role and responsibilities within the facility. When asked by the Auditor to describe their understanding of PREA, the volunteer demonstrated a clear knowledge of the Act and articulated their role and obligations in the event of witnessing or receiving a report of sexual abuse or sexual harassment.

Contractor Interview:

A contractor interviewed also reported receiving PREA training before being permitted to interact with inmates. The contractor confirmed the training addressed specific responsibilities associated with their role. When questioned, the contractor accurately described the purpose of PREA and their duty to report and respond to incidents of sexual abuse or harassment involving inmates.

PROVISIONS

Provision (a):

The facility indicated in the PAQ that all volunteers and contractors who have inmate contact are trained in their responsibilities regarding the prevention, detection, and response to sexual abuse and harassment. The facility reported 110 contractors and 1 volunteer approved for facility access. However, actual numbers entering the facility are significantly lower, which was corroborated during the interview process.

The Auditor reviewed PREA training records for 1 volunteer and 48 contractors, all of which documented completion of PREA training. The training curriculum, developed in collaboration with The Moss Group, includes all ten elements required by the standard. The training is role-specific, with complexity aligned to the duties of the volunteer or contractor.

Policy References:

ADOC AR #454, p.11, K(8): Designates the IPCM as responsible for ensuring all volunteers and contractors receive appropriate PREA training.

ADOC AR #454, p.11, Section M: Specifies that employees, contractors, and volunteers must comply with all policies related to sexual abuse, harassment, and custodial sexual misconduct.

	<p>Provision (b):</p> <p>According to the PAQ, training content and depth are determined by the nature of the volunteer or contractor's duties and level of inmate contact. All are informed of ADOC's zero-tolerance policy and trained on how to report sexual abuse or harassment. Interviews with contractors and the volunteer confirmed this.</p> <p>Supporting documentation included a four-page handout titled "PREA Training for Volunteers and Contractors", which outlines:</p> <p>PREA overview and objectives ADOC reporting procedures Definitions of Sexual Assault, Sexual Harassment, and Custodial Misconduct Acknowledgment form retained in the IPCM's training files Medical personnel, as contracted staff, receive specialized training titled "Prison Rape Elimination Act and What Healthcare Providers Need to Know," in addition to ADOC-specific PREA training.</p> <p>A tri-fold pamphlet is also distributed, summarizing PREA elements and emphasizing key definitions and reporting expectations for volunteers and contractors.</p> <p>Provision (c):</p> <p>The facility maintains documentation that confirms understanding of PREA training by both volunteers and contractors. As noted under Provision (b), signed acknowledgment forms are kept in the IPCM training files.</p> <p>The Auditor reviewed seven PREA training sign-in sheets dated within the past 12 months, each containing participant signatures confirming receipt and understanding of the training.</p> <p>CONCLUSION</p> <p>After a comprehensive review of policies, training documentation, and through interviews with relevant parties, the Auditor concludes that the agency/facility fully meets the requirements of Standard §115.32. All volunteers and contractors who have contact with inmates receive appropriate, role-specific PREA training and demonstrate understanding of their responsibilities under the Prison Rape Elimination Act.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION REVIEWED

As part of the PREA audit process, the Auditor reviewed the following materials related to inmate education:

Pre-Audit Questionnaire (PAQ)

ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment

ADOC Administrative Regulation #216 – Identification and Control of Institutional Volunteers and Contract Personnel

Inmate PREA Training Curriculum, including intake and 30-day education materials

ADOC Male Inmate Handbook (dated 09/25/2017), which includes PREA-related information

Inmate Orientation Materials on Sexual Assault and Harassment

ADOC Form 454-A – Inmate PREA Receipt and Acknowledgment Form

Pamphlet: “What You Should Know About Sexual Abuse and Assault”

PREA Informational Posters displayed throughout the facility

Miscellaneous PREA Training Materials, including videos and handouts

Visual Aids and Posters, available in Spanish, Braille, large print, and low-vision accessible formats

Postings from Confidential External Support Agencies

Inmate Orientation Sign-in Sheets (January 2024 – April 2024)

PREA 30-Day Education Attendance Records

Inmate PREA Education Tracking Spreadsheet, documenting education dates for each inmate

OBSERVATIONS

During the on-site tour, the Auditor observed multiple examples of PREA-related education being made accessible and visible to the inmate population:

PREA informational materials were prominently posted in housing units, dayrooms, intake areas, medical, visitation lobbies, and near inmate phones.

Posters and brochures addressed:

Definitions of sexual abuse and sexual harassment

Zero-tolerance policy language

Internal reporting procedures (e.g., dialing 6611 to contact the ADOC PREA Unit)

External reporting resources (e.g., Rape Crisis Center of Eastern Alabama)

Materials were offered in multiple languages and accessible formats, including:

English and Spanish

Braille and large-print

Video content with closed captioning and American Sign Language (ASL) interpretation

Videos such as “Discussing PREA” were observed being played during orientation and were available for review.

The strategic and consistent placement of visual materials reinforced the agency's zero-tolerance stance and ongoing inmate education efforts.

INTERVIEWS

Intake Staff Interviews:

Confirmed that PREA education begins at intake, where inmates are given:

A verbal explanation of PREA protections and reporting options

Written materials, including the PREA pamphlet and Inmate Handbook

Verified that all inmates participate in a comprehensive PREA education session within 15 days of intake, per ADOC policy.

Reported accommodations for:

Limited English Proficiency (LEP) inmates

Inmates who are blind, deaf, or have cognitive or learning disabilities

Emphasized that all inmates are required to sign ADOC Form 454-A to document receipt and understanding of PREA education materials.

Random Inmate Interviews:

Inmates consistently recalled receiving PREA information upon intake and again during 30-day education.

Described viewing PREA videos and receiving the Inmate Handbook.

Demonstrated understanding of:

Their right to be free from sexual abuse and harassment

Multiple reporting avenues, including internal and external options

Confidentiality and protection from retaliation

STANDARD PROVISIONS REVIEW

Provision (a):

All inmates receive PREA information during the intake process, including an explanation of the zero-tolerance policy, definitions of prohibited conduct, and available reporting methods.

Documentation and interviews confirm that all 149 inmates admitted in the past 12 months received PREA education at intake.

Education is provided in both written and verbal formats.

Provision (b):

Inmates housed for 30 days or more receive a more comprehensive PREA education session within the required timeframe.

The session includes video presentations, discussions, and time for questions.

Verified through:

30-Day PREA Education Attendance Logs

Education Tracking Spreadsheets

ADOC policy AR #454, Section B.1.b

Provision (c):

Each inmate's file includes signed documentation (ADOC Form 454-A) confirming their

	<p>participation in PREA education.</p> <p>The Auditor reviewed 28 inmate files and confirmed 100% compliance. Documentation included acknowledgment of: Inmate Handbook Orientation session 30-day PREA education Provision (d):</p> <p>PREA education is delivered in formats that accommodate inmates with disabilities or LEP.</p> <p>Materials are available in: Spanish, Braille, large print Videos with ASL interpretation and closed captions Facility policy prohibits the use of other inmates to interpret. Intake staff and PREA Coordinators ensure accessibility compliance. Provision (e):</p> <p>The facility maintains comprehensive records documenting inmate receipt and understanding of PREA education.</p> <p>Files include signed ADOC Form 454-A The centralized PREA Education Tracking Spreadsheet allows staff to monitor compliance across units and over time. Provision (f):</p> <p>PREA education is ongoing and reinforced through:</p> <p>Visible posters and handouts in all inmate-accessible areas Recurring education during group orientations and refreshers Access to PREA videos and materials in the law library and media center Staff reinforcement during unit meetings and case management sessions</p> <p>CONCLUSION</p> <p>Based on the comprehensive review of documentation, direct observations, and interviews with both staff and inmates, the Auditor finds the facility to be in full compliance with PREA Standard §115.33 – Inmate Education.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION REVIEWED</p> <p>The following materials were reviewed by the Auditor to assess compliance with PREA</p>

Standard §115.34 – Specialized Training for Investigators:

- Pre-Audit Questionnaire (PAQ) and related supporting documentation
- ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment, which mandates specialized training for all investigators
- Specialized Training Curriculum for Investigators, including both in-person and online components
- Training Certificates for thirty-seven investigators assigned to the ADOC Law Enforcement Services Division
- Training Materials and Course Content from:
 - o The Moss Group
 - o Alabama Department of Corrections Training Division
 - o Training Force USA
 - o U.S. Department of Justice – National Institute of Justice (NIJ) and National Institute of Corrections (NIC)

INTERVIEWS

Investigative Staff:

Interviews were conducted with members of the investigative team responsible for handling sexual abuse allegations within the facility and the broader agency.

- Investigators confirmed that they had received specialized PREA training specifically focused on confinement settings.
- Staff were able to articulate key principles related to:
 - o Trauma-informed approaches to interviewing victims
 - o Proper application of Miranda and Garrity warnings
 - o Evidence preservation and investigative procedures unique to correctional environments
 - o Standards for determining whether cases are substantiated for administrative or prosecutorial action
- Investigators demonstrated confidence and competency in conducting investigations that align with PREA expectations and agency policy.

STANDARD PROVISIONS REVIEW

Provision (a):

Agency policy, as outlined in ADOC Administrative Regulation #454, requires that all investigators receive specialized training in conducting sexual abuse investigations within confinement settings.

- The PAQ and supporting documentation affirm this policy.
- The Auditor reviewed training certificates for thirty-seven PREA-designated investigators, verifying completion of relevant programs from:
 - o The Moss Group
 - o Training Force USA
 - o ADOC Training Academy
- The curriculum covered critical topics such as:
 - o Trauma-Informed Sexual Assault Investigations
 - o Human Trafficking Awareness in Corrections
 - o PREA Investigation Protocols
 - o Prison Rape and Sexual Assault Investigation Techniques

	<p>The breadth and depth of the curriculum reflect the agency's commitment to preparing investigators to handle the unique dynamics of sexual abuse allegations in custodial settings.</p> <p>Provision (b):</p> <p>Specialized investigator training includes all elements required under this standard. This was verified through documentation review and investigator interviews. Training modules covered:</p> <ul style="list-style-type: none"> • Interviewing techniques for victims of sexual abuse, including trauma-informed approaches • Application of Miranda and Garrity warnings, ensuring rights are preserved while maintaining investigative integrity • Evidence collection protocols appropriate to confinement settings, including biological, digital, and testimonial evidence • Legal thresholds and criteria for substantiating allegations for administrative action or referral for prosecution <p>Investigative staff were able to discuss these concepts in detail during interviews, demonstrating knowledge and experience in applying them.</p> <p>Provision (c):</p> <p>The agency maintains complete documentation of training completion for all investigators. The Auditor verified this by:</p> <ul style="list-style-type: none"> • Reviewing signed and dated training certificates stored in personnel files • Cross-checking attendance rosters from in-person sessions • Confirming completion of online training modules developed by the National Institute of Justice and NIC • Verifying consistency with ADOC Administrative Regulation #454, which requires all training to be documented and maintained <p>The records system was found to be comprehensive and current, ensuring that only appropriately trained staff are assigned to PREA investigations.</p> <p>Provision (d):</p> <p>Not applicable. This provision is not required for compliance with this standard.</p> <p>CONCLUSION</p> <p>Based on the thorough review of policy, training records, curricula, and interviews with investigative personnel, the Auditor finds that the agency is in full compliance with PREA Standard §115.34 – Specialized Training for Investigators.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION REVIEWED</p> <p>As part of the compliance assessment for PREA Standard §115.35, the Auditor</p>

reviewed the following materials:

Pre-Audit Questionnaire (PAQ) completed by facility leadership

Alabama Department of Corrections (ADOC) Administrative Regulation #454 – Inmate Sexual Abuse and Harassment, which outlines training requirements for medical and mental health practitioners

Specialized Training Curricula tailored specifically for medical and mental health staff
Training Records and Certificates of the medical practitioner currently assigned to the facility

General PREA Training Records applicable to all staff, contractors, and volunteers

Signed Acknowledgments of Training Completion and attendance rosters
documenting participation in required trainings

The documentation reflected a comprehensive and well-organized approach to ensuring all healthcare practitioners receive training that meets the standards outlined in PREA §115.35.

INTERVIEWS

Facility Head

The Facility Head confirmed that all medical and mental health staff assigned to the facility—including contracted personnel—have received both the general PREA training required under §115.31 and the specialized training required under §115.35. The Facility Head emphasized confidence in the quality and relevance of the training and expressed that it adequately prepares healthcare staff to respond to allegations of sexual abuse and harassment professionally and effectively.

Medical Staff

Interviews with medical personnel affirmed that they had received PREA training specific to their role as healthcare providers. Medical staff articulated a clear understanding of:

How to identify physical and behavioral signs of sexual abuse or harassment

The importance of evidence preservation and proper documentation

Agency and facility protocols for immediate response to victims

Mandatory reporting obligations and confidentiality standards

Awareness of trauma-informed care and its relevance to inmate health outcomes

The staff demonstrated both competence and sensitivity in discussing their responsibilities under PREA.

PREA Compliance Manager (PCM)

The PCM confirmed that the facility maintains complete and current training documentation for all medical and mental health care providers, including any contract staff. The PCM further explained that the agency uses a centralized system for tracking compliance, ensuring that no medical practitioner is permitted to work without meeting the specialized training requirements under §115.35.

STANDARD PROVISIONS REVIEW

Provision (a):

The PAQ and supporting documentation confirm that ADOC policy mandates specialized PREA training for all medical and mental health care practitioners. At the time of the audit, one such practitioner was assigned to the facility, and documentation showed that 100% compliance was achieved.

The Auditor reviewed:

Detailed lesson plans and curriculum content developed for medical professionals
Training completion certificates, signed and dated
Agency policies describing required training topics and documentation procedures
Training topics, as outlined in ADOC Administrative Regulation #454 (Page 12, Section V.3, a-g), include:

Detecting and assessing physical and psychological indicators of sexual abuse
Evidence preservation techniques in a custodial environment
Providing appropriate, professional, and trauma-informed care to victims
Reporting protocols and coordination with investigative and mental health teams
Understanding the medical and psychological needs of inmates affected by sexual trauma
Recognizing populations with elevated vulnerability, such as LGBTQ+ individuals and inmates with disabilities
All training is documented with signed attestations and securely maintained in employee personnel files.

Provision (b):

Not applicable. ADOC policy clearly states that forensic medical examinations are not conducted by facility-based medical staff. Instead, such services are referred to external, qualified Sexual Assault Nurse Examiners (SANEs) or Sexual Assault Forensic Examiners (SAFEs) at designated medical facilities.

This policy aligns with national best practices and ensures that forensic services are provided by professionals with appropriate credentials and equipment.

Provision (c):

The agency maintains a robust system for tracking and verifying training completion for all healthcare staff. The Auditor verified:

Personnel files that included signed and dated certificates of completion
Training logs maintained by the PREA Compliance Manager and facility training coordinator
Interview statements that aligned with documentation and confirmed staff knowledge
This system provides consistent assurance that medical and mental health professionals are trained and prepared to meet their obligations under PREA.

	<p>Provision (d):</p> <p>In accordance with PREA Standard §115.31, all medical and mental health practitioners also receive general PREA training applicable to all staff, contractors, and volunteers. The Auditor reviewed:</p> <p>General PREA training rosters and sign-in sheets Curriculum materials detailing key policy points and reporting mechanisms Cross-referenced training documentation for contracted medical personnel The facility ensures that no staff member is exempt from PREA education, reinforcing a culture of awareness and accountability across all disciplines.</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of the PAQ, relevant agency policy (AR #454), medical training records, and consistent information obtained through staff interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.35 – Specialized Training for Medical and Mental Health Care.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTATION REVIEWED</p> <p>As part of the audit process to assess compliance with PREA Standard §115.41, the Auditor reviewed a comprehensive set of documents and records, including:</p> <p>Pre-Audit Questionnaire (PAQ) completed by facility and agency representatives ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment, which outlines the risk screening process and timeframes ADOC Administrative Regulation #637 – Gender Dysphoria, which governs housing and care considerations for transgender and intersex inmates ADOC Form 454-C: Classification PREA Risk Factors Checklist, a screening tool used at intake and reassessment ADOC Form 454-K: PREA Risk Assessment, which documents risk determinations and decisions Facility Risk Assessment Checklist used to ensure the consistency and completeness of risk evaluation processes Initial Risk Assessment Records for newly admitted or transferred inmates 30-Day Risk Reassessment Records for a sample of inmates in accordance with PREA requirements These materials reflect a structured, policy-driven approach to identifying inmates at risk of sexual victimization or abusiveness, ensuring appropriate classification and</p>

placement decisions.

INTERVIEWS

PREA Director (PD)

The PREA Director confirmed that risk screening information is treated as sensitive and confidential, accessible only to designated staff such as medical, mental health, classification, and PREA personnel. Access is granted solely on a “need-to-know” basis and used specifically to inform decisions about housing, program participation, education, and work assignments. The PD also verified that ADOC does not house inmates for civil immigration purposes, rendering certain PREA considerations inapplicable.

PREA Compliance Manager (PCM)

The PCM emphasized that the screening process is foundational to the facility’s sexual safety framework. Risk screening is used proactively to prevent incidents by identifying potential victims and aggressors. The PCM affirmed that the agency uses validated assessment tools, and that all screening staff receive regular training to ensure fidelity in the screening process.

Risk Screening Staff

Staff responsible for administering the risk assessments described a structured process in which each inmate is screened within 24 hours of arrival, with all assessments completed well within the 72-hour window required by PREA. Key elements of the process include:

- Use of standardized forms (454-C and 454-K) for initial screening

- Completion of 30-day reassessments for all inmates

- Additional screenings conducted following:

 - A PREA-related incident or allegation

 - New or updated information suggesting a change in risk level

 - An inmate’s return from an absence such as a hospital or court trip

Screening staff also described the enhanced protocol for transgender inmates, which includes an initial screening within 24 hours, a reassessment within 30 days, and semiannual reviews. Importantly, they confirmed that inmates are never penalized for refusing to answer personal or sensitive questions. Staff may attempt to re-engage the inmate or explain the purpose of the questions, but participation remains voluntary and non-punitive.

Randomly Selected Inmates

Inmates confirmed that they were asked a range of safety-related questions during the intake process, including inquiries about sexual orientation, gender identity, personal history, and perceptions of safety. Inmates stated that screenings occurred promptly and that they understood the intent was to ensure their safety in housing and placement decisions.

Transgender Inmates

At the time of the audit, there were no transgender or intersex inmates housed at the facility. Therefore, no interviews were conducted with this population.

STANDARD PROVISIONS REVIEW

Provision (a):

ADOC Administrative Regulation #454, Section F.1, requires that all inmates be screened for risk of victimization or abusiveness within 72 hours of intake or transfer. The Auditor observed intake procedures in real time and reviewed completed Forms 454-C and 454-K for 46 inmate files, confirming that all screenings were conducted within policy timeframes, most within 24 hours. Documentation showed uniform and timely application of screening protocols.

Provision (b):

Consistent with Section F.2 of AR #454, risk screenings are conducted within 72 hours of all admissions, including intra-system transfers. Interviews and documentation verified that the same screening protocol is applied to all new arrivals, with clear records supporting universal compliance.

Provision (c):

The ADOC utilizes validated, standardized tools—specifically Forms 454-C and 454-K—to evaluate inmates for risk of victimization or abusiveness. These forms incorporate weighted and evidence-based screening questions that align with federal PREA guidance. Staff interviews confirmed consistent use of these tools in all assessments.

Provision (d):

Form 454-C comprehensively addresses all required screening factors, including:

Mental, physical, or developmental disabilities

Age and physical stature

Criminal and incarceration history

History of sexual victimization or abusive behavior

Gender identity and sexual orientation

Inmate's own perception of vulnerability

Immigration status, though not applicable at this facility

This ensures that assessments are both compliant and sensitive to individualized risks.

Provision (e):

Screening tools also include questions about prior acts of sexual abuse, violent convictions, and institutional misconduct, which are key elements in assessing the risk of abusiveness. These were clearly present in Form 454-C, Part 2, and confirmed

	<p>during staff interviews.</p> <p>Provision (f):</p> <p>ADOC policy requires a 30-day reassessment for each inmate following intake. The Auditor reviewed reassessment records for 40 inmates, confirming that each file included a completed 30-day follow-up assessment. No exceptions or omissions were found, indicating strong compliance.</p> <p>Provision (g):</p> <p>Staff are trained to conduct reassessments any time additional risk-relevant information is received, including incidents of sexual abuse, changes in housing, or inmate requests. Section F.5 of AR #454 outlines this requirement, and staff provided real-world examples demonstrating consistent implementation.</p> <p>Provision (h):</p> <p>Per AR #454, Section F.7, inmates are not disciplined for refusing to answer risk screening questions. Staff interviews affirmed a non-punitive approach, with emphasis placed on informed consent and respectful communication.</p> <p>Provision (i):</p> <p>Access to risk screening data is strictly limited to qualified personnel, including medical, mental health, classification, and PREA staff. ADOC policy prohibits misuse or disclosure of this information, and Section F.8 of AR #454 emphasizes data confidentiality. Staff interviews confirmed strict adherence to this policy.</p> <p>CONCLUSION</p> <p>Based on the comprehensive review of policies, documentation, interviews, and direct observation of intake and screening procedures, the Auditor concludes that the facility is in full compliance with PREA Standard §115.41 – Screening for Risk of Victimization and Abusiveness</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION REVIEWED</p> <p>The following documents were reviewed to assess the facility’s compliance with PREA Standard §115.42 – Use of Screening Information:</p> <p>Pre-Audit Questionnaire (PAQ) and supporting documentation</p>

ADOC Administrative Regulation (AR) #454: Inmate Sexual Abuse and Harassment, dated January 4, 2016
ADOC Standard Operating Procedure (SOP) #454-5
ADOC Form 454-C: Classification PREA Risk Factors Checklist
ADOC Form 454-K: PREA Risk Assessment
PREA Director Memo dated February 20, 2020: Transgender Reassessment and Housing
Intake Risk Assessment Checklist
Risk Assessment Checklist
Housing Designation Spreadsheet
Inmate records documenting intake and reassessment dates and outcomes
These documents collectively demonstrated that risk screening data is actively used to guide classification, housing, programming, education, and work assignments in accordance with the PREA standard.

INTERVIEWS

PREA Director (PD)

The PREA Director reported that while an inmate's gender identity is initially classified by their legal sex assignment at birth, individual assessments are performed immediately to guide appropriate placement. For transgender or intersex inmates, the PD emphasized that their personal views regarding safety are given significant weight in determining housing and programming. Regular reassessments occur at least every six months, or sooner in cases involving sexual incidents, with additional safety interviews conducted to identify threats, enemies, and perceived vulnerabilities.

Staff Responsible for Risk Screening

Screening staff described a detailed and individualized classification process that uses both formal tools (such as Forms 454-C and 454-K) and personal interviews with each inmate. Staff affirmed that these assessments influence classification and housing decisions, ensuring separation of those at high risk of sexual victimization from those considered sexually aggressive.

Institutional PREA Compliance Manager (IPCM)

The IPCM confirmed that the agency is not under any legal mandate to operate a separate facility, unit, or wing for LGBTI inmates. These inmates are housed within the general population unless specific threats or concerns are identified. The IPCM emphasized that risk levels, housing, and programming assignments are all based on information gathered through screening and reassessments, with high-risk individuals appropriately separated for safety.

Transgender Inmates

At the time of the audit, there were no transgender or intersex inmates housed at the facility; therefore, interviews with this population were not conducted.

PROVISIONS

Provision (a):

The PAQ and interviews with the PCM confirmed that information obtained from risk screenings is used to guide housing, bed, work, education, and program assignments. A review of 46 inmate records verified that classification decisions reflected assessment results, and that staff appropriately used this information to maintain separation between potentially vulnerable and aggressive inmates.

Supporting Policy: AR #454, Section F.9.a.

Provision (b):

Individualized determinations are made to ensure inmate safety. The facility demonstrated this through documented assessments and interviews indicating each inmate's classification is based on personal risk factors, with a focus on safety and individualized needs.

Supporting Policy: AR #454, Section F.10.a.

Provision (c):

When determining housing or programming for transgender or intersex inmates, the facility uses a case-by-case approach to consider health, safety, and potential security concerns. Staff demonstrated awareness of this process in interviews.

Supporting Policy: AR #454, Section F.10.f.

Provision (d):

The facility confirmed that placements for transgender or intersex inmates are reassessed at least twice annually. Though there were no such inmates present during the audit, policy and staff statements verified understanding and readiness to meet this requirement.

Supporting Policy: AR #454, Section F.10.d.

Provision (e):

The views of transgender and intersex inmates regarding their safety are given thoughtful consideration when making housing or program assignments. Staff interviews reflected this practice, despite the absence of such individuals at the time of the audit.

Supporting Policy: AR #454, Section F.10.e.

Provision (f):

Transgender and intersex inmates are permitted to shower separately from other inmates. Staff confirmed this accommodation would be made by adjusting shower schedules to offer privacy—typically 30 minutes before or after the general population.

Supporting Policy: AR #454, Section F.10.g.

Provision (g):

The agency does not place LGBTI inmates in dedicated units or wings solely based on

	<p>identification or status, except under legal mandate (e.g., consent decree). The IPCM verified that such placements have not occurred.</p> <p>Supporting Policy: AR #454, Section F.10.c.</p> <p>CONCLUSION</p> <p>Based on the review of documentation, interviews with staff, and analysis of policies and practices, the Auditor concludes that the agency/facility meets all provisions of PREA Standard §115.42 – Use of Screening Information. The facility has demonstrated a comprehensive and individualized approach to using screening data to protect inmates from sexual abuse and ensure appropriate housing, classification, and programming decisions</p>
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115.43	Protective Custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTATION REVIEWED</p> <p>The following documents were reviewed to assess the facility’s compliance with PREA Standard §115.43 – Protective Custody:</p> <p>Pre-Audit Questionnaire (PAQ) – Verified that no inmates were placed in involuntary segregation due to risk of sexual victimization during the review period.</p> <p>ADOC Administrative Regulation (AR) #454 – Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016 – Specifically, Section J (pp. 23-24) outlines the agency’s policy prohibiting the use of segregated housing for inmates at risk of sexual victimization unless no alternative exists, along with requirements for continued access to programming and regular review procedures.</p> <p>ADOC Administrative Regulation #435 – Referenced, but no content directly applicable to this standard was provided or reviewed for this audit.</p> <p>Housing Designation Spreadsheet – Reviewed and confirmed the facility does not operate a segregation unit.</p> <p>INTERVIEWS</p> <p>Facility Head or Designee</p> <p>The Facility Head confirmed that the facility does not have a segregation unit. As a result, no inmates were involuntarily placed in segregated housing due to being at risk for sexual victimization during the review period. The Facility Head further affirmed adherence to ADOC policy regarding the prohibition of such placements unless no alternative exists.</p>

Staff Supervising Segregated Housing Units

There is not a segregation unit at this facility; therefore, no staff assigned to such units were available to be interviewed for this standard.

Inmates in Segregated Housing

The facility does not have a segregation unit in which inmates are housed. As such, no inmate interviews were conducted for this standard.

Institutional PREA Compliance Manager (IPCM)

The IPCM confirmed the facility does not operate a segregation unit and stated unequivocally that no inmates had been placed in segregated housing due to sexual victimization risk in the past twelve months. The IPCM demonstrated familiarity with agency policy, including the requirement for a 30-day periodic review should such a placement occur.

PROVISIONS

Provision (a):

Agency policy, as affirmed in the PAQ and supported by interviews, prohibits placing inmates who are at high risk of sexual victimization in involuntary segregated housing unless there are no reasonable alternatives.

Supporting Policy: ADOC AR #454, Section J.1 (p. 23) mandates that such placements be avoided unless all other means to ensure safety have been assessed and deemed insufficient.

Provision (b):

While no such placements occurred during the review period, agency policy requires that inmates placed in segregated housing for their protection retain access to programs, education, privileges, and work opportunities to the fullest extent possible.

Supporting Policy: ADOC AR #454, Section J.2 (p. 23) specifies that appropriate access must be maintained, and that documentation of the justification for the placement must be completed.

Provision (c):

The PAQ reflects that no inmates were placed in segregated housing in the past twelve months for protection from sexual victimization.

Supporting Policy: Agency policy strictly limits the use of protective custody and emphasizes the necessity of considering less-restrictive alternatives first.

Provision (d):

No protective custody placements occurred during the past year.

Provision (e):

Although there were no placements, agency policy mandates a formal review every 30 days for any inmate housed in protective custody. These reviews are intended to ensure the continued appropriateness of the placement and to explore alternatives.

	<p>Supporting Policy: ADOC AR #454, Section J.3 (p. 23) outlines this 30-day review requirement.</p> <p>CONCLUSION</p> <p>Based on the review of documentation, interviews with staff, and the absence of any involuntary segregated housing placements for inmates at risk of sexual victimization during the audit review period, the facility is in full compliance with PREA Standard §115.43 – Protective Custody.</p>
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115.51	Inmate reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTS REVIEWED</p> <p>Pre-Audit Questionnaire (PAQ) – Confirmed multiple internal and external reporting avenues available to inmates.</p> <p>ADOC Administrative Regulation (AR) #454 – Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, which outlines inmate and staff reporting procedures.</p> <p>ADOC Male Inmate Handbook, dated September 25, 2017 – Provides clear guidance to inmates on how to report sexual abuse and harassment.</p> <p>Inmate Legal Mail Envelopes – Pre-addressed envelopes available for confidential correspondence with the Law Enforcement Services Division (LESD).</p> <p>Memorandum of Understanding (MOU) with Securus Technologies – Establishes the PREA hotline and other reporting hotlines as part of a broader inmate communication system.</p> <p>“NO MEANS NO” Poster – Facility-wide educational material reinforcing zero tolerance and reporting options.</p> <p>OBSERVATIONS</p> <p>During the on-site audit, the Auditor observed that "NO MEANS NO" posters were prominently displayed throughout the facility in both English and Spanish. These posters were visible in all housing units, common areas, hallways, the intake holding area, dining room, and other key locations, reinforcing a culture of awareness and accessibility regarding sexual safety and reporting mechanisms.</p> <p>The Auditor also noted multiple secure “PREA” drop boxes located in various parts of the facility, clearly labeled and accessible to inmates who may wish to report incidents confidentially and in writing.</p> <p>During an interview with mailroom staff, the Auditor confirmed that inmates may</p>

request self-addressed, pre-printed envelopes addressed to the Director of LESD. This allows for confidential reporting via legal mail, ensuring privacy and limiting facility staff's involvement in handling sensitive communications.

Additionally, the Auditor tested telephones in multiple housing units to assess inmate access to the *6611 PREA hotline. Each test confirmed that the hotline was operational, free of charge, and included a recorded message notifying the caller of the option to leave an anonymous message. The system allows for two-minute recorded messages, all of which are archived and reviewed by the appropriate personnel. The recorded disclaimer provides transparency regarding monitoring practices and safeguards.

INTERVIEWS

Institutional PREA Compliance Manager (IPCM):

The IPCM confirmed that inmates are provided with several reporting avenues—internally through staff or supervisors, or externally via the PREA hotline, the State Board of Pardons and Paroles, the Office of Victim Services, or other third-party organizations. The IPCM also confirmed that a Memorandum of Understanding (MOU) exists with Securus Technologies, allowing inmates to leave anonymous messages that are forwarded directly to the agency's PREA Director via email for timely and appropriate follow-up.

Random Staff:

All interviewed staff members acknowledged their responsibility to accept and report allegations of sexual abuse or harassment, regardless of the method of reporting. Staff demonstrated knowledge of the available inmate reporting mechanisms, including:

Verbally reporting to any staff member

Using the PREA hotline

Submitting written grievances

Using the PREA drop boxes

Third-party and anonymous reports

Additionally, staff confirmed they had clear pathways for reporting sexual abuse of inmates privately, including notifying their supervisor, the IPCM, or the PREA Director.

Random and Targeted Inmates:

Inmates consistently reported knowledge of multiple reporting mechanisms, including:

Calling the PREA hotline

Reporting to staff or the IPCM

Asking a family member to contact the facility on their behalf

Using written reports or the drop boxes

Inmates expressed confidence that reports would be taken seriously and addressed appropriately.

PROVISIONS

Provision (a):

The facility, through the PAQ and staff interviews, confirmed that inmates may report:

Sexual abuse and sexual harassment

Retaliation for reporting

Staff neglect or violation of responsibilities that may have contributed to such incidents

ADOC AR #454 (p. 21, Section H, 2, a) outlines comprehensive reporting avenues, including verbal, written, third-party, and anonymous reports. Inmates may submit grievances, use the hotline, place a complaint in a drop box, notify staff or the IPCM, or use a legal mail envelope addressed to LESD. The IPCM verified all these avenues are active and well-known to the population.

Provision (b):

The facility provides inmates with a means to report to an entity not part of the ADOC. The PREA hotline (*6611) and the ACAR hotline (1-800-639-4357), operated under a contract with Securus, are accessible to all inmates.

6611: PREA and Investigations Hotline – Recorded and archived, allowing anonymous third-party and internal reporting.

1-800-639-4357: ACAR Hotline – Not recorded or monitored, offering confidential access to support services.

This system is available 24/7, and recordings are retained for a minimum of five years, per vendor contract.

Provision (c):

Staff accept and respond to reports made:

Verbally

In writing

Anonymously

By third parties

ADOC AR #454 (p. 19, Section H, 1, a & b) requires staff to immediately report and document any knowledge, suspicion, or information regarding sexual abuse or harassment. Random staff interviews confirmed full understanding of these responsibilities.

The inmate handbook (p. 23) reinforces this, stating:

“All reports are investigated and are confidential – the ADOC and its staff want to keep you safe!”

Provision (d):

The PAQ and staff interviews confirmed that staff may report incidents of sexual abuse or harassment privately. This is addressed in AR #454, Section H, which ensures that staff have the ability to communicate concerns discreetly through appropriate channels, including the IPCM, supervisors, or directly to the PREA Director.

	<p>CONCLUSION</p> <p>Based on comprehensive review of documentation, direct observation, and extensive interviews with staff and inmates, the Auditor has determined that the agency and facility fully comply with PREA Standard §115.51 – Inmate Reporting</p>
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115.52	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>DOCUMENTATION REVIEWED:</p> <p>Pre-Audit Questionnaire (PAQ) and supporting documentation ADOX Administrative Regulation (AR) #454: Inmate Sexual Abuse and Harassment, dated January 4, 2016 ADOX Administrative Regulation (AR) #406: Inmate Grievance Policy, dated August 1, 2023</p> <p>INTERVIEWS:</p> <p>Random Staff: Staff interviewed during the on-site audit confirmed that allegations of sexual abuse and sexual harassment are considered grievable issues within the facility. Staff demonstrated awareness of the policies that allow inmates to file such grievances and described the procedures for forwarding these complaints for appropriate investigation.</p> <p>Random Inmates: Inmates, both through formal interviews and informal conversations, consistently reported their understanding that sexual abuse and sexual harassment are grievable issues. Inmates confirmed they could utilize the grievance process to formally report these incidents and described available options, including the ability to request assistance in filing grievances.</p> <p>PROVISIONS:</p> <p>Provision (a): The agency has established an administrative procedure for addressing inmate grievances related to allegations of sexual abuse. According to the PAQ, the facility has not received any such grievances in the past 12 months. All grievances that are filed are expected to reach a final decision within 90 calendar days of initial submission.</p>

The Auditor reviewed ADOC AR #454 and AR #406, as well as the Inmate Handbook, all of which affirm that inmates are permitted to file grievances concerning sexual abuse. These documents outline the procedural framework and timeframes for resolution.

Provision (b):

The agency permits inmates to submit a grievance related to an allegation of sexual abuse at any time, regardless of when the alleged incident occurred. Additionally, inmates are not required to utilize informal resolution methods prior to filing a formal grievance.

Supporting policies include:

AR #406, p. 6, Section F: Encourages informal resolution but does not mandate it prior to formal grievance filing.

AR #406, p. 6, Section G: Explicitly states that no time limit shall be imposed on submitting a grievance related to sexual abuse or harassment.

Provision (c):

The agency's policy allows inmates to file grievances alleging sexual abuse without submitting them to the staff member who is the subject of the complaint. Additionally, grievances are not referred to the subject of the complaint at any stage of the process.

Relevant policy sections include:

AR #406, pp. 5–6, Section E: Ensures that inmates are not required to present grievances through the staff member involved in the allegation.

AR #406, p. 8, Section R: States that grievances involving sexual abuse or harassment are logged and forwarded directly to the Institutional PREA Compliance Manager (IPCM) for handling under AR #454.

Provision (d):

In accordance with AR #406, the Institutional Grievance Officer (IGO) is required to provide a response to a Step 1 grievance within 10 days of receipt. The PAQ confirms that no grievances alleging sexual abuse were filed in the last 12 months.

AR #406, pp. 9–10, Section Z, 1.d: Specifies the 10-day response timeframe for Step 1 grievances.

Provision (e):

The agency permits third parties—such as fellow inmates, staff, family members, attorneys, and outside advocates—to assist inmates in filing grievances regarding sexual abuse. If an inmate declines assistance, the facility documents the inmate's decision.

However, AR #406 states that while third parties can assist in preparing grievances, they may not submit grievances on the inmate's behalf.

AR #406, p. 5, Section D: Allows assistance in preparing grievances but restricts actual submission to the inmate.

Provision (f):

	<p>The agency has an emergency grievance procedure in place for situations where an inmate is at substantial risk of imminent sexual abuse. Emergency grievances must be responded to within 48 hours. The Warden/Designee determines the emergency status and routes the grievance to the appropriate authority (IPCM or LESD) depending on the nature of the allegation.</p> <p>Key policy references:</p> <p>AR #406, pp. 10-11, Section AA, 1: Outlines expedited handling of emergency grievances.</p> <p>AR #406, p. 11, Section AA, 4: States that emergency grievance appeals must be resolved within 72 hours and actions taken documented.</p> <p>The PAQ confirms that no emergency grievances related to imminent sexual abuse risk were filed in the past year.</p> <p>Provision (g):</p> <p>The agency's policy limits disciplinary action against inmates who file grievances alleging sexual abuse to cases where it is established that the grievance was submitted in bad faith.</p> <p>AR #406, p. 7, Section L: Strictly prohibits reprisals and retaliation for participation in the grievance process, with consequences for violators, including possible criminal or administrative action.</p> <p>CONCLUSION:</p> <p>Based on the review of documentation, policies, interviews with staff and inmates, and the Pre-Audit Questionnaire, the Auditor concludes that the agency/facility meets all provisions of PREA Standard §115.52, Exhaustion of Administrative Remedies. The grievance procedures related to sexual abuse allegations are clearly defined, accessible, and in compliance with federal PREA requirements.</p>
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115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTATION REVIEWED:</p> <p>Pre-Audit Questionnaire (PAQ) and supporting documentation</p> <p>ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (PREA)</p> <p>Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR)</p> <p>PREA Posters observed throughout the facility (English and Spanish)</p> <p>Alabama Advocacy Hotline contact information</p> <p>MOU with outside confidential support services agency and associated advocacy</p>

center contact listings

OBSERVATIONS:

During the on-site tour of the facility, the Auditor observed “NO MEANS NO” posters prominently displayed in housing units, program areas, and common areas. These posters were printed in both English and Spanish and included information about how to report sexual abuse and how to access outside confidential emotional support services, including the PREA hotline and support advocacy resources.

Additionally, telephones were visibly accessible to inmates in housing and program areas, and instructions for contacting the PREA hotline were clearly posted adjacent to the phones.

INTERVIEWS:

Inmates:

During formal interviews and informal conversations, inmates consistently reported knowledge of how to access emotional support services outside the facility. Inmates specifically cited the 6611 PREA hotline as a means to report abuse or request support. They indicated awareness that while the 6611 hotline is recorded and monitored, confidential support through outside victim advocates is also available. Inmates expressed a general understanding that information disclosed on the 6611 line might be shared with facility staff when related to safety, investigation, or institutional security.

Institutional PREA Compliance Manager (IPCM):

The IPCM confirmed that the facility maintains a formal MOU with the Alabama Coalition Against Rape (ACAR), which coordinates with member crisis centers to provide confidential emotional support services to incarcerated individuals. The IPCM further explained the steps taken to ensure inmates are made aware of these services, including postings, orientations, and ongoing education.

Representative from Rape Crisis Center of East Alabama, Inc.:

The Auditor conducted an interview with a representative from the Rape Crisis Center of East Alabama, Inc., which serves the facility. The representative confirmed that victim advocates are available to be present with the victim before, during, and after forensic medical examinations and are also involved in follow-up services. The advocate emphasized that inmates are informed that certain shared information—particularly related to safety or security—may need to be communicated to facility officials in accordance with PREA requirements and institutional protocols.

PROVISIONS:

Provision (a):

According to the Pre-Audit Questionnaire and confirmed through interviews and documentation, the facility provides inmates with access to outside victim advocates

	<p>for emotional support services related to sexual abuse. A listing provided to the Auditor from ACAR included member crisis centers statewide, broken down by county, with mailing addresses and phone numbers for each. This directory enables facilities to connect inmates to the nearest qualified support provider.</p> <p>The Rape Crisis Center of East Alabama, Inc., confirmed that it serves this facility and has an active role in providing emotional support, advocacy, and follow-up services to inmates affected by sexual abuse.</p> <p>Provision (b):</p> <p>During the on-site tour, the Auditor tested multiple inmate telephones to verify accessibility to the *ADOC PREA Hotline (6611). The phones were functional, and the hotline connected appropriately on each attempt. According to facility staff, telephone functionality is checked once per shift by an intermediate or higher-ranking staff member, ensuring continuous access for inmates.</p> <p>The advocate representative affirmed that victims are advised of the limits of confidentiality at the beginning of any engagement, particularly as it relates to disclosures that may need to be shared with facility staff for safety, medical, mental health, or investigative reasons. These procedures align with both facility policy and victim service best practices.</p> <p>Provision (c):</p> <p>The facility provided the Auditor with a copy of the current Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape. The MOU outlines a statewide agreement whereby ACAR facilitates confidential emotional support services for inmates in ADOC custody. The MOU requires ACAR to either directly provide or coordinate with community-based advocacy centers to deliver these services based on facility location.</p> <p>The MOU explicitly affirms the confidentiality of communications through ACAR's toll-free hotline (1-800-639-4357), which is neither recorded nor monitored. This line provides inmates with a confidential means of communication with trained victim advocates outside the facility, in compliance with PREA standards.</p> <p>CONCLUSION:</p> <p>Based on the comprehensive review of documentation, direct observation, and interviews with staff, inmates, and external service providers, the Auditor has determined that the agency and facility meet all provisions of PREA Standard §115.53 — Inmate Access to Outside Confidential Support Services.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENTATION REVIEWED:

To assess compliance with Standard §115.54, the Auditor reviewed the following documentation:

Pre-Audit Questionnaire (PAQ) and supporting documentation

ADOC website and PREA webpage links

ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (PREA)

Alabama Department of Corrections (ADOC) Reporting Forms for Law Enforcement Services Division (LESD)

Website publication showing the DOC PREA email contact information for public use

INTERVIEWS:

Inmates:

During formal interviews and informal conversations, inmates consistently demonstrated awareness of the third-party reporting process. Several inmates were able to articulate that family members, attorneys, or outside individuals could report incidents of sexual abuse or harassment on their behalf. Inmates expressed confidence that such reports would be taken seriously and followed up appropriately. While few inmates reported having used the third-party process personally, many affirmed that they would consider using it if they or another incarcerated person were unable or unwilling to report internally.

PROVISIONS:

Provision (a):

The Alabama Department of Corrections (ADOC) has established and maintains accessible third-party reporting mechanisms in accordance with PREA standards. These processes are clearly communicated and available to the general public through the agency's official website.

The Auditor reviewed the ADOC's website and confirmed the presence of multiple third-party reporting access points:

ADOC PREA Webpage Access:

A dedicated PREA link is accessible from the main ADOC homepage, specifically under the "About ADOC" tab. This link leads to a detailed PREA page that includes agency contact information, resources for inmates and the public, and instructions for reporting sexual abuse or harassment.

Online Reporting Form – "Request an Investigation" Link:

Directly beneath the PREA Director's contact information, a hyperlink titled "Request an Investigation" is provided: <http://www.doc.state.al.us/PREA>. This allows any third party—family members, attorneys, advocacy organizations, or other concerned individuals—to submit a report of suspected or known sexual abuse or harassment for review and follow-up.

Email Reporting:

	<p>The PREA webpage also prominently displays a secure email contact: DOC.PREA@doc.alabama.gov. This address provides another method for third parties to submit written concerns or initiate an investigation request. Use of email allows for detailed documentation and the opportunity for follow-up communication by the PREA office or investigative staff.</p> <p>All reports submitted through the online form or email are routed to the ADOC PREA Division, which coordinates appropriate investigative response through the Law Enforcement Services Division (LESD) or other relevant internal departments. The facility's PREA Compliance Manager confirmed that third-party reports are treated with the same seriousness and urgency as internal reports and are documented, investigated, and tracked in accordance with ADOC policy.</p> <p>The Auditor also reviewed relevant portions of Administrative Regulation #454, which outlines ADOC's commitment to ensuring multiple methods of reporting, including third-party options, as part of a zero-tolerance policy for sexual abuse and sexual harassment.</p> <p>CONCLUSION:</p> <p>Based on the comprehensive review of documentation, agency website content, and interviews with inmates and staff, the Auditor has determined that the agency and facility meet all provisions of PREA Standard §115.54 – Third-Party Reporting.</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTATION REVIEWED:</p> <p>Pre-Audit Questionnaire (PAQ) and supporting documentation ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (PREA) ADOC Administrative Regulation (AR) #302 – Incident Reporting and Notification These documents establish the ADOC's policy framework requiring staff to immediately report all allegations, suspicions, or knowledge of sexual abuse, sexual harassment, staff neglect, or retaliation. The regulations also detail confidentiality obligations, mandatory reporting laws, and the responsibilities of medical and mental health staff.</p> <p>INTERVIEWS:</p> <p>Random Staff: All interviewed staff affirmed their understanding of the mandatory reporting</p>

requirements. Staff reported that they are trained to immediately report any knowledge or suspicion of sexual abuse or sexual harassment, regardless of how it is obtained (direct disclosure, observation, or rumor). Staff consistently emphasized that information related to sexual abuse is strictly confidential and only shared on a “need-to-know” basis with supervisors, investigators, or medical/mental health personnel. They also affirmed that all PREA-related incidents are forwarded to the Institutional PREA Compliance Manager (IPCM), who in turn reports the matter to the investigative staff in accordance with agency protocols.

Medical Practitioners:

Health services staff confirmed that they are fully aware of their legal and ethical obligation to report any allegations of sexual abuse or sexual harassment.

Practitioners clearly articulated their responsibility to inform inmates at the beginning of any treatment interaction that confidentiality is limited and that disclosures of abuse must be reported. This practice ensures transparency and aligns with professional standards and ADOC policy.

Facility Head or Designee:

The Facility Head demonstrated a clear understanding of the agency’s reporting policies, stating that any knowledge, suspicion, or report of sexual abuse or sexual harassment must be reported without delay—whether the incident involves facility staff or occurs outside the agency. This includes reports of retaliation or neglect. The Facility Head emphasized that reports are forwarded through the appropriate channels, including to the IPCM and investigative authorities.

PREA Director:

The PREA Director affirmed that all allegations—regardless of the reporting source (inmate, staff, third-party, or anonymous)—are immediately forwarded to the facility’s designated PREA investigator. The Director described the intake, tracking, and documentation process for reports and emphasized adherence to ADOC policy and federal PREA standards.

PROVISIONS:

Provision (a): Staff Duty to Report

The PAQ confirms that all staff are required to report, immediately and without exception, any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, or related retaliation and staff neglect. This directive applies regardless of where the incident may have occurred and whether or not the information was obtained formally.

Supporting Policies:

AR #454, Section H.1.a: Requires immediate reporting through the chain of command for any incident or knowledge of sexual abuse, sexual harassment, retaliation, or staff neglect.

AR #454, Section H.1.b: Mandates reporting of all information or suspicion, regardless

of source or form.

PREA First Responder Booklet: Provided to first responders, this pocket-sized trauma-informed guide reinforces their reporting duties and outlines proper response protocols.

Provision (b): Confidentiality Requirements

The PAQ and staff interviews confirm that all staff are required to maintain confidentiality and only disclose information to authorized personnel—those involved in treatment, investigation, management, or security.

Supporting Policies:

AR #454, Section H.1.c: Prohibits unauthorized disclosure of information related to a PREA incident, limiting communication to essential personnel.

Staff must avoid speculative or unnecessary conversations about PREA incidents, particularly to protect the victim's privacy and ensure investigative integrity.

The Auditor reviewed the Informed Consent for Medical Services document, which affirms inmate understanding that information may be shared with others when necessary.

Provision (c): Practitioner Disclosure Requirements

Medical and mental health staff are required to inform inmates at the outset of care that their disclosures may not remain confidential due to mandatory reporting obligations.

Supporting Policies:

AR #454, Section H.1.f: States that practitioners must inform inmates of the limits of confidentiality before beginning services.

The PREA First Responder Guide reinforces these procedures, ensuring medical staff understand their legal responsibilities regarding both victim care and mandatory reporting.

Provision (d): Mandatory Reporting for Minors and Vulnerable Adults

The agency must report any allegations involving a youth or vulnerable adult inmate to the appropriate external authorities, such as child protective services or the Alabama Department of Human Resources.

Supporting Policies:

AR #454, Section H.1.g: Requires notification to DHR or other designated agencies under applicable state statutes when minors or vulnerable adults are involved.

Provision (e): Forwarding of Allegations to Investigators

All allegations, regardless of how they are received (directly, anonymously, or via third-party), are promptly reported to the designated investigator by the IPCM or PREA Director.

Supporting Policies:

	<p>AR #454, Section H.1.b: Requires that any and all knowledge, suspicion, or information about sexual abuse or harassment be reported to the IPCM, PREA Director, and Investigations & Intelligence staff.</p> <p>AR #302 – Incident Reporting: Outlines the procedures for documenting and escalating reports in alignment with PREA standards.</p> <p>CONCLUSION:</p> <p>Based on the comprehensive review of policies, facility documentation, and interviews with staff, medical personnel, the Facility Head, and the PREA Director, the Auditor has determined that the agency/facility meets all requirements of PREA Standard §115.61 – Staff and Agency Reporting Duties.</p>
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115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTATION REVIEWED:</p> <p>Pre-Audit Questionnaire (PAQ) and supporting documentation ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (PREA) Transfer records related to inmate sexual safety concerns Housing Placement Documentation (Housing Designation Logs) Facility Coordinated Response Plan</p> <p>These documents collectively outline the Alabama Department of Corrections (ADOC) policy and practice regarding protective actions taken when an inmate is believed to be at substantial risk of imminent sexual abuse. The documentation reviewed demonstrates a structured and proactive approach to ensuring inmate safety, particularly when urgent intervention is required.</p> <p>INTERVIEWS:</p> <p>Facility Head or Designee: During the onsite interview, the Facility Head clearly affirmed that immediate action would be taken if an inmate were identified as being at substantial risk of imminent sexual abuse. The response to such a determination would depend on the nature of the threat and could involve relocating the at-risk inmate to a different housing area within the facility or, if warranted, initiating a transfer to another correctional facility. The Facility Head emphasized that if the alleged perpetrator is known, they would be immediately placed in restrictive housing to prevent any further contact with the victim. The primary objective in such circumstances is to ensure the inmate’s safety while preserving their rights and dignity.</p> <p>Random Staff Interviews:</p>

Randomly selected staff consistently confirmed that they are trained and equipped to take swift protective action upon receiving information suggesting that an inmate may be in danger of sexual abuse. Staff articulated that their first priority is to protect the inmate. They reported that upon such notification, they would:

Immediately separate the victim from the alleged perpetrator

Notify their supervisor without delay

Secure the scene to preserve any potential physical evidence

Ensure the victim receives medical and emotional support services

These responses demonstrate staff awareness of agency protocol and alignment with PREA requirements regarding emergency protective duties.

PROVISIONS:

Provision (a):

The facility reported on the Pre-Audit Questionnaire that it takes immediate and decisive action when it becomes aware that an inmate is at substantial risk of imminent sexual abuse. Although the facility reported no instances within the past twelve months where such a determination was made, staff and leadership interviews confirmed that well-established procedures are in place to respond promptly if a situation were to arise.

Policy Review:

ADOC Administrative Regulation #454, Page 23, Section J.1:

"Inmates determined to be at high risk of sexual victimization or those who report sexual abuse or harassment shall not be placed in involuntary administrative or punitive segregation unless an assessment has determined there are no alternative means of separation available."

AR #454, Page 10, Section K.3:

"The Institutional PREA Compliance Manager (IPCM) is responsible for recommending housing placement and/or facility transfers for inmates involved in sexual abuse or harassment incidents. The IPCM must take immediate action when an inmate is determined to be at substantial risk of imminent sexual abuse, with final approval required from the Warden or designee."

These policies reinforce the agency's commitment to prioritizing inmate safety through proactive, non-punitive intervention strategies.

Practice Evidence:

The Auditor reviewed housing logs and transfer documentation that confirm the facility maintains detailed records of inmate movements and justifications for housing decisions.

The Coordinated Response Plan outlines clear responsibilities for responding to allegations and threats of sexual abuse, including protective measures for victims and potential victims.

	<p>CONCLUSION:</p> <p>Based on a comprehensive review of agency policy, facility documentation, and interviews with facility leadership and randomly selected staff, the Auditor concludes that the facility fully meets the requirements of PREA Standard §115.62 – Agency Protection Duties.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION REVIEWED</p> <p>The facility provided multiple documents that demonstrate its compliance with the requirements of PREA Standard §115.63, which mandates that when a facility receives an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the appropriate authority at the facility where the abuse allegedly occurred. The following documents were reviewed:</p> <p>Pre-Audit Questionnaire (PAQ): The PAQ outlines the facility’s procedures and historical record regarding inter-facility reporting of sexual abuse allegations. It indicates that the facility has not received any such allegations in the past 12 months and confirms that the facility has systems in place to meet the standard's notification and documentation requirements.</p> <p>ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment: Effective January 4, 2016, this regulation is the agency’s foundational policy addressing sexual abuse and harassment prevention, detection, and response. Section H.1.d of AR #454 outlines the procedure for notifying other confinement facilities when an allegation involves incidents that occurred elsewhere. It specifically requires that the Warden, upon receiving such an allegation, notify the head of the other facility as soon as possible, and no later than 72 hours after receiving the report.</p> <p>ADOC Form 454-F – Reporting to Other Confinement Facilities: This standardized form is used to document the notification made to another facility. It includes essential information such as the nature of the allegation, date and time of the report, notification recipient, and date/time of notification. This form ensures accountability and timely reporting as required by the standard.</p> <p>INTERVIEWS</p> <p>Agency Head Designee</p> <p>During the interview, the Agency Head Designee affirmed that the agency maintains clear and strict procedures for handling all PREA-related allegations, regardless of</p>

where the incident is alleged to have occurred. All notifications received regarding incidents of sexual abuse, sexual harassment, or staff sexual misconduct—whether originating from internal or external facilities—are investigated in full accordance with agency policy and the Alabama Department of Corrections (ADOC) guidelines. The designee demonstrated comprehensive knowledge of the inter-facility notification process and emphasized the agency’s zero-tolerance approach to sexual abuse.

Facility Head

The Facility Head confirmed that if an allegation is received indicating a resident was sexually abused or harassed while confined at another facility, the responsibility to notify the appropriate authority at the other facility lies with the Warden or designee. This notification is made as soon as possible, and always within 72 hours, in compliance with ADOC AR #454. The Facility Head emphasized that although there were no such reports during the audit review period, the facility is fully prepared to fulfill its obligations under this standard and uses ADOC Form 454-F for documentation. Any allegations received from another facility would also be subject to full investigation under PREA standards.

STANDARD PROVISIONS

Provision (a): Notification to Other Confinement Facilities

The Pre-Audit Questionnaire reports that if an allegation is made by a resident indicating they were sexually abused while confined in another facility, the Warden or designee is responsible for notifying the head of the facility where the incident is alleged to have occurred. This requirement is detailed in ADOC AR #454, Section H.1.d, which mandates that such notification occur within 72 hours of receiving the allegation.

Occurrences in the Past 12 Months: 0

Documentation/Policy Support: ADOC AR #454 and Form 454-F

Provision (b): Timeliness of Notification

According to the PAQ and confirmed through interviews with the Facility Head, agency policy requires the facility head to provide notification to the receiving facility as soon as possible, but no later than 72 hours after receiving the allegation.

No such allegations were received during the audit period.

The PREA Compliance Manager submitted a sample copy of ADOC Form 454-F for the Auditor’s review to verify the documentation process.

Provision (c): Documentation of Notification

The facility reported that any notifications made in accordance with this standard are formally documented using ADOC Form 454-F. This process ensures that all inter-facility communication is recorded accurately and that the 72-hour requirement is met and verifiable.

The Facility Head confirmed that no notifications were made in the past 12 months,

	<p>but the process is in place and understood.</p> <p>Documentation expectations are clearly articulated in AR #454, Section H.1.d.</p> <p>Provision (d): Investigation of Allegations Received from Other Facilities</p> <p>The facility affirmed through the PAQ that any allegations of sexual abuse received from another facility or agency are investigated in accordance with PREA standards.</p> <p>No such allegations were received during the review period.</p> <p>The Facility Head confirmed that the facility would promptly initiate an investigation upon receiving such a report, consistent with the agency's investigative policies.</p> <p>CONCLUSION</p> <p>After a thorough review of the facility's Pre-Audit Questionnaire, applicable policies, supporting documentation, and staff interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.63 – Reporting to Other Confinement Facilities.</p>
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115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>DOCUMENTATION REVIEWED</p> <p>The following documentation was reviewed by the Auditor to assess the facility's compliance with the requirements of PREA Standard §115.64 – Staff First Responder Duties:</p> <p>Pre-Audit Questionnaire (PAQ) and Supporting Documentation: The PAQ provides a summary of policies, practices, training, and incidents related to first responder duties. It also reports the number of sexual abuse and sexual harassment allegations received in the past 12 months.</p> <p>ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment: Effective January 4, 2016, this regulation provides comprehensive policy guidance on the prevention, detection, response, and investigation of sexual abuse and sexual harassment. Section G.1.a-g specifically outlines the duties of first responders in the event of an alleged sexual abuse incident.</p> <p>PREA First Responder Duty Card: A laminated, pocket-sized card issued to all staff, summarizing critical first responder actions in the event of a PREA-related incident. It outlines step-by-step procedures for preserving evidence, separating individuals, and notifying the chain of command.</p> <p>PREA Pocket Guide – “PREA: A Trauma-Informed Guide for First Responders”: A spiral-bound booklet distributed to all staff, which serves as a comprehensive resource covering:</p> <p>Introduction to PREA</p>

Definitions

PREA Components

Prevention

Detection

Response

Summary and Resources

This guide reinforces staff understanding of their roles and responsibilities in responding to sexual abuse and harassment, with an emphasis on trauma-informed care.

INTERVIEWS

Security Staff – First Responders

Security staff interviewed during the on-site audit consistently demonstrated knowledge of the facility's first responder protocol. They confirmed that their training is delivered through annual in-service training, on-the-job training, and routine staff meetings. Staff were able to describe the appropriate response steps in the event of a report or observation of sexual abuse or harassment, consistent with agency policy and PREA requirements.

Non-Security Staff – First Responders

Non-security personnel interviewed affirmed that they would immediately notify security staff upon receiving a report of sexual abuse or harassment. They were able to articulate key responsibilities such as:

- Separating the victim from the alleged perpetrator,
- Advising both parties not to take actions that could destroy physical evidence,
- Maintaining the integrity of the incident location until security staff arrive.

Staff also demonstrated a clear understanding of the importance of confidentiality and trauma-informed response, which reflects strong and consistent training practices

Random Staff

Staff across departments were interviewed and consistently described the steps they would take if they were the first to become aware of a PREA-related allegation. Their responses included:

- Promptly securing the scene,
- Separating all parties involved,
- Preventing evidence contamination,
- Notifying the appropriate supervisors or command staff,
- Completing required documentation.

The consistency in responses among staff interviews indicates effective and widespread training on PREA first responder responsibilities.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no inmates in the facility who had reported sexual abuse. Therefore, no interviews were conducted in this category.

PROVISIONS

Provision (a): First Responder Policy and Staff Training

The PAQ affirms that the agency has a policy that defines and assigns first responder responsibilities for allegations of sexual abuse. ADOC AR #454, Section G.1.a-g, outlines the required actions for first responders and is the policy that governs these responsibilities.

Specifically, the policy requires that first responders:

- Physically separate the victim, aggressor, and witnesses;
- Preserve the crime scene and evidence;
- Instruct the victim and aggressor not to bathe, eat, drink, smoke, or use the restroom;
- Avoid interviewing or exposing victims, aggressors, or witnesses to evidence;
- Notify the Shift Commander and prepare a formal incident report.

These requirements are reinforced through the PREA First Responder Duty Card and the trauma-informed PREA Pocket Guide provided to staff.

There were no allegations of sexual abuse in the facility during the 12-month audit review period. One allegation of inmate-on-inmate sexual harassment was reported and was investigated administratively. The allegation was found to be unsubstantiated, and the inmate received prompt written notification of the investigative outcome.

Provision (b): First Responder Designation and Response

As documented in the PAQ and verified during interviews, any staff member, volunteer, or contractor who receives a report of sexual abuse is considered a first responder under agency policy. These individuals are trained to:

- Isolate and secure the area,
- Separate involved parties,
- Preserve physical evidence,
- Notify appropriate supervisory staff or IPCM,
- Relay critical observations for investigative purposes.

The Auditor reviewed training records and the PREA training curriculum, confirming that these duties are clearly communicated and reinforced during new employee orientation, annual refresher training, and through ongoing staff development.

CONCLUSION

	<p>Based on a comprehensive review of documentation, policies, training materials, and staff interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.64 – Staff First Responder Duties.</p> <p>The facility has:</p> <p>Clearly defined first responder protocols in policy, Thorough and consistent staff training across departments, Easily accessible reference materials (duty cards and pocket guides), Strong institutional knowledge and preparedness among staff to respond appropriately to allegations of sexual abuse. Though there were no recent allegations of sexual abuse requiring first responder action during the review period, staff demonstrated readiness and a strong understanding of their roles and responsibilities under PREA.</p>
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115.65 Coordinated response	
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTATION REVIEWED</p> <p>The following materials were reviewed to evaluate the facility’s compliance with PREA Standard §115.65 – Coordinated Response:</p> <p>Pre-Audit Questionnaire (PAQ) and Supporting Documentation: The PAQ affirms the existence of a written coordinated response plan and outlines the roles of various staff in response to sexual abuse incidents.</p> <p>ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment: This agency-level directive, effective January 4, 2016, details comprehensive response protocols for allegations of sexual abuse and harassment, including responsibilities of first responders, supervisory staff, medical and mental health personnel, and investigators.</p> <p>PREA First Responder Duty Card: A laminated, pocket-sized card issued to all staff. It outlines essential first responder responsibilities in a clear, step-by-step format and ensures consistency in initial response across shifts and departments.</p> <p>PREA Pocket Guide – “PREA: A Trauma-Informed Guide for First Responders”: A spiral-bound resource provided to all staff that serves as a practical field manual. It contains information on:</p> <ul style="list-style-type: none"> Introduction to PREA Key Definitions PREA Operational Components Prevention and Detection Strategies Response Protocols Summary and Resource Listings <p>The guide emphasizes trauma-informed approaches and interdisciplinary</p>

coordination.

Coordinated Response Standard Operating Procedure (SOP): A facility-specific plan outlining detailed procedures for staff at all levels—including security, healthcare, mental health, investigative personnel, and administration—to follow in the event of a sexual abuse report. This SOP ensures clarity of roles, seamless communication, and effective case management from the time of report through resolution.

INTERVIEWS

Facility Head

During the on-site interview, the Facility Head confirmed that the facility has developed and implemented a comprehensive Coordinated Response Plan in compliance with PREA standards. The plan is designed to ensure immediate, organized, and appropriate responses to all allegations of sexual abuse.

The Facility Head emphasized the following key points:

The plan clearly defines the duties and coordination protocols for all key staff, including first responders, medical and mental health professionals, investigators, and facility leadership.

Staff are regularly trained on coordinated response protocols through:

Annual in-service training,

Monthly staff meetings,

On-the-job training during shift briefings or incident reviews.

Staff are equipped with the First Responder Duty Card and PREA Pocket Guide, both of which are used as active reference tools during response efforts.

This consistent, multi-layered training and distribution of reference materials ensure staff across departments are well-prepared and informed of their roles in a coordinated response.

PROVISIONS

Provision (a): Coordinated Institutional Response Plan

The PAQ confirms that the facility maintains a written institutional plan that coordinates actions among:

Staff First Responders

Medical and Mental Health Practitioners

Investigators

Facility Leadership

The existence of this plan was further verified through interviews and supporting documentation.

The plan ensures that, in the event of a sexual abuse report:

Victims receive immediate protection and medical attention;

	<p>Alleged perpetrators are separated and monitored; The crime scene is preserved appropriately; Investigations are launched without delay, with proper evidence handling and documentation; Facility leadership is promptly notified to ensure administrative oversight and external reporting compliance. The Auditor reviewed ADOC AR #454, which outlines coordinated responsibilities in multiple sections:</p> <p>Section G.1 (p.17) – Responsibilities of First Responders Section G.2 (p.18) – Responsibilities of the Shift Commander Section G.3 (p.18) – Medical and Mental Health Responsibilities Section H.1 (p.19) – Employee/Staff Reporting Requirements Section H.2 (p.21) – Inmate Reporting Options Section I.1 (p.22) – Role of the Institutional PREA Compliance Manager (IPCM) and Investigators Section I.2 (p.22) – Procedures for Investigating Inmate-on-Inmate Sexual Harassment</p> <p>Collectively, these sections demonstrate that the agency has an institution-wide plan in place that ensures all necessary parties understand their duties and can effectively collaborate in response to sexual abuse allegations.</p> <p>CONCLUSION</p> <p>Based on the review of facility policy, training documentation, procedural resources, and interview findings, the Auditor concludes that the agency/facility fully complies with PREA Standard §115.65 – Coordinated Response.</p> <p>The coordinated response system in place is:</p> <p>Clearly documented in policy, Communicated through training and job aids, Consistently reinforced through ongoing staff education and supervision. All staff understand their roles within the coordinated response framework, and the facility has demonstrated its capacity to respond promptly, effectively, and professionally to any allegation of sexual abuse, in alignment with PREA standards and trauma-informed principles.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION REVIEWED

The following documentation was reviewed to assess compliance with Standard §115.66:

Pre-Audit Questionnaire (PAQ): The PAQ confirms that the Alabama Department of Corrections (ADOC) does not participate in collective bargaining with staff and retains full authority to separate staff from inmate contact when necessary.

ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment: This regulation outlines the agency’s policies and procedures for handling allegations of sexual abuse and harassment, including protocols for ensuring inmate safety.

ADOC Memorandum: Collective Bargaining and PREA Standard 115.66 (March 19, 2019): This formal agency memorandum, issued by the Personnel Director, affirms that:

Correctional officers and staff employed by the ADOC are not members of a labor union;

The agency does not engage in collective bargaining with facility staff;

There are no union contracts or agreements that would impede the ADOC’s ability to take swift protective action when a staff member is alleged to have committed sexual abuse.

The memorandum provides assurance that institutional and departmental leadership maintain the unilateral authority to remove or reassign staff when necessary to protect inmates, consistent with PREA standards and agency policy.

INTERVIEWS

Agency Head or Designee Interview

The Auditor interviewed the ADOC Personnel Director, serving as the Agency Head Designee for this standard. Key points from the interview include:

Correctional staff are not unionized: The Personnel Director confirmed that neither correctional officers nor other prison personnel are represented by a labor union.

No collective bargaining agreements exist: The ADOC does not engage in collective bargaining with any of its facility or security staff.

Immediate protective actions are authorized: The Personnel Director affirmed that the ADOC retains full authority to immediately remove or reassign staff from inmate contact following an allegation of sexual abuse, without delay or obstruction.

No incidents during audit period: The Personnel Director reported that during the current audit cycle, there were no incidents requiring removal of staff from contact with inmates due to a PREA-related allegation.

This interview confirmed that the agency is not subject to labor restrictions that could limit its ability to act decisively in the interest of inmate safety.

PROVISIONS

Provision (a): Agency Authority Without Restriction from Collective Bargaining

The facility reported in its PAQ—and the Agency Head Designee confirmed—that the

	<p>State of Alabama does not participate in collective bargaining with correctional staff. As a result, the Alabama Department of Corrections is not bound by any union-related agreements that would restrict its ability to promptly and effectively respond to allegations of staff sexual misconduct.</p> <p>Key policy reference:</p> <p>ADOC Memorandum (March 19, 2019): This memorandum reaffirms that all ADOC facilities and administrators have the authority to:</p> <ul style="list-style-type: none"> Immediately separate an accused staff member from inmates; Reassign duties or modify access to housing areas as needed during investigations; Take disciplinary or administrative action without the procedural delays sometimes associated with collective bargaining frameworks. <p>The Auditor also verified that during the current audit period, there were no instances in which the facility had to remove a staff member from inmate contact due to allegations of sexual abuse. However, facility leadership expressed confidence in their ability to do so if needed, consistent with agency protocol and this PREA standard.</p> <p>Provision (b): Not Applicable</p> <p>Provision (b) pertains to circumstances in which collective bargaining agreements do exist. Since the ADOC does not engage in such agreements, this provision is not applicable and was not assessed.</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of documentation and the interview with the Agency Head Designee, the Auditor concludes that the agency/facility meets the requirements of PREA Standard §115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers.</p> <p>The ADOC:</p> <ul style="list-style-type: none"> Retains full administrative authority to act in the best interest of inmate safety; Is not limited by any collective bargaining agreements; Has established procedures and policies to support immediate staff separation when required. <p>These practices align with the intent and requirements of the standard, ensuring the agency can effectively safeguard inmates from potential abuse without procedural delays or labor-related restrictions.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENTATION REVIEWED

To assess compliance with PREA Standard §115.67, the Auditor reviewed the following documents:

Pre-Audit Questionnaire (PAQ) and Supporting Documentation: The facility's self-reported practices on retaliation monitoring, protective measures, and designated oversight roles.

ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment: This regulation outlines the agency's formal policy prohibiting retaliation and establishing a process for protective monitoring.

ADOC Form 454-D – Sexual Abuse/Harassment Retaliation Monitoring: A standardized documentation tool used to track and record monitoring activities and outcomes for up to 13 weeks following a report of sexual abuse or harassment.

INTERVIEWS

Agency Head or Designee

The Personnel Director confirmed that retaliation monitoring begins immediately upon receipt of a sexual abuse or harassment allegation and continues for at least 90 days, unless the allegation is determined to be unfounded. In such cases, monitoring may be terminated early at the discretion of the facility. The Director emphasized that monitoring applies not only to victims but also to any individual—staff or inmate—who expresses a fear of retaliation, ensuring a broad and protective scope.

Facility Head or Designee

The Facility Head described various strategies employed to mitigate the risk of retaliation. These include:

Monitoring for changes in housing assignments, job duties, and disciplinary actions for inmates;

Reviewing performance evaluations, post assignments, and staff interactions for employees;

Ensuring continued access to support services, such as mental health or victim advocacy, as needed.

The Warden confirmed that retaliation monitoring is a routine and well-documented part of the facility's response to all PREA allegations.

Retaliation Monitor

The designated Retaliation Monitor provided a comprehensive overview of the monitoring process, emphasizing the proactive nature of their role. They confirmed that:

ADOC Form 454-D is used to record monitoring activities;

Monitoring typically consists of monthly check-ins and behavioral reviews for a minimum of 90 days;

Monitoring may be extended in 30-day increments if concerns persist;

All staff and inmates are regularly reminded that retaliation is strictly prohibited and will be immediately addressed.

The Retaliation Monitor reported no confirmed incidents of retaliation during the past 12 months and affirmed that any individual expressing a fear of retaliation is immediately placed on monitoring, regardless of their status or involvement.

OBSERVATIONS

Inmates in Segregated Housing for Risk of Sexual Abuse:

At the time of the on-site audit, no inmates were housed in segregation due to being at risk for sexual victimization or as a result of reporting abuse.

Inmates Who Reported Sexual Abuse:

There were no reported incidents of sexual abuse during the past 12 months at the time of the audit.

PROVISIONS

Provision (a): Policy Against Retaliation

The PAQ and facility documentation confirm that ADOC maintains a formal policy prohibiting retaliation against individuals who report sexual abuse or harassment or participate in related investigations.

ADOC AR #454, Section K.1 (p. 23) explicitly prohibits retaliation in any form.

Section K.2 designates the Warden and Institutional PREA Compliance Manager (IPCM) as responsible for ensuring protective monitoring is carried out.

Provision (b): Protective Measures

The facility utilizes a range of individualized protective measures, including:

Housing or work assignment changes for inmates;

Separation from abusers or potential retaliators;

Access to emotional support services, including mental health and advocacy resources.

These measures were confirmed by the Facility Head and are outlined in AR #454, Section K.2 (pp. 23-24).

Although the PAQ reported 206 sexual abuse allegations over the past 12 months, a review of completed ADOC Form 454-D records found no documented cases of retaliation.

Provision (c): Monitoring Process

Monitoring is conducted for at least 90 days, with extensions applied as needed.

Individuals are assessed for:

Changes in behavior, housing, or disciplinary records (inmates);

Alterations in work duties or evaluations (staff).

While the PAQ indicated five potential retaliation concerns during the audit period, the

	<p>Retaliation Monitor reported zero confirmed cases, suggesting a need to reconcile reporting discrepancies during the audit debrief.</p> <p>Policy Reference: AR #454, Section K.2.a mandates consistent and documented monitoring by the IPCM.</p> <p>Provision (d): Documentation of Monitoring</p> <p>Monitoring is thoroughly documented using ADOC Form 454-D, which includes:</p> <p>Weekly and monthly monitoring entries over a 13-week span; Notes on observations, actions taken, and staff comments; A summary section with final findings and the IPCM's signature.</p> <p>The Retaliation Monitor provided completed examples of these forms, demonstrating appropriate use and timely documentation.</p> <p>Provision (e): Individuals Who Express Fear of Retaliation</p> <p>Policy and practice ensure that any individual—including witnesses, reporters, or staff members—who expresses a fear of retaliation is eligible for protective monitoring and interventions.</p> <p>AR #454, Section K.2.d (p. 23) states that staff must take appropriate measures to protect anyone with concerns about retaliation.</p> <p>Provision (f): Not Applicable</p> <p>This provision is not subject to audit and was therefore not evaluated.</p> <p>CONCLUSION</p> <p>Based on a thorough review of documentation, staff interviews, and direct observations during the on-site audit, the Auditor has determined that the agency/facility is in full compliance with PREA Standard §115.67 – Agency Protection Against Retaliation.</p> <p>The facility has implemented:</p> <p>A clearly defined and consistently enforced policy prohibiting retaliation; A structured monitoring process utilizing official forms and oversight by designated staff; A range of protective measures tailored to the needs of both staff and inmates; Regular training and awareness efforts to ensure individuals feel safe reporting PREA-related issues.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENTATION REVIEWED

The Auditor reviewed the following documents to evaluate compliance with Standard §115.68 – Post-Allegation Protective Custody:

Pre-Audit Questionnaire (PAQ) and Supporting Documentation: Self-reported data and responses related to use of segregated housing following sexual abuse allegations.

ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment: Agency policy governing the use of protective custody and conditions under which segregated housing may be used.

ADOC Form 454-H – PREA Post-Allegation Protective Custody (Dated January 4, 2016): Standardized form used to document the rationale, duration, and conditions of any placement in involuntary segregated housing due to a sexual abuse allegation.

OBSERVATIONS

During the on-site audit and facility tour, the Auditor confirmed through observation and staff discussion that the facility does not operate a segregation unit. All inmate housing assignments observed were consistent with classification standards and risk assessments. No inmates were identified or observed as being housed in involuntary segregation due to risk of sexual victimization or due to having reported a PREA-related incident.

There were no physical indicators or staff reports suggesting the use of restrictive housing for protective purposes during the audit period.

INTERVIEWS

Facility Head or Designee

The Facility Head verified that the institution does not maintain a segregation or restrictive housing unit. In cases where protective custody may be warranted following an allegation of sexual abuse, the Warden stated that the inmate would be assessed and, if necessary, transferred to another facility better equipped to provide a safe alternative. The Warden also emphasized that involuntary segregation is not used as a default protective measure and must follow ADOC policy and documentation procedures, including use of Form 454-H if applicable.

Staff Who Supervise Inmates in Segregated Housing

As the facility has no segregation unit, there are no staff assigned to supervise segregated housing. Therefore, no staff interviews were conducted for this category.

Inmates in Segregated Housing for Risk of Sexual Abuse

Since there were no inmates housed in segregation for post-allegation protection or risk of victimization at the time of the audit, no inmate interviews were conducted for this category.

	<p>PROVISIONS</p> <p>Provision (a): Involuntary Segregation Post-Allegation</p> <p>The PAQ, supporting documentation, and interviews confirm that the facility does not utilize involuntary segregated housing as a protective measure for inmates who report sexual abuse or who are identified as being at risk of sexual victimization. ADOC policy mandates that inmates are only placed in such housing as a last resort, after all other alternatives have been considered and deemed inadequate.</p> <p>Key policy references include:</p> <p>ADOC AR #454, Section J.1: Prohibits involuntary segregation of victims or high-risk inmates unless no reasonable alternative exists.</p> <p>ADOC AR #454, Section J.2: Requires that any such placement be limited in duration, not to exceed 30 days unless extraordinary circumstances apply, and mandates the preservation of access to programs and services.</p> <p>In the past 12 months:</p> <p>Zero inmates were placed in involuntary segregation for 1-24 hours pending assessment.</p> <p>Zero inmates were held in involuntary segregation for more than 30 days.</p> <p>Zero instances were reported where ADOC Form 454-H was used.</p> <p>The lack of a segregation unit and consistent policy adherence eliminate the need for segregated protective custody at this facility.</p> <p>If an inmate were to require protection beyond what the current facility can offer safely, the inmate would be considered for transfer to a more appropriate facility, ensuring continued access to services and minimal disruption.</p> <p>CONCLUSION</p> <p>Based on a thorough review of agency policy, facility-specific documentation, direct observations during the on-site audit, and staff interviews, the Auditor concludes that the agency/facility is in full compliance with PREA Standard §115.68 – Post-Allegation Protective Custody.</p> <p>The absence of segregated housing and the facility’s proactive approach to protection demonstrate a strong commitment to PREA standards and the rights and safety of inmates.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENTATION REVIEWED

The following documents were reviewed to assess compliance with PREA Standard §115.71 – Criminal and Administrative Investigations:

Pre-Audit Questionnaire (PAQ) and supporting facility responses

ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment

ADOC Administrative Regulation #300 – Employee Standards of Conduct and Discipline

ADOC Standard Operating Procedure #454 – Investigations and Intelligence

ADOC Form #454-C – Investigative Outcomes/Disposition

Investigative Review Team Meeting Minutes

Notification to Inmate Forms

These documents outline the agency's procedures for investigating allegations of sexual abuse and harassment, ensuring both criminal and administrative pathways are followed when applicable. Documentation demonstrates the agency's commitment to thorough, unbiased investigations that meet the requirements of the PREA standards.

INTERVIEWS

Investigative Staff

The ADOC Law Enforcement Services Division (LESD) Investigator assigned to the facility confirmed that investigations are initiated immediately upon receipt of an allegation. Notification may come from various sources, including in-person reports, written grievances, third-party disclosures, hotline calls, or anonymous tips. Regardless of the method of reporting, the investigative process remains consistent.

Investigators are specially trained in PREA-compliant investigative techniques and follow a structured sequence:

The victim is interviewed first, followed by any witnesses, with the accused interviewed last.

Investigations are adapted slightly depending on whether the case involves sexual harassment or sexual abuse, though the integrity of the process is preserved across both.

The investigator stated that all individuals are presumed credible unless evidence proves otherwise. The credibility of information and individuals is assessed on a case-by-case basis, without regard to the status (inmate or staff) of those involved.

The LESD Investigator emphasized:

Polygraphs or truth-telling devices are never used as a condition of proceeding with an investigation.

If criminal conduct is suspected, the alleged perpetrator is read their Miranda rights, and investigators coordinate with prosecutors to avoid jeopardizing any potential

criminal charges.

The agency handles investigations internally, though LESD will collaborate with outside law enforcement if needed.

Investigations continue regardless of the custody status of the alleged abuser or victim (e.g., if transferred or released).

PROVISIONS

Provision (a): Policies and Procedures for Investigations

The PAQ and supporting documentation confirm that the Alabama Department of Corrections (ADOC) has clear policies for conducting both criminal and administrative investigations into allegations of sexual abuse and harassment. Investigations are prompt, thorough, and objective, and are overseen by the LESD in accordance with ADOC AR #454 and SOP #454.

Provision (b): Investigator Training

Investigative staff confirmed that all LESD investigators receive specialized training consistent with PREA standards. This includes:

Evidence collection protocols

Trauma-informed interviewing

Use of electronic evidence (e.g., video, communications)

Review of prior complaints or misconduct by the alleged abuser

Training aligns with National Institute of Corrections (NIC) guidelines for sexual abuse investigations in confinement settings.

Provision (c): Evidence Collection

The investigative process includes the collection and preservation of:

Physical and DNA evidence, when applicable

Video surveillance footage, facility logs, and electronic communications

Interviews with all parties involved

Review of prior reports or complaints involving the suspect

Investigators use ADOC Form #454-C to document outcomes and findings in each case.

Provision (d): Compelled Interviews and Prosecutorial Coordination

LESD policy prohibits compelled interviews where criminal prosecution is likely without first consulting with prosecutors. This ensures that any compelled statements do not compromise criminal investigations. This practice was verified during interviews with investigative staff.

Provision (e): Credibility Assessment

Credibility determinations are made independently for each person involved, with no

preference or bias toward either staff or inmates. Investigators are trained to evaluate evidence and behavior objectively. Investigations are not delayed or dismissed based on whether individuals agree to take polygraphs.

Provision (f): Administrative Findings

Administrative investigations seek to determine not only whether sexual abuse occurred, but also whether staff actions or omissions contributed to the incident. Reports are detailed, and include:

Factual findings

Summarized evidence (testimonial and documentary)

Determinations of staff misconduct or negligence, if applicable

Provision (g): Criminal Investigations

Criminal investigations are fully documented, including:

Incident summaries

Chain of evidence

Witness statements

Findings and conclusions

No criminal investigation is closed without appropriate supervisory review.

Provision (h): Outcomes of Criminal Investigations

According to both the PAQ and investigative staff, no criminal investigations during the past 12 months resulted in a substantiated finding of sexual abuse. All cases were investigated and closed in accordance with ADOC protocols.

Provision (i): Retention of Records

All written investigation reports are retained for as long as the alleged abuser is incarcerated or employed by the agency, and for a minimum of five years thereafter. This aligns with ADOC policy and PREA retention standards.

Provision (j): Continuation of Investigations Post-Departure

Investigations are not terminated if a victim or abuser leaves the facility or agency. The LESD continues investigations to completion and ensures that documentation is preserved.

Provision (l): External Investigative Involvement

While ADOC typically conducts all investigations internally through LESD, the agency is prepared to collaborate with external law enforcement if needed. Any such coordination would occur under the direction of the ADOC Commissioner and LESD leadership, ensuring transparency and cooperation with outside authorities.

CONCLUSION

Based on the review of documentation, facility policy, investigative records, and

	<p>interviews with investigative personnel, the Auditor finds that the agency is in full compliance with PREA Standard §115.71 – Criminal and Administrative Investigations.</p> <p>The agency:</p> <p>Ensures that all allegations of sexual abuse or harassment are thoroughly and objectively investigated</p> <p>Maintains proper documentation and evidence handling protocols</p> <p>Employs trained investigative staff who understand PREA-specific requirements</p> <p>Conducts investigations even when involved parties are transferred or released</p> <p>Coordinates with prosecutors when criminal charges may apply</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTATION REVIEWED</p> <p>The following materials were reviewed to assess the facility’s compliance with PREA Standard §115.72, which requires that the standard of proof in administrative investigations of sexual abuse and sexual harassment be no higher than a preponderance of the evidence:</p> <p>Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the facility</p> <p>ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment, effective January 4, 2016</p> <p>ADOC Administrative Regulation (AR) #300 – Investigations and Intelligence Division, effective April 18, 2016</p> <p>These documents provide clear and specific guidance on the standard of evidence required in both administrative and criminal investigations related to sexual abuse and sexual harassment in ADOC facilities.</p> <p>AR #454, on page 22, Section I, explicitly affirms that a preponderance of the evidence is the evidentiary threshold required for substantiating allegations in administrative investigations. This aligns with the PREA standard, which mandates that administrative decisions be made based on whether it is “more likely than not” that the incident occurred.</p> <p>AR #300, on page 5, outlines the reporting and distribution procedures for completed investigative reports conducted by the Law Enforcement Services Division (LES), formerly the Investigations and Intelligence Division. This policy ensures that investigative findings reach the appropriate internal and external stakeholders, including:</p> <p>The Commissioner of Corrections or designee</p>

The Inspector General
Deputy/Associate Commissioners, Institutional Coordinators, and Wardens, as appropriate
The District Attorney's Office in the jurisdiction where criminal activity is suspected
The requesting ADOC official
If central office personnel are implicated, distribution is restricted to the Commissioner only
This distribution framework ensures transparency, proper oversight, and timely prosecutorial review when criminal conduct is suspected.

INTERVIEWS

Investigative Staff

Investigative personnel assigned to the facility confirmed that all investigations of sexual abuse and harassment allegations are conducted in a comprehensive and systematic manner. Investigators collect all available forms of evidence, including but not limited to:

Physical and forensic evidence from the alleged victim, suspect, and incident scene
Video or electronic monitoring data, when available

Interviews with the victim, alleged perpetrator, and relevant witnesses

Review of historical complaints or disciplinary records that may provide context or indicate patterns of behavior

Investigative staff affirmed that their findings are based on a preponderance of the evidence, meaning that the evidence must show that it is more likely than not that the incident occurred. This standard applies to all administrative investigations and is adhered to consistently across all case types, including those involving staff or other inmates.

Additionally, staff reported that once the investigation is concluded, the full investigative packet, including evidence and findings, is submitted to:

Facility administration for appropriate institutional action

The LESD chain of command for review and tracking

The District Attorney's Office, if criminal behavior is identified, for prosecutorial consideration

Investigative staff emphasized that the lower standard of proof for administrative investigations (compared to criminal proceedings) allows the agency to take corrective or disciplinary action when warranted, even in the absence of sufficient evidence for criminal prosecution.

PROVISIONS

Provision (a): Standard of Evidence in Administrative Investigations

PREA Standard §115.72 requires that no standard higher than a preponderance of the

	<p>evidence be used in determining whether sexual abuse or sexual harassment occurred in administrative investigations.</p> <p>The agency's policy, as documented in AR #454, explicitly states that the preponderance of the evidence is the governing standard for all such investigations. This means that investigators and decision-makers evaluate whether the facts presented in the case make it more likely than not that the alleged conduct occurred. The use of this standard ensures a fair, trauma-informed, and appropriate approach to determining findings, consistent with national PREA requirements.</p> <p>Additionally, AR #300 reinforces procedural transparency and accountability by outlining the structured distribution of investigative reports to the necessary oversight bodies. The referral to the District Attorney's Office ensures criminal allegations are not dismissed or overlooked due to a lower standard used in administrative findings.</p> <p>CONCLUSION</p> <p>Based on a thorough review of applicable policies, official documentation, and interviews with investigative personnel, the Auditor finds that the Alabama Department of Corrections fully complies with the requirements of PREA Standard §115.72 – Evidentiary Standard for Administrative Investigations.</p>
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115.73 Reporting to inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION REVIEWED</p> <p>The following documents were reviewed to assess the facility's compliance with PREA Standard §115.73, which requires that inmates be informed of the outcomes of investigations into allegations of sexual abuse or sexual harassment:</p> <p>Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the facility ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment, dated January 4, 2016 Investigative Outcome/Disposition Reports detailing the findings of concluded investigations Signed Notification to Inmate Forms, verifying that involved parties were informed of investigative outcomes Investigative Review Team Meeting Documentation, confirming case discussions and administrative findings These documents collectively demonstrate the agency's commitment to timely, documented, and appropriate notification to all involved inmates following the</p>

conclusion of a PREA-related investigation.

INTERVIEWS

Investigative Staff

During interviews, investigative staff described the final phase of the investigative process. Once a PREA-related investigation is concluded and findings are determined, the Law Enforcement Services Division (LESD) prepares and issues written notification letters to both the alleged victim and the alleged perpetrator, as applicable.

These close-out notifications include:

The final disposition of the investigation (substantiated, unsubstantiated, or unfounded)

Any relevant outcomes related to staff misconduct, if applicable

Status updates when the alleged abuser is a staff member, as required under PREA Standard §115.73(c)

Investigators emphasized that the notifications are issued in writing and signed by the inmate to acknowledge receipt. A copy of the signed form is retained in the investigative file and maintained in accordance with ADOC retention policies.

PROVISIONS

Provision (a): Notification Following an Investigation

The PAQ and supporting documentation confirm that in the past 12 months:

0 allegations of sexual abuse were reported

1 allegation of sexual harassment was reported involving inmate-on-inmate misconduct

The allegation was investigated administratively and resulted in a finding of unsubstantiated

Written notification was provided to the involved inmate(s) and documentation was retained

Even in cases where no sexual abuse allegations were reported, the facility maintained procedures to provide written notifications in accordance with PREA standards for all completed investigations of sexual harassment.

Provision (b): Notification in Juvenile Facilities

This provision applies only to juvenile facilities and is not applicable to this adult correctional facility.

Provision (c): Staff Misconduct Notifications

ADOC Administrative Regulation #454, p. 7, Section C.6, outlines the agency's responsibilities in notifying inmates who allege staff sexual abuse. Specifically, it requires that the inmate be informed if:

	<p>The staff member is no longer employed at the agency The staff member is no longer assigned to the facility The staff member has been indicted or convicted on charges related to sexual abuse All such notifications must be documented. Although there were no staff-related sexual abuse allegations during the current audit period, the policy is in place and procedures are well established to ensure compliance when such cases arise.</p> <p>Provision (d): Inmate-on-Inmate Indictments</p> <p>As confirmed during documentation review and interviews, the facility had no inmate-on-inmate sexual abuse cases that resulted in an indictment during the past 12 months. As a result, this provision is not applicable during the audit period but remains covered by policy should a qualifying case occur.</p> <p>Provision (e): Summary Reporting Confirmation</p> <p>The PAQ indicates that 71 sexual abuse and sexual assault allegations were reported across the agency during the past 12 months. While none of these originated from the audited facility, the facility has protocols in place to ensure that inmates would receive written notification of investigation outcomes, consistent with PREA and agency policy. This provision references the broader agency reporting context and supports confirmation of notification systems at the facility level.</p> <p>Provision (f): Auditor Discretion – No Rating Required</p> <p>This provision is not scored and is included for informational purposes only.</p> <p>CONCLUSION</p> <p>Based on a thorough review of relevant agency regulations, investigative documentation, signed inmate notifications, and interviews with investigative personnel, the Auditor finds the facility to be in full compliance with PREA Standard §115.73 – Reporting to Inmates.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION REVIEWED</p> <p>The following documents were reviewed to assess compliance with PREA Standard §115.76, which requires that staff who violate agency sexual abuse or harassment policies are subject to appropriate disciplinary sanctions:</p> <p>Pre-Audit Questionnaire (PAQ) and associated documentation submitted by the</p>

facility.

ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (dated January 4, 2016), which outlines agency-wide policies on sexual abuse prevention, reporting, response, and disciplinary actions for violations.

ADOC Administrative Regulation (AR) #208 – Personnel, Employee Standards of Conduct and Discipline (dated August 17, 2005), which details the procedures for employee discipline, including types of sanctions, documentation requirements, and pre-dismissal processes.

ADOC Memorandum – PREA Compliance Standard 115.76, which articulates the agency’s interpretation and enforcement of disciplinary expectations specifically related to staff conduct under PREA.

These documents collectively support that ADOC maintains clear policy and procedural infrastructure to impose disciplinary sanctions—up to and including termination—on staff who engage in or violate policies related to sexual abuse, harassment, or misconduct.

INTERVIEWS CONDUCTED

Facility Head or Designee

During the audit, the Facility Head's designee affirmed the agency’s zero-tolerance posture toward staff misconduct related to sexual abuse or harassment. Key points confirmed during the interview include:

All ADOC staff are subject to disciplinary sanctions up to and including termination for violations of sexual abuse, sexual harassment, or sexual misconduct policies.

In the past 12 months, the facility has had:

Zero instances of staff found to have violated PREA-related policies;

Zero staff terminated or resigned in lieu of termination for such violations.

The agency’s policy designates termination as the presumptive disciplinary sanction for any staff member found to have engaged in sexual abuse.

Any lesser disciplinary action—if imposed—would be based on clearly documented justifications in accordance with AR #208.

STANDARD PROVISIONS

Provision (a): Sanctions for Policy Violations

Agency documentation and the PAQ confirm that ADOC staff are subject to disciplinary sanctions, including termination, for any violation of policies related to sexual abuse or sexual harassment. This is supported by:

AR #454, p. 13, Section V.4.a, which states that any staff member who:

Has engaged in sexual abuse in any correctional or confinement setting;

Has been convicted of sexual activity through force, coercion, or threat;

Has been civilly or administratively adjudicated for such behavior;

...may be subject to appropriate disciplinary action, up to and including termination.

AR #454, p. 13, Section V.4.d, which further reinforces that all violations of sexual abuse or sexual harassment policies are subject to disciplinary action, and termination is explicitly noted as the maximum penalty.

These regulations align with the PREA standard's requirement that staff be held accountable for such violations through appropriate sanctions.

Provision (b): Disciplinary Action Over the Past 12 Months

According to both the PAQ and the Facility Head Designee:

No staff at the facility have been found to have committed violations related to sexual abuse or harassment in the past 12 months.

No terminations or resignations in lieu of termination occurred for these violations during the same period.

Despite the absence of recent cases, the agency maintains a presumptive discipline policy of termination for substantiated cases of staff sexual abuse, consistent with federal expectations.

The policy foundation for this is outlined in:

AR #208 - Employee Standards of Conduct and Discipline, which provides:

A disciplinary matrix with a range of sanctions from verbal counseling to dismissal; Guidance on pre-dismissal conferences, performance documentation, and due process;

Internal forms used to process and record employee resignations and dismissals.

Provision (c): Sanctions Other Than Termination

While there were no such cases during the current audit period, the PAQ and interviews confirm that if a staff member were disciplined short of termination, the sanction would be:

Commensurate with the nature and severity of the act;

Reflective of the employee's disciplinary history;

Consistent with sanctions imposed on other staff for similar conduct.

These disciplinary principles are codified in AR #208, which promotes equity and proportionality in personnel management. This approach ensures the agency's actions remain fair and legally defensible.

Provision (d): Reporting to Law Enforcement and Licensing Bodies

In accordance with the PAQ, AR #208, and interview findings:

Any termination or resignation in lieu of termination for a violation of sexual abuse or harassment policy must be:

Reported to law enforcement, unless the behavior is clearly non-criminal; and

Reported to relevant professional licensing or certification bodies, where applicable.

No such events occurred within the past 12 months at this facility. However, the

	<p>agency has documented procedures in place to ensure that required notifications would be made if a qualifying case arose. This supports PREA's intent to ensure that perpetrators of institutional sexual abuse are not allowed to move between facilities or avoid accountability through resignation.</p> <p>CONCLUSION</p> <p>Based on a detailed review of agency administrative regulations, the Pre-Audit Questionnaire, supporting documentation, and interviews with facility leadership, the Auditor finds that the facility is in full compliance with PREA Standard §115.76 – Disciplinary Sanctions for Staff.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>DOCUMENTATION REVIEWED</p> <p>The following documents were reviewed to assess compliance with PREA Standard §115.77, which mandates corrective action and/or reporting when contractors or volunteers engage in sexual abuse or violate agency sexual abuse or sexual harassment policies:</p> <p>Pre-Audit Questionnaire (PAQ) and supporting facility-submitted documentation, which summarize incidents, policies, and corrective measures involving contractors and volunteers.</p> <p>ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (dated January 4, 2016), which outlines the agency's expectations and mandatory responses to violations of sexual safety policy by all staff, including contractors and volunteers.</p> <p>ADOC Administrative Regulation (AR) #216 – Personnel (dated December 7, 2015), which details personnel practices, including pre-employment screening protocols applicable to contractors and volunteers.</p> <p>Together, these documents affirm that the Alabama Department of Corrections (ADOC) has established comprehensive policies and vetting procedures for all individuals who enter facilities in a professional capacity, including contractors and volunteers, and that the agency enforces appropriate corrective and reporting measures in accordance with PREA mandates.</p> <p>INTERVIEWS CONDUCTED</p> <p>Facility Head or Designee</p>

During the interview, the Facility Head or their designee confirmed that:

No contractors or volunteers at the facility were involved in incidents of sexual abuse or sexual harassment during the past 12 months.

As a result, no corrective actions (such as removal from the facility, revocation of access, or reporting to licensing bodies) were necessary.

The facility remains prepared to take immediate and appropriate remedial action in any future case of policy violation, even if the conduct does not meet the threshold for criminal prosecution.

This information was consistent with the documentation provided and the responses in the PAQ.

STANDARD PROVISIONS

Provision (a): Mandatory Reporting and Prohibition from Inmate Contact

According to both the PAQ and AR #454, p. 13, Section V.4.b.4, the agency mandates that:

Any contractor or volunteer who engages in sexual abuse is to be:

Prohibited from further inmate contact; and

Reported to law enforcement authorities, unless the conduct is clearly not criminal;

Reported to any relevant licensing or credentialing bodies, as appropriate.

This requirement ensures accountability and prevents individuals who pose a risk to inmate safety from continuing their involvement within correctional facilities or within the broader professional field.

Although no such incidents occurred during the audit period, the interview with the Facility Head confirmed that the facility and agency are both aware of and prepared to comply with these requirements should a situation arise.

Additionally, AR #454 stipulates that contractors and volunteers are required to disclose any prior misconduct involving:

Sexual abuse in a correctional or confinement setting;

Convictions or civil/administrative adjudications for sexual misconduct, including acts involving coercion, force, or lack of consent.

Failure to disclose such information is grounds for denial of facility access and/or termination of the professional relationship.

Provision (b): Remedial Action for Policy Violations Short of Criminal Conduct

Even when a contractor or volunteer's conduct does not rise to the level of criminal sexual abuse, ADOC policy requires the agency to:

Take appropriate remedial action, which may include:

Suspension or termination of volunteer or contractual services;

Revocation of facility access;

	<p>Enhanced supervision or retraining; Evaluate whether continued inmate contact is appropriate or permissible. As stated in the PAQ and confirmed during the Facility Head interview:</p> <p>No policy violations involving contractors or volunteers occurred during the past year. However, policies are firmly in place to guide facility leadership in taking proportionate action should such a situation arise. These provisions are supported by AR #216 – Personnel, which includes:</p> <p>Pre-employment and pre-access screening tools (pages 6–11), such as: Background disclosure forms, Mandatory PREA-related questions regarding previous misconduct, Signed acknowledgments of agency expectations. This screening process plays a critical role in preventing unqualified or high-risk individuals from entering ADOC facilities in a professional or service capacity.</p> <p>CONCLUSION</p> <p>Following a detailed review of administrative regulations, documentation provided through the Pre-Audit Questionnaire, and the interview with the Facility Head, the Auditor concludes that the facility is in full compliance with PREA Standard §115.77 – Corrective Action for Contractors and Volunteer</p>
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115.78 Disciplinary sanctions for inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION REVIEWED</p> <p>To evaluate the facility’s compliance with PREA Standard §115.78, the following documents were reviewed:</p> <p>Pre-Audit Questionnaire (PAQ) – Provided a summary of reported incidents, facility responses, and relevant policy applications over the previous 12 months. ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (dated January 4, 2016) – Outlines the disciplinary procedures, criteria for substantiating sexual abuse, and protections for inmates in the disciplinary process. ADOC Administrative Regulation (AR) #403 – Disciplinary Procedures for Inmates – Details the formal inmate disciplinary process, rules violation codes, sanctions, and procedural safeguards. These documents collectively demonstrate that the Alabama Department of Corrections (ADOC) has a structured approach for addressing inmate-on-inmate sexual abuse in a manner that aligns with PREA requirements and ensures fairness, consistency, and protection of inmate rights.</p>

INTERVIEWS CONDUCTED

Facility Head or Designee

The Facility Head confirmed that ADOC enforces a strict zero-tolerance policy for all forms of inmate-on-inmate sexual activity. Key points noted during the interview include:

No administrative findings of inmate-on-inmate sexual abuse occurred within the past 12 months.

No criminal convictions for inmate-on-inmate sexual abuse were recorded.

Inmates are only disciplined for sexual contact with staff when it is determined that the staff member did not consent.

Inmates who report sexual abuse in good faith are not subjected to disciplinary action, even if the report is later determined to be unsubstantiated.

Medical Staff

Facility healthcare staff reported that inmates found responsible for engaging in sexually abusive behavior are offered rehabilitative services, including:

Counseling and therapy, focused on behavioral change and addressing underlying psychological drivers.

In some cases, participation in such programs is mandatory to regain access to specific privileges or programs.

This approach underscores the facility's emphasis on both accountability and rehabilitation.

STANDARD PROVISIONS

Provision (a): Disciplinary Sanctions Based on Findings

The PAQ and interviews confirm that inmates are subject to disciplinary sanctions for sexual abuse only when:

An administrative finding of guilt is made through a formal disciplinary process, or
A criminal conviction is obtained.

During the review period:

Zero (0) allegations of sexual abuse were filed.

One (1) allegation of sexual harassment was administratively investigated.

Applicable Policy:

AR #454, Section H affirms that disciplinary action requires substantiated findings through due process or a legal conviction.

Provision (b): Proportional and Consistent Sanctions

If an inmate is found responsible for sexual abuse, the imposed sanction must be:

Commensurate with the severity and nature of the act,
Reflective of the inmate's prior disciplinary history, and
Consistent with actions taken in similar cases.

Applicable Policy:

AR #454, p. 22, Section H.2.e requires that sanctions be individualized and proportionate, promoting equity and fairness across cases.

Provision (c): Consideration of Mental Disability or Illness

The PAQ and Facility Head interview confirm that the facility considers whether an inmate's:

Mental illness, or
Developmental or cognitive disability
contributed to the abusive behavior. This ensures that sanctions are both appropriate and just, taking into account the inmate's mental capacity.

Applicable Policy:

AR #454, p. 22, Section H.2.e mandates inclusion of mental health factors in disciplinary decision-making.

Provision (d): Rehabilitative Interventions

Inmates found guilty of engaging in sexually abusive behavior are offered interventions designed to prevent recidivism and address root causes. These may include:

Individual or group counseling
Behavioral therapy programs
Mandatory participation in rehabilitative programs as a condition of program eligibility or privilege restoration
Confirmed by: Interviews with medical staff.

Provision (e): Consent Consideration in Inmate-Staff Contact

The facility disciplines inmates for sexual contact with staff only if it is determined that the staff member did not consent to the interaction.

Applicable Policy:

AR #454, p. 22, Section H.2.e requires a case-specific assessment of consent prior to taking disciplinary action.

Provision (f): Protections for Good Faith Reporting

Inmates are not disciplined for reporting sexual abuse or harassment if the report:

Is made in good faith, and

	<p>Reflects a reasonable belief that abuse occurred This applies even if the investigation does not result in a substantiated finding.</p> <p>Applicable Policy:</p> <p>AR #454, p. 22, Section H.2.c prohibits punitive responses to sincere and reasonable allegations, reinforcing a culture of safety and open reporting.</p> <p>Provision (g): Prohibition of All Sexual Activity / Differentiation from Sexual Abuse</p> <p>The facility prohibits all inmate-on-inmate sexual activity, including consensual acts. However, only behaviors involving:</p> <p>Force Coercion Threats, or Manipulation are classified and treated as sexual abuse under PREA.</p> <p>Applicable Policy:</p> <p>ADOC Rules Violation Code #912 designates consensual sexual activity as a rules infraction but distinguishes coercive acts as PREA-relevant sexual abuse.</p> <p>CONCLUSION</p> <p>Based on an extensive review of the Pre-Audit Questionnaire, applicable administrative regulations, disciplinary policy documents, and interviews with key facility personnel and healthcare staff, the auditor finds that the facility is in full compliance with PREA Standard §115.78 – Disciplinary Sanctions for Inmates.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTATION REVIEWED</p> <p>To assess compliance with PREA Standard §115.81, the following documents were reviewed:</p> <p>Pre-Audit Questionnaire (PAQ) and supporting documentation ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (dated January 4, 2016) ADOC Form 454-C – PREA Risk Factors Checklist Risk Assessment Checklist Mental Health Referral Forms</p>

Medical Referral Forms

Classification Tracking Spreadsheet

These documents outline the screening process, referral protocols, classification decisions, and the use of medical and mental health data in managing inmates with a history of sexual victimization or abusiveness. The review confirmed that documentation is consistent with PREA standards and reflects actual practices at the facility.

INTERVIEWS CONDUCTED

Risk Screening Staff

Staff responsible for conducting PREA intake screenings reported that medical and mental health records are maintained in a secure, confidential database accessible only to designated medical and mental health personnel. Information from these records is shared with classification or security staff strictly on a need-to-know basis. This ensures compliance with confidentiality requirements while allowing appropriate placement and safety determinations.

Medical and Mental Health Staff

Medical staff affirmed that inmates who disclose prior sexual victimization are:

Offered a follow-up meeting with a mental health provider within 14 days of intake.

Referred to additional services as needed based on risk indicators, such as aggressive behavior or a high likelihood of victimization.

Treated in accordance with informed consent requirements unless the inmate is under 18 years of age, in which case mandated reporting applies.

Referrals to medical or mental health services are documented and tracked using standardized forms. Staff emphasized the facility's commitment to trauma-informed care and confidentiality protections for affected inmates.

Inmates Who Disclosed Prior Victimization

At the time of the on-site audit, there were no inmates currently housed at the facility who had disclosed prior victimization during the intake process. As a result, no inmate interviews for this standard were conducted.

STANDARD PROVISIONS

Provision (a): Access to Services and Follow-Up for Prior Victimization

The PAQ and supporting documentation confirm that inmates who disclose prior sexual victimization—whether the abuse occurred in an institutional setting or the community—are provided with:

Timely access to emergency medical and crisis intervention services.

An offer for a follow-up meeting with a mental health practitioner within 14 days of

the intake screening.

Documentation of such offers and any subsequent treatment or refusal.

Relevant Policy:

AR #454, p. 15, Section F: Requires mental health professionals to meet with any inmate identified during screening as a potential victim or aggressor, including those with a history of sexual abuse.

Provision (b): Risk Reassessment Within 30 Days

According to the PAQ and confirmed during interviews, inmates are reassessed for risk of sexual victimization or abusiveness within 30 days of arrival.

A review of 46 randomly selected inmate records verified that all inmates were reassessed using the PREA Risk Assessment Tool within the required 30-day period. These assessments also accounted for new or updated information received post-intake.

Relevant Policy:

AR #454, p. 16, Section F.6: Mandates that reassessments occur within 30 days and whenever a referral, request, report, or new information necessitates it.

Additionally, a review of 37 intake files confirmed that inmates received PREA-related education at intake, including:

PREA brochures,
Orientation booklets,
Video presentation,
Signed acknowledgment forms.

Provision (c): Follow-Up for Perpetrators of Abuse

If an inmate's screening indicates that they have previously perpetrated sexual abuse, either in custody or in the community, the facility ensures they are:

Offered a follow-up meeting with a mental health provider within 14 days of intake.
This provision aligns with:

AR #454, p. 15-16, Section F.5, which addresses protocols for managing inmates identified as potential aggressors based on screening results.

Provision (d): Use of Screening Information for Safety Determinations

The PAQ and policy documents confirm that results from the PREA screening and mental health assessment are used to make individualized housing, program, and work assignment decisions. These decisions aim to:

Ensure safety by keeping likely victims separate from likely aggressors.
Guide inmate classification and institutional assignment based on behavioral risk.

Relevant Policy:

	<p>AR #454, p. 16, Section F.9, supported by AR #433 and AR #435 (Classification Manual).</p> <p>Provision (e): Informed Consent and Confidentiality</p> <p>Medical and mental health staff, supported by the PAQ and interviews, confirmed that:</p> <p>Informed consent is obtained from inmates before disclosing information related to prior sexual victimization.</p> <p>Exceptions are made for inmates under the age of 18, consistent with mandatory reporting laws.</p> <p>The Institutional PREA Compliance Manager (IPCM) also affirmed that informed consent procedures are consistently followed and documented.</p> <p>Relevant Policy:</p> <p>AR #454, p. 15, Section F.5, outlines the consent protocol for sharing sensitive disclosures related to sexual abuse history.</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of relevant policies, documentation, and interviews with key staff, the auditor concludes that the facility is in full compliance with PREA Standard §115.81 – Medical and Mental Health Screenings; History of Sexual Abuse.</p>
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115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTATION REVIEWED</p> <p>The following documents were reviewed to assess the facility’s compliance with PREA Standard §115.82:</p> <p>Pre-Audit Questionnaire (PAQ) and supporting documentation</p> <p>ADOC Administrative Regulation (AR) 454 – Operations & Legal, Inmate Sexual Abuse and Harassment (dated January 4, 2016)</p> <p>ADOC Form MH-008 – Referral to Mental Health</p> <p>Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR)</p> <p>These documents collectively outline the agency’s procedures for ensuring timely access to emergency medical care and crisis intervention services for inmates who report sexual abuse, as well as the roles of medical, mental health, and first responder staff.</p>

INTERVIEWS CONDUCTED

Medical Staff

Medical personnel explained that when an inmate reports a sexual assault and is brought to the medical unit, a cursory examination is conducted by the facility physician. This initial evaluation determines whether the inmate should be immediately transported to a hospital for acute care or referred to the Sexual Assault Response Team (SART). If SART is utilized, the nurse provides treatment recommendations prior to transfer, and the facility physician issues necessary medical orders.

Inmates are given medical information about sexually transmitted infection (STI) prophylaxis, emergency contraception, and any other relevant care. Medical staff confirmed that all services are provided immediately, based on professional medical judgment, and in accordance with recognized clinical care standards. Medical and mental health teams collaborate closely to ensure the inmate receives appropriate and compassionate care.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no inmates currently housed at the facility who had reported sexual abuse within the past 12 months. Consequently, no inmate interviews were conducted for this standard.

First Responders (Security and Non-Security Staff)

Security first responders reported that their responsibilities include:

Immediately protecting the victim,
Notifying medical and mental health staff, and
Taking steps to preserve evidence, such as securing the crime scene and preventing inmate hygiene activities that may compromise physical evidence.

Non-security first responders stated that their primary duties are to:

Protect the inmate,
Alert security staff, and
Remain with the victim until a security first responder assumes control.
All staff interviewed were able to clearly articulate their responsibilities, in alignment with policy and training requirements.

STANDARD PROVISIONS

Provision (a): Timely Access to Emergency Medical and Mental Health Services

The PAQ reports that victims of sexual abuse are provided with immediate and unimpeded access to emergency medical treatment and crisis intervention services. Interviews with medical staff verified this practice.

The Auditor reviewed facility records and confirmed that in every documented case of alleged sexual abuse, the inmate was promptly referred to both medical and mental health services, consistent with PREA requirements.

Relevant Policy:

AR 454, p. 18, Section F.3.a – Requires immediate referral to medical and mental health care, with unimpeded access to crisis services following a report of sexual abuse.

ADOC Form MH-008 – Used to initiate mental health referrals promptly.

The facility has an active MOU with the Alabama Coalition Against Rape (ACAR), a community-based provider of confidential emotional support services for victims of sexual abuse in ADOC custody.

Forensic medical exams are conducted by Sexual Assault Nurse Examiners (SANE) through the Rape Crisis Center of East Alabama, Inc. If a SAFE/SANE provider is not on-site, one is available 24/7 on call to perform rape kit examinations and relay findings to the facility.

The Institutional PREA Compliance Manager (IPCM) confirmed that no SANE examinations have been conducted within the past 12 months due to a lack of reported incidents.

Provision (b): Emergency Protocols When Medical Staff Are Not Available

The PAQ states, and interviews confirmed, that when no qualified medical or mental health staff are on-site at the time of a report of recent sexual abuse, security first responders take immediate protective action and notify medical and mental health professionals without delay.

Relevant Policy:

AR 454, p. 19, Section G.3.b – Mandates that security staff must ensure protection of the victim and notify qualified health professionals as soon as possible when they are not present.

Provision (c): Medically Appropriate Care

Medical staff confirmed during interviews that care is administered immediately, based on professional judgment, and includes:

Emergency contraception,
STI testing and treatment, and
Pregnancy testing, when clinically indicated.

This care is consistent with professionally accepted standards and is available to all inmates who disclose abuse.

Relevant Policy:

	<p>AR 454, p. 18, Section G.3 – Requires that victims be informed of and provided access to necessary medical treatment, including prophylaxis and pregnancy prevention services.</p> <p>Provision (d): No-Cost Access to Treatment</p> <p>The PAQ and interviews confirm that victims are not charged for medical or mental health services related to sexual abuse, regardless of whether they name the perpetrator or cooperate with the investigation.</p> <p>Relevant Policy:</p> <p>AR 454, p. 18, Section G.3.c – States that treatment services must be provided at no cost to the victim and without requiring cooperation with investigative authorities.</p> <p>CONCLUSION</p> <p>After careful analysis of documentation, interviews, and policy review, the Auditor concludes that the facility is in full compliance with PREA Standard §115.82 – Access to Emergency Medical and Mental Health Services.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION REVIEWED</p> <p>To evaluate compliance with this standard, the following documents were reviewed:</p> <p>Pre-Audit Questionnaire (PAQ) and all supporting documentation.</p> <p>ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (dated January 4, 2016).</p> <p>ADOC Form MH-008 – Referral to Mental Health.</p> <p>Memorandum of Understanding (MOU) between the Alabama Department of Corrections (ADOC) and the Alabama Coalition Against Rape (ACAR), which provides for the delivery of confidential emotional support and ongoing treatment services for victims of sexual abuse (services require inmate consent/signature).</p> <p>These documents provide a clear framework for the facility's response to allegations of sexual abuse, outlining protocols for evaluation, treatment, referrals, follow-up care, and mental health services for both victims and known abusers.</p> <p>INTERVIEWS</p> <p>Medical Staff</p>

Interviews with facility medical personnel confirmed that evaluation and treatment are provided promptly and based on professional clinical judgment. Staff affirmed that inmates who disclose sexual abuse are offered:

Immediate medical evaluation and crisis intervention,

Ongoing mental health support,

STI testing and treatment,

Pregnancy testing and emergency contraception, as clinically indicated.

All services are consistent with accepted standards of care within the community and are provided free of charge, regardless of whether the inmate names the abuser or agrees to participate in the investigation.

Medical and mental health staff emphasized a collaborative approach, ensuring the coordination of care and continuity of services for victims. In addition, when medically appropriate, follow-up appointments and referrals are scheduled to support the inmate's recovery.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, no inmates currently housed at the facility had reported sexual abuse within the past 12 months. As such, no inmate interviews specific to this standard were conducted.

STANDARD PROVISIONS

Provision (a): Ongoing Access to Medical and Mental Health Services

ADOC AR #454, p. 19, Section G.3.d specifies that inmates who report having been sexually abused shall receive timely and appropriate medical and mental health evaluations and treatment. Interviews and documentation confirmed that services are offered in alignment with community-level standards and clinical need.

The facility maintains an MOU with ACAR, a community-based organization contracted to provide confidential emotional support and ongoing treatment services. Services through ACAR are available throughout an inmate's incarceration, including during transitions such as transfer or release.

Forensic examinations are performed by SANE/SAFE personnel through the Rape Crisis Center of East Alabama, with 24/7 availability for rape kit exams and related medical services.

Facility records demonstrated compliance with medical best practices and included documentation of STI testing, prophylactic treatment, psychiatric/psychological services, and crisis response protocols.

Provision (b): Follow-Up Services and Continuity of Care

Per AR #454, p. 19, Section G.3.e, inmates who have been sexually victimized are

provided with follow-up medical and mental health services, which may include:

Continued care through treatment plans,

Mental health counseling sessions,

Referrals for care upon transfer or release.

Documentation reviewed included consistent follow-up entries in inmate medical records and appointment logs, confirming continuity of care and engagement in treatment beyond the initial crisis phase.

Provision (c): Evaluation and Referrals Based on Clinical Need

Medical staff confirmed that all inmates receive individualized evaluations to determine the scope and nature of care needed. Staff documentation demonstrated attentiveness to medical and mental health status, with appropriate referrals using ADOC Form MH-008.

Evaluations and follow-ups are documented clearly and professionally, including notes on clinical impressions, treatment compliance, and therapeutic progress.

Provision (d): Timely Access to Medically Appropriate Services

In accordance with AR #454, p. 19, Section G.3, inmates are offered:

Emergency contraception,

Pregnancy testing,

Testing and treatment for sexually transmitted infections (STIs).

These services are provided immediately when medically appropriate, and documentation supports the timely delivery of care.

Provision (e): Pregnancy-Related Services

According to the PAQ, if an inmate becomes pregnant as a result of sexual abuse while incarcerated, the facility ensures that she receives comprehensive and timely information about, and access to, all lawful pregnancy-related medical services, including prenatal care, abortion, and adoption counseling, as applicable under law.

Provision (f): Access to Emergency Contraception and STI Prophylaxis

ADOC AR #454, p. 19, Section G.3 mandates that emergency contraception, STI testing and prophylaxis, and pregnancy testing are offered at no cost and in accordance with medical standards. Interviews confirmed that inmates are educated about these options and receive them when appropriate.

Provision (g): No-Cost Provision of Services

The agency ensures that all services are provided without financial cost to the

	<p>inmate, whether or not the abuser is named or an investigation is pursued. This is explicitly stated in AR #454, p. 19, Section G.3.e, and confirmed through interviews and policy review.</p> <p>Provision (h): Mental Health Evaluation for Known Abusers</p> <p>ADOC policy (AR #454, p. 19, Section G.3.g) requires that all known inmate-on-inmate sexual abusers are referred for a mental health evaluation within 60 days of learning of such abuse history. Treatment is offered when clinically indicated.</p> <p>All referrals for such evaluations are made using ADOC Form MH-008, and the facility provided documentation supporting this process. Though no known abuser referrals were necessary during the review period, staff demonstrated a clear understanding of the policy and procedures.</p> <p>CONCLUSION</p> <p>After a thorough review of facility records, interviews with medical and mental health staff, and examination of agency policy, the Auditor concludes that the facility is in full compliance with PREA Standard §115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers. The agency provides comprehensive, accessible, and timely services in accordance with community standards and PREA requirements.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS REVIEWED</p> <p>To assess compliance with this standard, the following documents were reviewed:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (Effective January 4, 2016)</p> <p>ADOC Form 454-E – Sexual Abuse Incident Review</p> <p>Sexual Assault Incident Review Documentation and Reports</p> <p>These materials outline the formal procedures for conducting sexual abuse incident reviews following the conclusion of an investigation and demonstrate the facility's adherence to the requirements of the standard.</p> <p>INTERVIEWS</p>

Facility Head

The Facility Head confirmed that the Incident Review Team (IRT) is composed of senior-level and upper-level facility leadership, representing key operational areas, including security, mental health, investigations, and administration. The Facility Head, or their designee, reviews all findings and ensures that team recommendations are considered and implemented when appropriate. The Facility Head affirmed that the facility is committed to ongoing improvement and to using each incident review as a tool for enhancing safety and prevention strategies.

PREA Compliance Manager (PCM)

The PREA Compliance Manager reported that Sexual Abuse Incident Review (SAIR) reports are submitted to both the PCM and the Facility Head following the conclusion of any applicable investigation. The PCM confirmed that SAIRs are completed within thirty (30) days of the conclusion of every substantiated or unsubstantiated sexual abuse investigation, as required by policy. The PCM also participates in review meetings to ensure the facility maintains compliance and follows through on all recommendations.

Incident Review Team (IRT)

Members of the IRT confirmed that the team follows a structured, multi-disciplinary approach when conducting reviews. The team includes upper-level management, line supervisors, investigative staff, and medical or mental health professionals, as appropriate. Team members stated that all criteria outlined in PREA Standard §115.86(d) are reviewed and addressed during the process. Final reports are documented using ADOC Form 454-E and are submitted to facility leadership for approval and action.

STANDARD PROVISIONS

Provision (a): Incident Review Requirement

The PAQ confirms that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation is determined to be unfounded. This practice was verified through interviews with the Facility Head and corroborated by documentation.

According to ADOC AR #454, p. 20, Section H.1.k, the review process must occur within 30 days of the conclusion of the investigation and involves a multidisciplinary team including upper-level management, line supervisors, investigators, and relevant health care professionals.

Sexual Abuse and Harassment Cases (Past 12 Months):

Sexual Abuse Allegations: 0

Sexual Harassment Allegations: 1 (Inmate-on-inmate)

Investigation Outcome: 1 unfounded

Victim Notification: Documented as completed

Provision (b): Timely Completion of Reviews

The facility reported, through the PAQ, that all applicable reviews are conducted within 30 days of the conclusion of the investigation. During the past 12 months, 27 applicable investigations were followed by timely SAIRs, in full accordance with policy. This timeframe and compliance standard are clearly established in AR #454, p. 20, Section H.1.k.

Provision (c): Composition of the Review Team

Interviews with the Facility Head and Incident Review Team members confirmed that the team includes upper-level management officials, with active participation and input from line supervisors, investigative staff, and medical/mental health practitioners, as appropriate to the case. This aligns with PREA requirements and is consistent with policy guidance under AR #454.

Provision (d): Scope of Review and Reporting

The IRT completes a comprehensive Sexual Abuse Incident Review Report following each investigation, using ADOC Form 454-E. These reports are submitted to the Facility Head and PREA Compliance Manager. The reports include:

Findings and determinations from the review process,
Recommendations for corrective actions or improvements,
Documentation of the review of:
Policy or procedural deficiencies,
Underlying motivations (e.g., race, gang affiliation, gender identity),
Incident location and security vulnerabilities,
Staff presence and adequacy of staffing levels,
Staff background and training,
The effectiveness and placement of monitoring technology.
This thorough and structured process ensures each incident is used as a learning opportunity to strengthen the facility's response and prevention efforts.

Provision (e): Implementation of Recommendations

Interviews and document reviews confirmed that recommendations developed during the SAIR process are implemented in a timely manner or, if not implemented, the reasons for non-implementation are documented. The Facility Head affirmed that recommendations are tracked for follow-up and accountability. This process reflects the facility's commitment to continuous improvement and transparency in its response to sexual abuse and harassment.

CONCLUSION

Based on the review of policies, documentation, and interviews with key staff, the auditor concludes that the facility is in full compliance with PREA Standard §115.86 – Sexual Abuse Incident Reviews. The facility demonstrates a systematic, multidisciplinary, and responsive approach to reviewing sexual abuse investigations, ensuring findings are used to inform and improve operational practices, safety, and

	the well-being of inmates.
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION REVIEWED</p> <p>To determine compliance with the data collection requirements under PREA Standard §115.87, the following documentation was reviewed:</p> <p>Pre-Audit Questionnaire (PAQ) ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (Effective January 4, 2016) Most Recent Survey of Sexual Victimization (SSV-2 Form) Most Recent Annual PREA Data Report ADOC PREA Web Page: http://www.doc.state.al.us/PREA These materials detail the policies, procedures, and practices used by the Alabama Department of Corrections (ADOC) to collect, maintain, and analyze data related to sexual abuse and harassment.</p> <p>INTERVIEWS</p> <p>Agency Contract Administrator During the interview, the Agency Contract Administrator confirmed that all contracts for the housing of ADOC inmates—including those with private or community-based operators—contain explicit PREA compliance clauses. The Administrator further stated that ADOC requires contracted facilities to report both incident-based and aggregated sexual abuse data regularly. This information is reviewed and incorporated into the agency’s overall data collection and analysis processes.</p> <p>STANDARD PROVISIONS</p> <p>Provision (a): Data Collection System ADOC Administrative Regulation #454 (p. 24, Section L.1) establishes comprehensive procedures for collecting and maintaining data related to all allegations of sexual abuse and sexual harassment. The policy outlines that:</p> <p>Data must be gathered from all available sources, including: Inmate surveys and reports, Documented announced and unannounced security rounds, Formal grievances, Investigative reports and files,</p>

Sexual Abuse Incident Reviews (SAIRs).

Data is collected using standardized instruments and definitions.

A defined methodology is used to analyze data trends, and

Quality control procedures are in place to ensure data accuracy and integrity.

The facility is in full compliance with the requirements of this provision, as supported by documentation and confirmed in interviews.

Provision (b): Annual Aggregation of Data

The agency aggregates data annually from all facilities under its jurisdiction, in accordance with U.S. Department of Justice requirements. The data is compiled using the Survey of Sexual Victimization (SSV-2) form and submitted to the Bureau of Justice Statistics. The auditor reviewed the most recent completed SSV-2 and verified its timely submission and completeness. The report captures all relevant data elements and supports the agency's efforts toward transparency and accountability.

Provision (c): Inclusion of DOJ-Required Elements

As required by PREA, ADOC policy mandates that its data collection processes must be sufficient to answer every question posed in the most recent version of the DOJ's Survey of Sexual Violence. This requirement is explicitly detailed in ADOC AR #454 (p. 24, Section L.1) and confirmed during the audit.

The auditor was provided a copy of the most recent annual data report, which includes:

A full accounting of all sexual abuse and harassment allegations,

Outcome categorizations (substantiated, unsubstantiated, unfounded),

Institutional and demographic data,

Descriptions of response efforts and corrective actions taken.

The annual data report is also published on the ADOC website, making it publicly accessible and in compliance with transparency provisions.

Provision (d): Data Maintenance and Review

ADOC's PREA policy clearly requires the agency to collect, maintain, and review incident-based data from various institutional sources, including investigative files, incident reports, and SAIR documentation. The auditor reviewed the most recent annual report, which not only compiles the required data but also identifies areas of concern, trends, and corresponding corrective actions taken. This process allows the agency to assess systemic issues and improve facility operations based on data analysis.

Provision (e): Contractual Compliance and Oversight

ADOC AR #454 (p. 7, Section D) requires that all contracts for the confinement of inmates include provisions ensuring full compliance with PREA standards. The General Counsel's Office is tasked with oversight of these contractual obligations.

	<p>As an example, the Alabama Therapeutic Education Facility (ATEF)—a community confinement facility operated by the GEO Group, Inc.—holds contract CD170051713 with ADOC. Section 3.39 of the contract states:</p> <p>“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)... Any type of conduct... that falls within the context of custodial sexual misconduct/sexual abuse... shall be reported immediately... Vendor is obligated to adopt and comply with all PREA standards, and the ADOC shall monitor the Vendor for compliance...”</p> <p>The contract also mandates:</p> <p>Independent DOJ-certified PREA audits, Full access to documentation by the PREA Contract Monitor, Staff PREA training and reporting obligations.</p> <p>The Contract Administrator confirmed this practice during interviews, affirming that all ADOC contracts contain similar provisions and are routinely monitored for compliance.</p> <p>Provision (f): Timely Submission of SSV-2 Data</p> <p>The auditor verified that the ADOC submits the Survey of Sexual Victimization (SSV-2) to the U.S. Department of Justice annually by June 30 for the preceding calendar year. The most recent SSV-2 reviewed by the auditor was complete, accurate, and submitted within the required timeline.</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of policies, documentation, contract language, data reports, and interviews with agency personnel, the auditor concludes that the Alabama Department of Corrections is in full compliance with PREA Standard §115.87 – Data Collection.</p> <p>The agency demonstrates a strong commitment to the systematic collection, aggregation, analysis, and reporting of sexual abuse data across its facilities and contracted partners. Data integrity is maintained through quality assurance mechanisms, and contractual oversight ensures PREA compliance across all housing arrangements.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTATION

Pre-Audit Questionnaire (PAQ)
ADOC Administrative Regulation #454
2023 Survey of Sexual Victimization (Form SSV-2)
2024 Annual Data Report
Agency Website: <http://www.doc.state.al.us/PREA>

INTERVIEWS

Agency Head or Designee

The Agency Head Designee confirmed that the agency’s annual report includes a comparison of current year data and corrective actions with those from previous years. These reports are publicly available on the ADOC website. The purpose of the report is to enhance the safety of inmates and staff by identifying problem areas and implementing corrective actions on an ongoing basis.

Facility Head or Designee

The Facility Head stated that the facility’s PREA Committee reviews each allegation of sexual abuse and submits relevant information to the PREA Coordinator for inclusion in the agency’s annual review.

PREA Director (PD)

The PREA Director affirmed that the agency reviews data collected pursuant to §115.87 to evaluate the effectiveness of sexual abuse prevention, detection, and response policies, practices, and training. The agency compiles and publishes an annual report, redacting only personally identifiable information.

PREA Compliance Manager (PCM)

The PREA Compliance Manager confirmed that most PREA-related documentation, including the agency’s annual reports, is accessible via the ADOC website.

PROVISIONS

Provision (a):

The PAQ indicates that the agency reviews and aggregates data pursuant to §115.87 to assess and enhance the effectiveness of its sexual abuse prevention and response efforts. This process includes:

- Identifying problem areas;
 - Implementing ongoing corrective actions;
 - Preparing an annual report outlining findings and corrective actions for each facility and the agency as a whole.
- This process was confirmed during the interview with the PREA Director.

Relevant Policy:

ADOC Administrative Regulation #454 (dated January 4, 2016), Section L.1.c, designates the PREA Director as responsible for data review and preparation of reports that identify problem areas, recommend corrective actions, and include year-

	<p>to-year institutional comparisons.</p> <p>Provision (b):</p> <p>According to the PAQ and verified through the Agency Head Designee interview, the annual report includes comparisons of the current year's data and corrective actions with those from prior years.</p> <p>The Auditor reviewed the most recent annual report (2024) and confirmed that it complies with PREA standards, including a year-over-year analysis to evaluate progress.</p> <p>Provision (c):</p> <p>The PAQ states that the agency makes the annual report publicly accessible via its website.</p> <p>The Auditor verified that the ADOC PREA webpage (http://www.doc.state.al.us/PREA) hosts all annual reports dating back to 2013.</p> <p>Provision (d):</p> <p>As indicated in the PAQ and confirmed by the PREA Director, redactions in the annual report are strictly limited to information that could compromise facility safety or security.</p> <p>The PREA Director emphasized that only personally identifiable information is redacted, ensuring the inclusion of all relevant data.</p> <p>CONCLUSION</p> <p>Based on the comprehensive review of the Pre-Audit Questionnaire, supporting documentation, annual reports, and interviews with key staff, the Auditor concludes that the agency/facility meets all provisions of PREA Standard §115.88 – Data Review for Corrective Action</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>ADOC Administrative Regulation (AR) #454 – Operations & Legal: Inmate Sexual Abuse and Harassment (Effective January 4, 2016)</p> <p>Alabama Department of Corrections (ADOC) PREA Website: http://www.doc.state.al.us/PREA</p>

These documents provided detailed information on the Alabama Department of Corrections' (ADOC) policies and practices for data collection, retention, publication, and destruction related to incidents of sexual abuse and sexual harassment, as required by the Prison Rape Elimination Act (PREA).

Interviews Conducted

PREA Director:

During the interview, the PREA Director explained that PREA-related data is maintained at both the facility and agency levels. At the local facility level, data is stored within a Risk Management System, with access restricted exclusively to authorized personnel with a legitimate need to know. This controlled access ensures confidentiality and compliance with data protection standards.

At the agency level, data is compiled to meet federal reporting requirements, including the Survey of Sexual Victimization (SSV-2), and is used to generate aggregate data reports. These reports are published on the ADOC's publicly accessible PREA webpage to ensure transparency and accountability.

The PREA Director confirmed that the agency regularly reviews data collected pursuant to §115.87 and performs appropriate redactions prior to publication. Specifically, redactions are limited solely to personally identifying information (PII), in compliance with federal confidentiality requirements.

Standard Provisions

Provision (a): Secure Retention of Data

As reported in the PAQ and verified through policy review, ADOC securely retains both incident-based and aggregate data related to sexual abuse and harassment.

ADOC Administrative Regulation #454 mandates that each facility under the agency's direct control, as well as any privately contracted facilities, submit relevant data to be incorporated into the agency's annual report. These reports are published on the agency's website, demonstrating compliance with §115.89(a).

The publicly accessible PREA page includes these data sets and reports:

<http://www.doc.state.al.us/PREA>

Provision (b): Annual Publication of Aggregated Data

The agency ensures that aggregated sexual abuse data is compiled and made publicly available at least annually, as required by PREA. The PAQ and PREA Director confirmed that this practice is consistently followed. The ADOC PREA webpage contains annual reports that provide facility-level and systemwide data, consistent with PREA reporting standards.

Provision (c): Redaction and Data Retention

In accordance with the PAQ and ADOC policy:

Prior to publication, the agency removes all personally identifying information to

	<p>safeguard the confidentiality of individuals involved.</p> <p>ADOC retains data collected under §115.87 for a minimum of 10 years, unless a longer retention period is required by federal, state, or local law.</p> <p>Provision (d): Retention of Investigative Records</p> <p>ADOC Administrative Regulation #454 (p. 26, L.1.d & e) outlines specific retention periods for different categories of records:</p> <p>Aggregate and incident-based data related to sexual abuse must be securely retained for at least 10 years.</p> <p>Records of criminal and administrative investigations must be retained for as long as the alleged abuser remains incarcerated or employed by ADOC, plus five additional years.</p> <p>The Auditor verified compliance with this provision by reviewing historical data sets and documentation dating back to August 20, 2012. This retrospective review confirmed that ADOC has a longstanding practice of retaining and securing sexual abuse data in alignment with PREA requirements.</p> <p>Conclusion</p> <p>Based on the comprehensive review of the Pre-Audit Questionnaire, agency policies, interview responses, and supporting documentation, the Auditor concludes that the Alabama Department of Corrections is in full compliance with PREA Standard §115.89 – Data Storage, Publication, and Destruction.</p> <p>The agency has implemented a robust system for the secure storage, annual publication, and responsible redaction of sexual abuse data. Additionally, its data retention practices meet or exceed the federal standards outlined in PREA.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documentation Reviewed</p> <p>Publicly Accessible PREA Webpage</p> <p>The Alabama Department of Corrections (ADOC) maintains a dedicated PREA webpage at: http://www.doc.state.al.us/PREA This site provides direct access to:</p> <p>PREA audit reports for each facility under ADOC’s jurisdiction Aggregated annual reports of sexual abuse and sexual harassment data Information reflecting the agency’s ongoing commitment to PREA compliance and transparency</p>

Interviews Conducted

Agency Head or Designee:

The designee of the Agency Head confirmed that all facilities operated by the Alabama Department of Corrections have been audited at least once during each required three-year PREA audit cycle. The designee further affirmed that completed audit reports are promptly posted to the agency's PREA webpage in compliance with §115.403(f), ensuring public access to audit results and reinforcing the agency's transparency initiatives.

PREA Director:

The PREA Director noted that the current audit is being conducted during the second year of the fourth PREA audit cycle, placing the agency in alignment with the required triennial audit timeline established under §115.401(a). The Director also emphasized ADOC's consistent adherence to audit scheduling, timely submission of audit documentation, and public reporting of results.

Standard Provisions

Provision (a): Audit Frequency Compliance

The Agency Head's designee confirmed that every ADOC facility has undergone at least one PREA compliance audit during the preceding three-year cycle. Each facility's audit report is publicly posted on the ADOC PREA webpage, along with annual aggregated data reports regarding sexual abuse incidents, in full accordance with the requirements outlined in §115.401(a) and §115.403(f).

Provision (b): Public Posting of Reports

The ADOC's PREA webpage provides access to:

Facility-level PREA audit reports from the previous and current audit cycles

Annual aggregated data reports on sexual abuse and harassment

These materials are readily available to the public and reflect ADOC's ongoing compliance with PREA's data publication and audit transparency standards.

Provisions (c) through (g):

Not Applicable. These provisions pertain to entities outside the scope of this specific audit (e.g., Department of Justice obligations or statewide systems not relevant to the facility under review).

Provision (h): Auditor Access

During the on-site audit, the Auditor was granted full and unrestricted access to all areas of the facility, including housing units, program areas, intake and release points, administrative offices, and service delivery spaces. The Institutional PREA Compliance Manager (IPCM) was present and available throughout the audit to support logistical coordination and to accompany the Auditor as needed.

Provision (i): Auditor Cooperation

The ADOC and facility leadership demonstrated full cooperation throughout the audit process. All requested documents, reports, and supplementary materials were

	<p>provided promptly, and staff members were available for interviews, clarification, and follow-up. This level of responsiveness greatly facilitated the timely and thorough completion of the audit.</p> <p>Provisions (j) through (l): Not Applicable. These provisions address audit-related conditions or obligations not relevant to the facility being reviewed (e.g., corrective action agreements or exceptional circumstances).</p> <p>Provision (m): Privacy and Confidentiality for Interviews The facility ensured that the Auditor was provided with a secure, private space in which to conduct staff and inmate interviews. These accommodations supported confidentiality, minimized distractions, and allowed interviewees to speak freely without concern for surveillance or retaliation.</p> <p>Provision (n): Inmate Communication with Auditor Interviews with incarcerated individuals confirmed that they were informed in advance of the opportunity to correspond confidentially with the Auditor. Inmates were made aware of this option through posted notices, orientation materials, or staff communication. Procedures for sending correspondence to the Auditor mirrored those in place for legal mail, ensuring confidentiality was preserved.</p> <p>Provision (o): Not Applicable. This provision addresses interim reporting, which was not required in this context.</p> <p>Conclusion</p> <p>Based on a thorough review of agency documentation, interviews with key personnel, and on-site observations, the Auditor concludes that the Alabama Department of Corrections and the audited facility are in full compliance with PREA Standard §115.401 – Frequency and Scope of Audits.</p> <p>The agency has consistently adhered to the triennial audit requirement, provided public access to reports, and ensured a transparent and cooperative audit environment. All applicable provisions of the standard are met without exception.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS:

	<p>Alabama Department of Corrections publicly accessible website</p> <p>http://www.doc.state.al.us/PREA</p> <p>PROVISIONS</p> <p>Provision (a) through Provision (e)</p> <p>N/A – Not Applicable</p> <p>Provision (f)</p> <p>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</p> <p>CONCLUSION:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding audit contents and findings.</p>
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Appendix: Provision Findings**115.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
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Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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115.11 (b) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Has the agency employed or designated an agency-wide PREA Coordinator?	yes
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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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
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115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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
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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
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115.12 (a) Contracting with other entities for the confinement of inmates

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
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115.12 (b) Contracting with other entities for the confinement of inmates

Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes
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	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.)	
115.13 (a)	Supervision and monitoring	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	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
115.13 (c)	Supervision and monitoring	
	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
	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
	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
115.13 (d)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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

115.14 (a)	Youthful inmates	
	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).)	na
115.14 (b)	Youthful inmates	
	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).)	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).)	na
115.14 (c)	Youthful inmates	
	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).)	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).)	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).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	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
	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	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	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
	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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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
	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
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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
	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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.17 (a)	Hiring and promotion decisions	
	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
	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
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	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
	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
	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 two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	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
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	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
115.17 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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.)	na
115.18 (b)	Upgrades to facilities and technologies	

	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
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	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.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	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
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b) Policies to ensure referrals of allegations for investigations		
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c) Policies to ensure referrals of allegations for investigations		
	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).)	na
115.31 (a) Employee training		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	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
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	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
115.32 (b)	Volunteer and contractor training	
	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
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	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
	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
	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
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	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
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	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
115.34 (b)	Specialized training: Investigations	
	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
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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
	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
115.34 (c)	Specialized training: Investigations	
	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
115.35 (a)	Specialized training: Medical and mental health care	
	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
	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
	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
	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	yes

	suspicious 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.)	
115.35 (b)	Specialized training: Medical and mental health care	
	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
115.35 (c)	Specialized training: Medical and mental health care	
	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
115.35 (d)	Specialized training: Medical and mental health care	
	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
	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
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	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
	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
	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
115.41 (f)	Screening for risk of victimization and abusiveness	
	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
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	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
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a) Use of screening information		
	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
	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
	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
	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
	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
115.42 (b) Use of screening information		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c) Use of screening information		
	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
	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	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	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
	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
	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	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	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
	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
115.43 (b)	Protective Custody	
	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
	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
	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
	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
	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
	If the facility restricts 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
	If the facility restricts 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
115.43 (c)	Protective Custody	

	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	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
	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
115.43 (e) Protective Custody		
	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
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.51 (b) Inmate reporting		
	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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	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.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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
115.52 (b)	Exhaustion of administrative remedies	
	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
	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
115.52 (c)	Exhaustion of administrative remedies	
	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	yes

	this standard.)	
	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
115.52 (d)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (e)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (f)	Exhaustion of administrative remedies	

	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
	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
	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
	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
	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
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	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
115.53 (a)	Inmate access to outside confidential support services	
	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
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	yes

	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.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	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
	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	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	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
115.61 (c)	Staff and agency reporting duties	
	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
	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
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	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
	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
	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
	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
115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit 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
115.67 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	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
115.67 (c)	Agency protection against retaliation	
	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
	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
	Except in instances where the agency determines that a report of	yes

	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?	
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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).)	
	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
115.71 (b)	Criminal and administrative agency investigations	
	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
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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
	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
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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).)	na
115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	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

115.73 (b)	Reporting to inmates	
	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
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, 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 resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	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
	Following an inmate's allegation that he or she has been sexually	yes

	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?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	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
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	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
115.82 (b)	Access to emergency medical and mental health services	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.86 (a)	Sexual abuse incident reviews	
	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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	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
115.87 (f)	Data collection	
	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
115.88 (a)	Data review for corrective action	
	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
	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
	Does the agency review data collected and aggregated pursuant	yes

	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?	
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	

	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403	Audit contents and findings	

(f)	
	<div data-bbox="320 185 1273 555"> <p>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, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>