

# PREA Facility Audit Report: Final

**Name of Facility:** Birmingham Community-Based Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 07/07/2025

## 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:** 07/07/2025

## AUDITOR INFORMATION

**Auditor name:** OConnor, Darla

**Email:** doconnor@strategicjusticesolutions.com

**Start Date of On-Site Audit:** 05/05/2025

**End Date of On-Site Audit:** 05/07/2025

## FACILITY INFORMATION

**Facility name:** Birmingham Community-Based Facility

**Facility physical address:** 1216 25th Street North , Birmingham , Alabama - 35234

**Facility mailing address:** 1215 25th St. N, Birmingham, Alabama - 35234

## Primary Contact

<b>Name:</b>	Alan Scott Hahn
<b>Email Address:</b>	alan.hahn@doc.alabama.gov
<b>Telephone Number:</b>	7087432859

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Bryan H. Riggins
<b>Email Address:</b>	bryan.riggins@doc.alabama.gov
<b>Telephone Number:</b>	2052522994

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Alan Hahn
<b>Email Address:</b>	alan.hahn@doc.alabama.gov
<b>Telephone Number:</b>	205-288-2113

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Deedra Green
<b>Email Address:</b>	Deedra.Green@yescarecorp.com
<b>Telephone Number:</b>	2052522995

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	268
<b>Current population of facility:</b>	254
<b>Average daily population for the past 12 months:</b>	237
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Women/girls

<b>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 <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	24- 70
<b>Facility security levels/inmate custody levels:</b>	Minimum Community, Minimum Out
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	52
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	15
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	178

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

<b>Agency Chief Executive Officer Information:</b>
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<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Christy Slauson-Vincent	<b>Email Address:</b>	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:**

2025-05-05

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

2025-05-07

#### 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><b>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</b></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>The Crisis Center, 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. The Crisis Center, 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>Alabama Coalition Against Rape. ACAR confirmed it has a service agreement with the Alabama Department of Corrections (ADOC) to provide SANE services to residents/ inmates/detainees through The Crisis Center, Inc.. 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><b>AUDITED FACILITY INFORMATION</b></p>	
<p><b>14. Designated facility capacity:</b></p>	<p>268</p>
<p><b>15. Average daily population for the past 12 months:</b></p>	<p>237</p>
<p><b>16. Number of inmate/resident/detainee housing units:</b></p>	<p>12</p>

<b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b>	<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)
<b>Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	248
<b>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:</b>	1
<b>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:</b>	0
<b>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:</b>	1
<b>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:</b>	1

<b>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:</b>	1
<b>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:</b>	6
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	1
<b>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:</b>	0



**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):**

On the first day of the on-site audit, the institutional inmate count was 248. According to the PREA Auditor Handbook, facilities with a population of 248 must include a minimum of ten targeted inmate interviews. In alignment with these guidelines, the Auditor conducted interviews with eleven individuals who met the criteria for targeted populations under PREA.

Prior to each interview, the Auditor explained the purpose of the visit and her role in the PREA audit process. The inmates were informed that the interviews were voluntary, confidential, and not mandatory. The Auditor emphasized that participation would not impact their housing, classification, or conditions of confinement in any way. Each individual was asked whether they were willing to participate in the interview, and only those who gave affirmative consent proceeded with the standard protocol questions.

The Auditor made efforts to include individuals from a variety of PREA-targeted categories. The following inmates were interviewed:

- 0 individuals who identify as transgender
- 1 individual with a physical disability
- 0 individuals with a cognitive disability
- 1 individual with a hearing impairment
- 1 individual with a visual impairment
- 1 individual who disclosed a history of sexual abuse during the screening process
- 1 individual with limited English proficiency (LEP)
- 0 individuals who reported a PREA-related incident during this audit period
- 6 individuals who identify as gay or bisexual
- 0 individuals housed in segregation for PREA-related reasons
- 0 youthful offenders (the facility does not house youthful inmates)

The targeted interview process was thorough and respectful of the individuals' rights, identities, and experiences. Though not all

	categories were represented due to the characteristics of the current population, the Auditor ensured that each available and willing individual from targeted groups was given the opportunity to share their experiences. These interviews contributed significantly to the Auditor's understanding of how PREA policies and practices are applied within the facility and how they affect individuals from vulnerable populations.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>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:</b>	52
<b>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:</b>	178
<b>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:</b>	15

**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:**

The facility reports a total of 178 volunteers and 15 contractors who are approved to enter the facility and have contact with inmates. While this reflects the number of individuals authorized for access, the actual number of those who regularly engage with the inmate population is significantly smaller. Approximately 20 volunteers actively and consistently enter the facility to provide programming and services to inmates. These volunteers serve in various roles, including faith-based services, mentoring, educational instruction, and recovery support. Contractors typically include individuals providing professional services such as medical care, mental health counseling, and facility maintenance.

All volunteers and contractors who have contact with inmates are required to complete Prison Rape Elimination Act (PREA) training prior to engaging in any on-site activities. This includes both general PREA training tailored to volunteers and contractors, as well as Georgia Department of Corrections (GDC)-specific PREA content, ensuring consistency with agency policies and procedures. The training emphasizes zero tolerance for sexual abuse and harassment, proper boundaries, reporting responsibilities, and how to recognize and respond to signs of abuse. Volunteers and contractors must acknowledge their understanding of PREA standards and their duty to report any suspected or observed sexual misconduct. Although many of the 178 approved volunteers may not actively enter the facility, the facility maintains accurate tracking records of PREA training for those who do. This ensures that all individuals who interact with the inmate population are appropriately prepared to support a safe and PREA-compliant environment.

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

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

11

**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?**

On the first day of the on-site audit, the institutional inmate count was reported as 248. In accordance with the PREA Auditor Handbook, facilities with a population between 248 require the auditor to conduct a minimum of ten random and ten targeted inmate interviews. The Auditor exceeded this requirement by conducting a total of eleven formal random inmate interviews. To ensure fairness and diversity, the Auditor used alphabetical housing unit rosters to randomly select inmates who were not already part of the targeted interview pool. The selection process was structured to include representation from various age groups, racial and ethnic backgrounds, and housing units across the facility. This approach ensured a cross-section of perspectives from inmates not identified as part of any vulnerable or specialized population under PREA guidelines. In addition to the formal interviews, the Auditor engaged in informal, yet meaningful, conversations with inmates throughout the on-site tour. These impromptu discussions touched on a variety of PREA-related topics, including education and training, the facility's reporting mechanisms, perceived safety, staff responsiveness, and overall institutional culture regarding sexual safety. While not recorded as formal interviews, these exchanges contributed valuable context and were considered in the Auditor's overall assessment. One inmate submitted a letter to the Auditor in response to the audit notice posting. The content of the letter prompted an interview, and the individual was included in the total count of eleven random inmate interviews. At the start of each interview, the Auditor clearly explained the purpose of the audit, her role in the PREA process, and the importance of the inmate's perspective. It was emphasized that participation was entirely voluntary and that the individual could choose not to participate or to stop at any time without consequence. Each inmate was asked

	<p>for permission to proceed with the interview, and all agreed to participate.</p> <p>All responses were documented using the standardized PREA interview form, and all eleven inmates willingly and respectfully participated in the process. Their input contributed meaningfully to the Auditor's overall understanding of the facility's compliance with the Prison Rape Elimination Act.</p>
<b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

**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):**

The process of selecting and interviewing random inmates was conducted with care to ensure fairness, inclusivity, and confidentiality. The Auditor used the facility's housing rosters to randomly identify individuals from different housing units, ensuring representation across security levels, housing types, and demographics such as age, race, and ethnicity. Random selection helped reduce bias and provided a broad snapshot of the facility's overall culture and climate related to sexual safety and PREA compliance.

Each interview was conducted in a private and confidential setting, out of earshot of staff and other inmates, to ensure that participants felt comfortable speaking freely. The Auditor was mindful of the environment and took steps to reduce any perceived pressure or intimidation. Inmates were clearly informed that their participation was voluntary, would not affect their custody status or privileges, and that the purpose of the interview was to gain their perspective—not to investigate individual complaints.

The Auditor also remained flexible and responsive to the needs of those being interviewed. Accommodations were made when needed, such as repeating or rephrasing questions for clarity, or providing additional time for individuals who appeared hesitant or nervous. All interviews were approached with a trauma-informed mindset to ensure a respectful and supportive interaction.

No significant challenges were encountered during the selection or interviewing process. All inmates approached for random interviews agreed to participate, and many expressed appreciation for the opportunity to share their views. These interviews provided valuable insight into the lived experiences of the population and served as an important source of information in assessing the facility's PREA-related practices and culture.

**Targeted Inmate/Resident/Detainee Interviews**

<b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	11
<p>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".</p>	
<b>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:</b>	1
<b>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:</b>	0
<b>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="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>



<b>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).</b>	<p>At the time of the on-site audit, there were no inmates housed at the facility who met the criteria for this interview category. As a result, no inmate interviews specific to this category were conducted.</p>
<b>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:</b>	<p>1</p>
<b>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:</b>	<p>1</p>
<b>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:</b>	<p>1</p>
<b>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:</b>	<p>6</p>
<b>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:</b>	<p>0</p>

<p><b>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>
<p><b>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).</b></p>	<p>At the time of the on-site audit, there were no inmates housed at the facility who met the criteria for this interview category. As a result, no inmate interviews specific to this category were conducted.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>
<p><b>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).</b></p>	<p>At the time of the on-site audit, there were no inmates housed at the facility who met the criteria for this interview category. As a result, no inmate interviews specific to this category were conducted.</p>
<p><b>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:</b></p>	<p>1</p>

<p><b>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:</b></p>	<p>0</p>
<p><b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>
<p><b>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).</b></p>	<p>At the time of the on-site audit, there were no inmates housed at the facility who met the criteria for this interview category. As a result, no inmate interviews specific to this category were conducted.</p>

<p><b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>On the first day of the on-site audit, the institutional population was reported as 248. In accordance with the PREA Auditor Handbook, for a population of this size, the Auditor is required to conduct interviews with a minimum of 10 targeted inmates. A total of eleven targeted inmates were interviewed during the audit process. To facilitate this, the Auditor requested and received a roster identifying inmates who met the criteria for targeted interviews, which may include individuals who identify as LGBTQI+, inmates with disabilities, those in segregation, youthful inmates, and others at heightened risk for sexual victimization or abusiveness. From this list, the Auditor randomly selected inmates across all applicable categories, ensuring a representative sample with attention to diversity in age, race, and other relevant characteristics. Each selected inmate was placed on a "call-out" list and provided with a scheduled time to report for their interview. Interviews were conducted in a private setting designated specifically for audit-related conversations, allowing for confidentiality and comfort during the interview process.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>51. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>20</p>
<p><b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Length of tenure in the facility  <input checked="" type="checkbox"/> Shift assignment  <input checked="" type="checkbox"/> Work assignment  <input checked="" type="checkbox"/> Rank (or equivalent)  <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)  <input type="checkbox"/> None </p>

<b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>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):</b>	There were no difficulties encountered in selecting random staff members for interviews. Random staff were chosen from the staff roster based on their availability during the on-site audit. Additionally, staff who had already been interviewed in specialized roles were excluded from the random selection pool to ensure a distinct and unbiased sample.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
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.	
<b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	18
<b>56. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>58. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No

**59. Were you able to interview the PREA Compliance Manager?**

☒ Yes

☐ No

☐ 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
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>61. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>62. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other



<p><b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>The selection process for specialized staff interviews was conducted thoughtfully to ensure representation across all relevant roles connected to PREA compliance and sexual abuse prevention. Specialized staff included personnel such as investigators, medical and mental health professionals, PREA coordinators, counselors, and supervisory staff directly involved in the facility's PREA-related operations.</p> <p>Interview invitations were coordinated to accommodate staff schedules and maximize participation without disrupting facility operations. Staff were informed in advance about the purpose of the interview and assured confidentiality to encourage open and honest dialogue.</p> <p>Throughout the interview process, the Auditor ensured questions were tailored to the staff member's specific role and responsibilities to gain detailed insights into policy implementation, reporting protocols, training, and response practices related to sexual abuse and harassment prevention.</p> <p>Overall, staff demonstrated a clear understanding of their PREA-related duties, and their cooperation contributed significantly to the comprehensive assessment of the facility's compliance.</p>
<p><b>SITE REVIEW AND DOCUMENTATION SAMPLING</b></p>	
<p><b>Site Review</b></p>	
<p>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.</p>	

<b>64. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>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)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>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)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>68. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No

**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).**

The site review was conducted in a comprehensive and unrestricted manner. The Auditor was granted full access to all areas of the facility necessary to complete the audit, including housing units, intake and release areas, medical and mental health departments, food service operations, education and program spaces, segregation units, administrative offices, recreational yards, and all designated PREA reporting locations—such as inmate telephones, grievance boxes, and confidential mail drop sites. At no point were any limitations imposed on the Auditor’s movement. Throughout the process, staff demonstrated consistent cooperation, transparency, and professionalism.

During the tour, the Auditor engaged in numerous informal conversations with staff and inmates across various areas of the facility. These spontaneous discussions provided additional context regarding institutional operations, staff-inmate interactions, and the overall facility culture. They also offered valuable insight into awareness of PREA policies, familiarity with reporting mechanisms, perceptions of sexual safety, and confidence in the institution’s responsiveness. Both staff and inmates appeared at ease while speaking with the Auditor and were generally open and candid in their remarks.

The Auditor observed that PREA-related informational materials were prominently and strategically displayed throughout the facility. Multilingual posters, brochures, and signage were visible in housing units, intake areas, and common spaces. These materials clearly communicated the facility’s zero-tolerance stance on sexual abuse and sexual harassment and included instructions for reporting incidents both internally and externally, along with contact information for the PREA Ombudsman and other relevant oversight entities.

As part of the site review, the Auditor conducted tests of several critical functions.

The operation of inmate telephones designated for PREA reporting was verified, confirming that individuals could place calls to the PREA Ombudsman and other external agencies without staff assistance or monitoring. Additionally, the Auditor confirmed that grievance boxes and confidential mail drop locations were secure, properly labeled, and routinely emptied by authorized staff in accordance with facility policy.

Housing units were found to be clean, well-maintained, and adequately supervised. Staff were present and actively engaged in their duties. The Auditor also assessed facility design elements such as supervision patterns, sightlines, and the placement of surveillance cameras. These features appeared sufficient to enhance inmate safety and effectively reduce or eliminate blind spots within housing and common areas.

Overall, the site review affirmed that the facility's physical environment, accessibility of reporting tools, and level of staff engagement collectively reflect a strong institutional commitment to PREA compliance. Observations, informal interactions, and functional testing provided consistent evidence that facility operations align with written policy and support the effective implementation of the Prison Rape Elimination Act's standards.

### Documentation Sampling

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.

**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?**

☒ Yes

☐ No

**71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

### **Inmate Records Review**

A total of 50 inmate records were reviewed to assess compliance with PREA education requirements. Inmates were randomly selected from the facility's master roster, with efforts made to include individuals with varied arrival dates to ensure a comprehensive sample.

PREA Education at Intake: All 50 records included signed PREA General Information Forms, confirming that inmates received PREA education on the day of arrival.

Comprehensive PREA Education within 30 Days: Each of the 50 inmates received comprehensive PREA education within 30 days of arrival, as evidenced by signed Inmate Awareness Acknowledgment Forms. Additionally, 50 inmate records were reviewed for compliance with screening requirements related to risk of sexual victimization and abusiveness:

Initial Risk Screening: All 50 inmates received an initial screening on the day of arrival, as documented on completed screening forms.

30-Day Risk Reassessment: Each inmate also received a reassessment within 30 days of arrival, consistent with PREA Standard §115.41.

### **Allegations of Sexual Abuse and Sexual Harassment**

According to the PAQ, the facility reported 6 allegations in the past 12 months—3 allegations of sexual abuse and 3 of sexual harassment.

A total of 6 investigative case files were reviewed using the PREA Audit Investigative Records Review Tool. This sample included all allegations reported in the past 12 months:

- Case ID
- Date of Allegation
- Date of Investigation
- Type of Allegation (sexual abuse or sexual harassment)
- Nature of Involvement (staff-on-inmate or inmate-on-inmate)

- Final Disposition and Justification
- Investigating Officer(s)
- Victim Notification of Outcome
- Sexual Abuse Cases

One allegation involved inmate-on-inmate sexual abuse. This allegation was referred for criminal investigation. Upon completion of the investigation, the claim was determined to be unsubstantiated, and prosecution was subsequently declined.

Two allegations involved staff-on-inmate sexual abuse. Both were also investigated through criminal channels. Following the investigations, one allegation was determined to be unfounded—indicating that the incident did not occur—and the other was found to be unsubstantiated, meaning the evidence was insufficient to support or refute the claim. In both cases, the prosecuting authority declined to pursue criminal charges.

#### **Sexual Harassment Cases**

One allegation involved inmate-on-inmate sexual harassment and was investigated administratively. Following review, the allegation was determined to be unsubstantiated.

Two allegations involved staff-on-inmate sexual harassment and were referred for criminal investigation. One was ultimately classified as unfounded, and the other as unsubstantiated. As with sexual abuse cases, the facility ensured that written notification of the outcome was provided to the involved individuals in a timely manner.

#### **Institutional Culture and Cooperation**

Throughout the on-site audit, facility staff demonstrated a high degree of professionalism, cooperation, and engagement. Their responsiveness and familiarity with PREA standards reflected a strong institutional culture committed to maintaining a safe, secure environment free from sexual abuse and sexual harassment

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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.

#### 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	1	1	0	0
Staff-on-inmate sexual abuse	2	2	0	0
Total	3	3	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
<b>Inmate-on-inmate sexual harassment</b>	1	0	1	0
<b>Staff-on-inmate sexual harassment</b>	2	2	0	0
<b>Total</b>	3	2	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
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	1	0
<b>Staff-on-inmate sexual abuse</b>	0	1	1	0
<b>Total</b>	0	1	2	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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	1	0
<b>Staff-on-inmate sexual harassment</b>	0	1	1	0
<b>Total</b>	0	1	2	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:**

3

<b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
<b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<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 abuse investigation files)
<b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<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 abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	2
<b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

<b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	3
<b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	1
<b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<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)
<b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<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:**

2

**92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?**

☒ Yes

☐ No

☐ 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?**

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.**

The Auditor reviewed every file related to allegations of sexual abuse and sexual harassment reported within the past twelve months. This comprehensive review ensured that all incidents were examined for compliance with PREA standards, including proper reporting, investigation, documentation, victim support, and administrative follow-up. The review also allowed the Auditor to assess the timeliness and thoroughness of investigations, the appropriateness of disciplinary actions (when applicable), and the facility's overall response to allegations

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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.

☐ Yes

☒ No

### Non-certified Support Staff

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.

☒ Yes

☐ No

96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

## 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

Corrections Consulting Service

<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<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>	

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Documentation Review</u></b></p> <p>To evaluate compliance with PREA Standard §115.11, the Auditor conducted a comprehensive review of agency and facility-level documents that establish and support a zero-tolerance culture for sexual abuse and sexual harassment. The documentation also served to confirm the designation and qualifications of the agency's PREA Director and the facility's PREA Compliance Manager.</p> <p>The materials reviewed included:</p> <ul style="list-style-type: none"> <li>Pre-Audit Questionnaire (PAQ) and accompanying documentation</li> <li>Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454: Inmate Sexual Abuse and Harassment, dated January 4, 2016</li> <li>ADOC Administrative Regulation (AR) #336: Searches, dated February 8, 2016</li> <li>ADOC Pamphlet: Inmate Awareness (in both English and Spanish)</li> <li>ADOC Female Inmate Handbook, dated September 25, 2017</li> </ul>

- ADOC Organizational Chart
- Qualifications and role description of the ADOC PREA Director
- Training and qualification documentation for facility-level PREA Compliance Managers
- Standard Operating Procedure (SOP) #454-1

Each of these documents reinforces the agency's zero-tolerance policy and outlines a structured approach for preventing, detecting, and responding to incidents of sexual abuse and harassment.

### **Interviews**

#### **Institution PREA Compliance Manager (IPCM)**

During interviews, the Institutional PREA Compliance Manager confirmed having sufficient time, support, and authority to carry out all responsibilities associated with the position. The IPCM reported direct access to institutional leadership and the PREA Director and affirmed that their role is solely focused on ensuring PREA compliance without the distraction of unrelated duties.

#### **Agency PREA Director (PD)**

The PREA Director also affirmed during interviews that they possess the time, authority, and organizational support necessary to oversee PREA compliance across all ADOC facilities. The PD reported directly to agency leadership and confirmed that the IPCMs at each facility are empowered to implement corrective actions when needed. The Director maintains regular communication with IPCMs and provides guidance, technical assistance, and oversight.

#### **Provision (a): Zero Tolerance for Sexual Abuse and Sexual Harassment**

The agency's response on the PAQ and supporting documentation reflects a clear and unequivocal policy of zero tolerance toward all forms of sexual abuse and sexual harassment. This applies to all individuals in custody—whether housed in state-operated or contract facilities—and encompasses inmate-on-inmate as well as staff-on-inmate conduct.

ADOC Administrative Regulation #454 provides comprehensive direction for the agency's approach to preventing, detecting, and responding to incidents. Specifically:

- Section II (p.1) of AR #454 outlines the agency's zero-tolerance policy and explicitly prohibits any form of sexual conduct, whether consensual or coerced, between inmates or between inmates and staff.
- Section III of the same regulation, along with the ADOC Female Inmate Handbook, provides detailed definitions of sexual abuse and sexual harassment, including classifications for substantiated, unsubstantiated, and unfounded allegations. Sanctions for violations are also clearly stated.

The policy further outlines staff duties, investigative procedures, reporting



requirements, and prevention strategies in alignment with PREA standards. These policies demonstrate a comprehensive and proactive framework for fostering a culture of safety and accountability across the agency.

**Provision (b): Designation of an Agency-Level PREA Coordinator**

The ADOC has formally designated a PREA Director (PD) to serve as the agency-wide PREA Coordinator. According to the PAQ and verified by the ADOC Organizational Chart, the PD operates within the agency's executive structure and reports to the General Counsel.

Documentation and interviews confirm that the PD holds a Director-level position and possesses the necessary qualifications, experience, and authority to fulfill the duties required by the PREA standards. According to Section E (pp. 7-8) of AR #454, the PD's responsibilities include:

- Overseeing and coordinating statewide PREA compliance efforts
- Collaborating with institutional leadership and legal staff
- Managing PREA implementation strategies across all facilities

The PD maintains regular engagement with the system's 26 designated Institutional PREA Compliance Managers (IPCMs) through site visits, electronic communication, and scheduled updates. This structure ensures consistent PREA oversight, accountability, and technical assistance throughout the department.

**Provision (c): Designation of Facility-Level PREA Compliance Managers**

The facility has designated a dedicated Institutional PREA Compliance Manager (IPCM), as indicated in the PAQ. At BWRC, the IPCM holds the rank of Sergeant and reports directly to the Warden. The facility's organizational chart corroborates this reporting structure.

The IPCM's sole responsibility is to ensure the facility's full compliance with PREA standards. The position is not encumbered by unrelated duties, allowing for full attention to sexual safety protocols, compliance tracking, staff training coordination, and incident review. Interviews with the IPCM and the PD affirmed that the IPCM has the authority to implement necessary changes and receives full support from facility leadership.

ADOC Regulation #454 and SOP #454-1 outline the official duties of the IPCM, which include:

- Coordinating the implementation of PREA-related policies and practices at the facility level
- Facilitating staff and inmate PREA education
- Monitoring facility conditions and practices for ongoing compliance
- Liaising with the agency PREA Director and institutional management on PREA matters

	<p>Interviews and documentation confirm that the IPCM has adequate time, resources, and institutional support to carry out these responsibilities effectively.</p> <p><b>Conclusion</b></p> <p>Following a thorough review of agency and facility policies, standard operating procedures, organizational charts, PREA-related materials, and interviews with key personnel, the Auditor has determined that the Alabama Department of Corrections and the Birmingham Work Release Center are in full compliance with PREA Standard §115.11.</p> <p>The agency's written policies are clear, comprehensive, and fully aligned with federal standards. Both the PREA Director and the Institutional PREA Compliance Manager are well-qualified and empowered to fulfill their duties. Their respective roles are supported by defined structures, institutional commitment, and proactive leadership. Together, these factors demonstrate a strong and sustainable framework for the prevention, detection, and response to sexual abuse and sexual harassment within the facility.</p>
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documentation Review</b></p> <p>To determine compliance with PREA Standard §115.12, which requires that contracts with other entities for the confinement of inmates include provisions for PREA compliance, the Auditor conducted a thorough review of the following materials:</p> <ul style="list-style-type: none"> <li>• Birmingham Work Release Center (BWRC) Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454: Operations &amp; Legal – Inmate Sexual Abuse and Harassment, dated January 4, 2016</li> <li>• ADOC Contract C170051713 with GEO Reentry, Inc., most recently renewed on August 2, 2020</li> <li>• Standard Operating Procedure (SOP) #454-1</li> </ul> <p>These materials were instrumental in assessing whether the agency ensures contractual partners are fully bound by PREA requirements and monitored accordingly.</p> <p><b>Interviews</b></p>

## **Agency Contract Administrator**

As part of the compliance assessment, the Auditor interviewed the ADOC Agency Contract Administrator, who is responsible for overseeing contracts related to the confinement of ADOC inmates. The interview provided valuable insight into how PREA compliance is incorporated, enforced, and monitored across contractual relationships with external service providers.

### **Provisions**

#### **Provision (a): Contracting with Other Entities for the Confinement of Inmates**

The Birmingham Work Release Center does not independently contract with outside entities for the confinement of individuals in custody. As indicated in the facility's PAQ and confirmed during the on-site audit, any such contracts are administered at the agency level by the Alabama Department of Corrections (ADOC).

ADOC Administrative Regulation #454, Section D (page 7), establishes the agency's obligation to ensure that all contracts for inmate confinement include specific language requiring adherence to PREA standards. The policy explicitly assigns the responsibility of overseeing this requirement to the ADOC General Counsel and directs the agency to monitor contracted facilities for PREA compliance.

This policy is operationalized in ADOC Contract C170051713 with GEO Reentry, Inc., which contains robust and comprehensive language under Section 3.39 – Prison Rape Elimination Act (PREA). The clause mandates that the contracted 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. See Administrative Regulation 454... Vendor shall 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; provide relevant documentation as requested; require and provide training of all its employees, agents, or contractors; and provide a Report from any PREA audit, which shall be performed by an independent, DOJ-certified auditor."

This language fully aligns with federal PREA requirements and ensures that all contractual partners housing ADOC inmates are legally obligated to maintain PREA compliance, submit to state-level monitoring, and undergo independent PREA audits conducted by DOJ-certified auditors.

During the interview, the Agency Contract Administrator affirmed that every ADOC contract involving the confinement of inmates includes this mandatory PREA clause, without exception. The administrator also confirmed that PREA Contract Monitors are designated when applicable and that the agency actively tracks compliance through ongoing communication, documentation review, and audit oversight.

#### **Provision (b): Contract Language Mandating PREA Compliance**

	<p>Provision (b) of this standard requires that contracts for the housing of inmates by external entities contain explicit PREA compliance provisions. As outlined in Provision (a), this requirement is thoroughly satisfied through ADOC Administrative Regulation #454 and as demonstrated in ADOC's active contract with GEO Reentry, Inc.</p> <p>The reviewed contract includes detailed PREA compliance language, outlines expectations for monitoring and training, and requires independent auditing. These provisions ensure that any entity housing ADOC inmates is held to the same standards and accountability mechanisms as ADOC-operated facilities.</p> <p><b><u>Conclusion</u></b></p> <p>Based on a comprehensive review of the Pre-Audit Questionnaire, relevant agency policies and procedures, contract documentation, and the interview with the ADOC Agency Contract Administrator, the Auditor finds that the Alabama Department of Corrections and the Birmingham Work Release Center are in full compliance with PREA Standard §115.12.</p> <p>The BWRC does not maintain direct contracts for the confinement of inmates; however, the agency's overarching contractual framework ensures that any entity operating under ADOC authority is held to the highest standards of sexual safety, as mandated by PREA. The contract language is explicit, enforceable, and aligned with federal regulations. ADOC's practices related to contract oversight and monitoring further reflect a strong and consistent commitment to PREA compliance across all levels of custody and care.</p>
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<b>115.13</b>	<b>Supervision and monitoring</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>Documentation Review</u></b></p> <p>To assess the Birmingham Work Release Center's (BWRC) compliance with PREA Standard §115.13, the Auditor conducted a thorough examination of facility-level and agency-wide documentation. The following materials were reviewed:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454</li> <li>• ADOC Form 454-J – Annual PREA Staffing Plan Review</li> <li>• ADOC Form 454-G – Log of Unannounced Rounds</li> <li>• Facility Deviation Logs</li> <li>• Facility Blueprint and Layout</li> <li>• Facility Vulnerability Assessment Form</li> </ul>

- Facility Staffing Plan Checklist
- Facility Staffing Plan (Dated June 24, 2024)

These documents provided a clear overview of staffing protocols, supervisory practices, deviation tracking, and facility infrastructure related to inmate supervision and sexual safety.

### **Observations**

While on site, the Auditor conducted a random review of housing unit logbooks and shift documentation. The review confirmed that intermediate- and higher-level supervisors consistently conduct and record unannounced rounds across all shifts. These rounds were properly documented in the logs and aligned with PREA requirements, supporting the facility's ongoing compliance with supervision and monitoring standards.

### **Interviews**

#### **Facility Head or Designee**

The Facility Head provided a detailed overview of operational priorities and their influence on safety, security, and inmate programming. Discussion topics included:

- The effect of staffing levels on rehabilitative programming and day-to-day operations
- Enhancements in video monitoring systems and how they strengthen surveillance and accountability
- The facility's physical layout and its impact on staff movement, visibility, and inmate supervision
- Oversight mechanisms from both internal leadership and external regulatory bodies
- The composition of the inmate population and its relevance to staffing and supervision strategies
- The role of supervisory staff in setting standards, maintaining morale, and mentoring line staff
- The process of monitoring the staffing plan and addressing deviations through structured approvals and logs
- Institutional PREA Compliance Manager (IPCM)

The IPCM emphasized their active engagement in monitoring staffing sufficiency and highlighted its connection to effective inmate engagement and safety. The IPCM regularly evaluates video surveillance functionality and collaborates with facility leadership to address any technical or coverage gaps.

#### **Intermediate- and Higher-Level Staff**

Supervisory personnel confirmed that unannounced rounds are conducted regularly and without advance notice to staff. Documentation is entered in both unit logbooks

and shift reports. Informal conversations with line staff supported the consistency of these visits and affirmed that supervisors are visible, engaged, and responsive.

### **Random Staff**

Randomly selected staff reported that supervisors frequently visit their work areas, interact with both staff and inmates, and conduct thorough audits of logbooks and camera placements. Staff demonstrated a clear understanding of the policy prohibiting the advance notification of unannounced rounds.

### **Random Inmates**

Inmates consistently reported seeing supervisory personnel, including the IPCM, throughout the housing units. They described these individuals as approachable, responsive, and consistent in their presence. Supervisors were noted to interact respectfully with inmates and address concerns in a timely manner.

### **Provisions**

#### **Provision (a): Staffing Plan**

According to the PAQ and supporting documentation, BWRC maintains a current and comprehensive staffing plan that is reviewed annually, in accordance with PREA standards.

ADOC Administrative Regulation #454, Section D.1, requires each Warden to collaborate in the development and maintenance of the staffing plan. The regulation emphasizes the need for adequate staffing levels and the integration of video monitoring technology to support inmate safety and mitigate the risk of sexual abuse.

Section D.2 of the regulation directs the agency PREA Director to meet annually with each facility's Warden to evaluate the staffing plan's effectiveness. This review is documented using ADOC Form 454-J, which includes:

- A review of best practices in correctional staffing
- Delegation of responsibilities among facility and contract staff
- Results from internal and external audits or investigations
- The facility's camera management plan and physical layout
- Inmate demographics and risk factors
- Distribution of supervisory staff
- Programming schedules and supervision coverage
- Relief factor data specific to the facility
- Legal mandates and regulatory expectations
- Trends in sexual abuse or harassment reports

The Auditor reviewed BWRC's most recent staffing plan, developed for a projected population of 268 inmates. At the time of the audit, the actual average daily population was 248. The staffing plan was found to be comprehensive, clearly articulated, and reflective of current operational needs.

BWRC Staffing SOP #3-03 (dated November 3, 2021) outlines post assignments, relief procedures, and gender-specific staffing requirements for restricted posts. In the event of staff shortages, non-essential posts may be temporarily suspended in a specific order with administrative approval:

- Visitation
- Main Hall
- Facility Rover
- Kitchen Officer

Interviews with the Warden and IPCM confirmed that staffing levels, post coverage, and surveillance effectiveness are routinely discussed and reviewed at administrative meetings. Both leaders actively participate in annual evaluations and support strategic adjustments when needed.

#### **Provision (b): Deviations from the Staffing Plan**

The staffing plan is built around a target population of 268 inmates. When mandatory posts cannot be filled due to absences or emergencies, the plan allows for coverage through the reassignment of personnel or the use of overtime.

The Watch Commander is tasked with documenting all deviations, which are logged and reviewed as part of the facility's oversight process. According to the PAQ and facility records, the most frequent causes for deviations over the past year included:

- Staff absences due to illness or personal emergencies
- Hospital escorts and emergency transports
- Inmate medical appointments
- Mandatory staff training sessions
- Pre-approved leave requests

Despite these occasional challenges, the facility reported no cancellations of programming or educational services due to staffing shortages during the review period. This highlights the facility's strong commitment to balancing staff coverage with uninterrupted access to rehabilitative services.

#### **Provision (c): Annual Review of Staffing Plan**

ADOC policy mandates that each facility conduct a formal, annual review of the staffing plan. This includes an on-site assessment involving the Warden, IPCM, Captain, and the agency PREA Director. The review includes an evaluation of:

- Staffing patterns and consistency
- Supervisory coverage
- Surveillance systems and camera functionality

- Facility layout and blind spots
- Historical incident data and emerging trends

The 2020 Form 454-J, completed and submitted to the PREA Director, confirmed BWRC's compliance with this requirement. Documentation shows that all required stakeholders participated in the review and signed off on the findings. Any deficiencies were addressed through strategic reallocation of staff or updated technology recommendations.

#### **Provision (d): Unannounced Rounds**

Section C of AR #454 mandates that intermediate- or higher-level supervisors conduct unannounced rounds on all shifts to deter staff misconduct and reinforce visibility. These rounds are logged using Form 454-G, which captures:

- Date and time of rounds
- Name of the staff conducting the round
- Notation of PREA Hotline checks

The Auditor reviewed ten randomly selected logs spanning different shifts. These were complete, consistent, and confirmed that the policy was being followed. Shift reports mirrored the entries and reflected supervisor engagement across housing and program areas.

All staff interviewed—including the IPCM, supervisory personnel, and line staff—acknowledged the importance of unannounced rounds and affirmed adherence to the policy prohibiting advance notice, unless necessary for operational reasons.

During the audit, the Auditor personally observed unannounced supervisory rounds taking place, with staff visibly interacting with inmates and monitoring conditions in real-time.

#### **Conclusion**

Based on a comprehensive review of documentation, on-site observations, and interviews with facility leadership, supervisory staff, line staff, and inmates, the Auditor concludes that the Birmingham Work Release Center is in full compliance with PREA Standard §115.13 - Supervision and Monitoring.

The facility maintains a robust staffing plan that is routinely reviewed and updated in collaboration with agency leadership. Deviations are effectively managed and documented, unannounced rounds are conducted regularly and in accordance with policy, and all supervisory practices align with PREA's goals of promoting a safe and secure environment. No corrective action is required.



115.14	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p data-bbox="258 338 665 371"><b><u>Documentation Reviewed</u></b></p> <p data-bbox="258 412 1445 528">To assess compliance with the PREA standard concerning youthful inmates, the Auditor reviewed a collection of relevant documents and supporting materials submitted prior to and during the on-site audit. The following items were examined:</p> <ul data-bbox="331 598 1409 882" style="list-style-type: none"><li>• Completed Pre-Audit Questionnaire (PAQ) submitted by Birmingham Work Release Center (BWRC)</li><li>• ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment</li><li>• Standard Operating Procedure (SOP) #454-1</li><li>• Statement of Non-Occurrence from the Institutional PREA Compliance Manager (IPCM), dated December 31, 2024</li></ul> <p data-bbox="258 922 1436 996">This documentation clearly indicated that the facility does not currently house, and has not recently housed, youthful inmates.</p> <p data-bbox="258 1077 470 1111"><b><u>Observations</u></b></p> <p data-bbox="258 1151 1453 1350">During the facility walkthrough, the Auditor conducted a visual inspection of all housing units and common areas. No youthful inmates were observed at the time of the on-site review. Staff interactions and general facility routines appeared aligned with adult custody operations, further supporting the facility’s statement of non-applicability regarding youthful inmates.</p> <p data-bbox="258 1431 427 1464"><b><u>Interviews</u></b></p> <p data-bbox="258 1505 464 1538"><b>Facility Head</b></p> <p data-bbox="258 1547 1441 1747">Through both a formal interview and informal conversation, the Facility Head confirmed that BWRC does not house youthful inmates as part of its regular operations. While the facility has the capacity to receive inmates through agency assignment processes, youthful inmates are not placed at this location and no such individuals were in custody at the time of the audit.</p> <p data-bbox="258 1787 1005 1821"><b>Institutional PREA Compliance Manager (IPCM)</b></p> <p data-bbox="258 1830 1469 1984">The IPCM echoed this statement, confirming that the facility has not housed youthful inmates within the current audit cycle. This position was also documented in a formal Statement of Non-Occurrence dated December 31, 2024, which asserts that BWRC has not, at any time, housed youthful inmates.</p> <p data-bbox="258 2024 529 2058"><b>Youthful Inmates</b></p>

	<p>As there were no youthful inmates assigned to the facility during the on-site visit, no interviews were conducted with individuals in this category.</p> <p><b><u>Provisions</u></b></p> <p><b>Provision (a): Housing of Youthful Inmates</b></p> <p>In its response to the PAQ, BWRC clearly reported that the facility does not house youthful inmates. This statement was corroborated by both the Facility Head and IPCM during their interviews. Additionally, the IPCM provided a formal Statement of Non-Applicability, affirming that no youthful inmates were housed at BWRC during the current audit period.</p> <p>The Auditor personally toured all housing units and observed no individuals appearing to meet the criteria of youthful inmates. Daily operations and facility protocols observed during the tour reflected an adult inmate population, consistent with the facility's designation and mission.</p> <p><b>Provisions (b) and (c): Not Applicable</b></p> <p>As the facility does not house youthful inmates, provisions (b) and (c) of the standard—which pertain to separation from adult inmates and related supervision requirements—are not applicable to BWRC.</p> <p><b><u>Conclusion</u></b></p> <p>Based on a comprehensive review of facility documentation, on-site observations, and interviews with facility leadership and the PREA Compliance Manager, the Auditor finds that the Birmingham Work Release Center is fully compliant with PREA Standard §115.14 – Youthful Inmates.</p> <p>The facility does not house youthful inmates, as confirmed through documentation, staff interviews, and on-site verification.</p>
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<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Document Review</u></b></p> <p>To assess compliance with PREA Standard §115.15, the Auditor conducted a thorough examination of relevant facility documentation prior to and during the on-site visit.</p>

The following documents were reviewed:

- Pre-Audit Questionnaire (PAQ)
- Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454: Inmate Sexual Abuse and Harassment, dated January 4, 2016
- ADOC Administrative Regulation (AR) #336: Searches, dated February 8, 2016
- ADOC Form 302-A: Incident Report
- Staff training records related to cross-gender, transgender, and intersex search procedures
- Transgender Inmate Search Preferences Form

These documents were found to be consistent with the requirements outlined in PREA Standard §115.15 and supported the agency's commitment to preventing inappropriate searches and ensuring respectful treatment of all incarcerated individuals.

### **Observations**

During the facility tour, the Auditor observed operational practices in living areas and common spaces. In housing units, opposite-gender staff were consistently observed announcing their presence before entering areas where incarcerated individuals may be undressed. This practice was implemented in accordance with policy and observed consistently throughout the tour.

BWRC houses a population of cisgender women and, at times, transgender women. As such, PREA provisions related to cross-gender viewing, searches, and accommodations for transgender and intersex individuals are directly applicable.

### **Interviews**

#### **Non-Medical Supervisory Staff**

Supervisory staff confirmed that cross-gender strip or visual body cavity searches are not conducted at the facility. In exigent circumstances, such searches would be performed by qualified medical personnel and only with prior authorization from the Warden. Staff emphasized that all such searches, should they occur, would be documented in accordance with policy.

#### **Random Staff**

Seventeen randomly selected staff were formally interviewed, with additional informal interviews conducted during the on-site audit. Key themes emerged from these discussions:

- All staff reported receiving training on cross-gender, transgender, and intersex search procedures during annual in-service training.
- No staff reported ever conducting or witnessing a cross-gender strip or visual body cavity search.
- Male staff are not assigned to perform unclothed searches of female inmates.
- Transgender and intersex individuals are not searched to determine genital status.

- Transgender inmates are provided with privacy when showering or changing clothes, and accommodations such as staggered shower times are made if private facilities are unavailable.

### **Random Inmate**

Random inmates reported:

- They had not experienced strip or body cavity searches conducted by staff of a different gender.
- Opposite-gender staff always announce their presence before entering housing or restroom areas.
- They are able to shower and change clothing without being seen by staff of a different gender.
- Transgender Inmate Interviews

### **Transgender Inmate**

At the time of the audit, no individuals identified as transgender were housed at BWRC. Therefore no one in this category was interviewed for this standard

### **Provisions**

#### **Provision (a): Limits to Cross-Gender Strip and Body Cavity Searches**

BWRC reported zero instances of cross-gender strip or visual body cavity searches within the past 12 months. ADOC AR #454 and AR #336 clearly prohibit such searches except in exigent circumstances or when conducted by medical practitioners. Policies require that any such search be documented. Staff interviews and training records confirmed that employees are both knowledgeable of and compliant with this policy.

#### **Provision (b): Cross-Gender Pat-Down Searches and Program Access**

As a female facility, BWRC does not permit cross-gender pat-down searches of female inmates except in exigent circumstances. Staff consistently affirmed this policy, and incarcerated individuals confirmed they had never experienced such searches. Additionally, policies and interviews verified that access to programs or out-of-cell activities is never restricted as a result of staffing or search considerations.

#### **Provision (c): Documentation of Exigent Cross-Gender Searches**

AR #336 requires that any cross-gender unclothed search or visual body cavity search be fully documented, including the use of ADOC Form 302-A. Although no such searches occurred during the audit period, staff demonstrated clear understanding of the policy and its documentation requirements. Staff confirmed that there are always sufficient female staff on duty to conduct searches, and that procedures are in place to ensure compliance should a rare exigency arise.

	<p><b>Provision (d): Privacy During Showering, Toileting, and Changing</b></p> <p>ADOC AR #454 mandates procedures to allow individuals to shower, perform bodily functions, and change clothing without being seen by staff of a different gender, except in limited circumstances. The Auditor observed that all housing units at BWRC are open bay dormitories with bathrooms located at one end. Each dorm includes single-stall showers and enclosed toilets, ensuring adequate privacy. Inmate interviews consistently confirmed the ability to perform these personal activities without being viewed by staff of the opposite gender. Opposite-gender staff were observed announcing their presence as required by policy.</p> <p><b>Provision (e): Prohibition on Searches to Determine Genital Status</b></p> <p>AR #454 and AR #336 both prohibit staff from conducting searches of transgender or intersex individuals for the purpose of determining genital status. All staff interviewed were familiar with this prohibition and affirmed their compliance. The two transgender individuals interviewed reported that they had not experienced any such searches and felt respected in their interactions with staff.</p> <p><b>Provision (f): Staff Training on Cross-Gender and Transgender Search Procedures</b></p> <p>The Auditor reviewed documentation of PREA training completed by fifty-seven staff members in 2021. Sign-in sheets confirmed participation by active BWRC staff. Topics covered in the training included zero tolerance, signs and dynamics of sexual abuse, first responder responsibilities, reporting methods, victim support services, and procedures for cross-gender and transgender searches. Staff interviews confirmed retention of this training, and all staff understood how to manage situations involving opposite-gender interactions appropriately.</p> <p>When asked how they would proceed in the absence of a female staff member, male staff consistently indicated that this situation would not occur at BWRC, as female staff are always available to respond and perform necessary searches.</p> <p><b>Conclusion</b></p> <p>Based on a comprehensive review of documentation, staff and inmate interviews, policy analysis, and on-site observations, the Auditor concludes that the facility meets the requirements of PREA Standard §115.15. BWRC has implemented appropriate policies, provides effective staff training, ensures consistent compliance through operational practice, and maintains a physical environment and culture that protect the dignity, privacy, and rights of all individuals in custody.</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

### **Documentation Reviewed**

To evaluate the Birmingham Work Release Center's (BWRC) compliance with the PREA standard regarding inmates with disabilities and those who are Limited English Proficient (LEP), the Auditor conducted a thorough review of the following documents:

- Completed Pre-Audit Questionnaire (PAQ) and all supporting materials
- Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, dated January 4, 2016
- Standard Operating Procedure (SOP) #454-1
- Memorandum of Understanding (MOU) between ADOC and the Alabama Institute for the Deaf and Blind
- Inmate Acknowledgment of PREA Information (specific versions for individuals who are deaf, low-vision, or cognitively limited)
- Educational materials and communication tools used for individuals with low functioning levels
- Memo outlining the facility's use of Google Translate for language interpretation support

These documents outlined clear procedures and support mechanisms to ensure that inmates with disabilities and those with limited English proficiency receive equal access to all aspects of PREA education, reporting, and protection.

### **Observations**

During the on-site facility tour, the Auditor observed PREA informational postings prominently displayed in all housing units, hallways, visitation areas, work sites, and other common areas. These postings were provided in both English and Spanish and were positioned at eye level and in areas of frequent traffic to ensure visibility for the inmate population.

In addition, the Institutional PREA Compliance Manager (IPCM) had developed several PREA-specific bulletin boards that offered information in multiple formats to enhance accessibility and awareness. The Auditor was also presented with PREA education brochures and training documents in both English and Spanish. These resources are available to all inmates upon intake and throughout their stay at the facility.

### **Interviews**

#### **Facility Head**

The Facility Head confirmed that BWRC has established procedures to ensure all inmates—including those with disabilities or limited English proficiency—have meaningful access to PREA education and the reporting process. These

accommodations include professional staff interpreters, accessible written materials, and external support services through the ADOC's MOU with the Alabama Institute for the Deaf and Blind.

#### **Institutional PREA Compliance Manager (IPCM)**

The IPCM emphasized that BWRC is equipped to support inmates with communication barriers. The facility uses resources such as Google Translate, professional interpreters, and visual or auditory tools to ensure equitable access to information. The IPCM confirmed that inmate interpreters are not used under any circumstances for reporting or investigating allegations of sexual abuse or harassment.

#### **Random Staff**

Interviews with randomly selected staff demonstrated strong awareness of the policy prohibiting the use of inmate interpreters or readers in any PREA-related situation. All staff confidently explained the procedures for accessing language assistance services and indicated that they had never witnessed or used an inmate to serve in this capacity.

#### **Inmates with Disabilities**

The Auditor conducted interviews with three inmates who had identified disabilities: one with physical limitations, one with visual impairment, and one with a hearing impairment. All three individuals reported feeling safe within the facility and confirmed that their needs were met consistently. When asked about their understanding of how to report sexual abuse or harassment, each responded affirmatively and with clarity. They expressed confidence in their ability to access help and indicated they felt the facility had taken adequate steps to reduce their vulnerability and ensure equitable treatment.

#### **Provisions**

##### **Provision (a): Equal Access to PREA Protections and Services**

As indicated in the PAQ and confirmed through interviews and policy review, the Alabama Department of Corrections (ADOC) has established procedures to provide inmates with disabilities and those with limited English proficiency equal opportunity to participate in and benefit from PREA protections.

ADOC Administrative Regulation #454 (p. 13, Section B.1.c) explicitly requires that accessible PREA education formats be provided to individuals who have language barriers, limited reading skills, visual or hearing impairments, or other disabilities. The policy prohibits reliance on other inmates to fulfill these functions.

The Auditor reviewed the agency's active Memorandum of Understanding with the Alabama Institute for the Deaf and Blind, which ensures external professional support is available to assist affected inmates. Additionally, BWRC utilizes Google Translate, a web-based translation tool that supports over 100 languages and can be accessed by staff at any time using a connected microphone or mobile device. This tool is overseen by supervisory personnel to ensure responsible use.

PREA brochures, educational materials, and orientation content are provided in English and Spanish, and these resources were observed to be well-distributed and accessible throughout the facility.

The Assistant Deputy Commissioner confirmed during the interview that the agency employs multiple communication strategies—staff interpreters, Google Translate, and external providers—to ensure that LEP and disabled inmates fully understand their rights under PREA and know how to report abuse or harassment.

**Provision (b): PREA Education in Understandable Formats**

ADOC Administrative Regulation #454 (p. 13, Section B.1-2) outlines the agency’s obligations to provide inmates with information about sexual abuse and harassment through both written and verbal instruction. This includes instruction on prevention, self-protection strategies, methods of reporting, and access to treatment and counseling.

BWRC has an assigned ADA Coordinator responsible for ensuring that all PREA education materials are adapted as needed to meet the needs of inmates with disabilities. The facility also ensures that PREA-related content is included in orientation, handbooks, and continuous education efforts throughout incarceration.

**Provision (c): Prohibition on Use of Inmate Interpreters**

The prohibition against using inmate interpreters, readers, or assistants is clearly stated in ADOC AR #454 (p. 13, Section B.1.c). Only professional interpreters or approved translation services—such as sign language professionals or certified language interpreters—are permitted to assist inmates in understanding their rights, reporting allegations, or participating in investigations.

The IPCM reported no instances during the past 12 months where interpreter services were required for PREA purposes. Ten random staff were interviewed regarding the facility’s procedures for accessing translation services. All were familiar with the Google Translate process and emphasized that if interpretation were needed, they would first seek assistance from another staff member or supervisor, then activate the appropriate approved resources.

**Conclusion**

Based on a comprehensive review of documentation, on-site observations, and interviews with staff and inmates, the Auditor concludes that the Birmingham Work Release Center is in full compliance with PREA Standard §115.16 – Inmates with Disabilities and Limited English Proficiency.

The facility has implemented proactive, accessible, and policy-driven systems to ensure all individuals, regardless of ability or language proficiency, are equally informed, protected, and empowered to report sexual abuse and harassment.



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<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>Documentation Reviewed</u></b></p> <p>To assess the Birmingham Work Release Center’s (BWRC) adherence to PREA Standard §115.17 regarding hiring and promotion decisions, the Auditor reviewed the following documentation:</p> <ul style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (PAQ) and supporting materials</li> <li>• Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations &amp; Legal: Inmate Sexual Abuse and Harassment, dated January 4, 2016</li> <li>• ADOC Administrative Regulation #216, Background Investigations, dated December 7, 2015</li> <li>• Personnel records for current BWRC employees</li> <li>• Criminal background checks for new hires and existing staff</li> <li>• Application materials including pre-employment questionnaires</li> <li>• ADOC Form 216-B (PREA Compliance Disclosure Form)</li> </ul> <p><b><u>Interviews</u></b></p> <p><b>Human Resources (HR) Administrator</b></p> <p>The Auditor conducted an in-depth interview with the Human Resources Director overseeing employment practices at BWRC. The HR Director confirmed that the ADOC maintains a centralized and well-organized system to ensure all hiring, promotion, and retention activities fully align with PREA requirements. The HR representative emphasized that the department prioritizes transparency and accountability in its background screening procedures and mandates disclosure of any relevant misconduct history from prospective or current employees.</p> <p><b>Provision (a): Prohibition of Hiring Individuals with Relevant Misconduct History</b></p> <p>ADOC AR #454 (p. 12, Section V.A.4.a) explicitly prohibits the hiring or promotion of any individual who may have contact with inmates and who:</p> <ul style="list-style-type: none"> <li>• Has engaged in sexual abuse in a correctional or detention setting;</li> <li>• Has been convicted of sexual activity facilitated by force, threat, coercion, or lack of consent; or</li> </ul>

- Has been civilly or administratively adjudicated for such conduct.

The Auditor randomly selected and reviewed a sample of BWRC employee personnel files. Each file included required documentation such as background checks, employment applications, and signed PREA compliance statements. All files demonstrated full adherence to the requirements outlined in Provision (a), confirming the facility's consistent enforcement of disqualifying criteria.

**Provision (b): Consideration of Sexual Harassment in Hiring and Promotion**

ADOC Administrative Regulation #216 (p. 2, Section V.B) requires the agency to consider any prior incidents of sexual harassment when determining eligibility for hiring, promotion, or contractual engagement.

The HR Director confirmed that every candidate must complete a pre-employment application and PREA Disclosure Form, which specifically addresses prior allegations or findings related to sexual harassment or misconduct. All reviewed personnel records contained appropriate documentation and demonstrated due diligence in the screening process.

**Provision (c): Pre-Employment Checks and Employer Inquiries**

ADOC AR #454 (p. 12, Section V.A.4.b) mandates several key actions prior to hiring or contracting with individuals who may have contact with inmates, including:

- Conducting a criminal background records check;
- Making best efforts to contact prior institutional employers about any substantiated allegations or resignation during an active investigation;
- Asking applicants directly about past incidents related to sexual misconduct; and
- Notifying applicants that providing false or incomplete information may result in termination and that disclosure is an ongoing obligation.

The HR Director verified that these procedures are standard practice. The Auditor reviewed records for eight individuals hired within the past 12 months who may have contact with inmates. Each record confirmed completion of background checks and submission of PREA-related disclosure forms.

**Provision (d): Background Checks for Contractors**

According to AR #454 (p. 12, Section V.A.4.b(1)), a criminal background check must be conducted before engaging any contractor who may have contact with inmates.

While the PAQ initially noted no background checks were conducted for contracted personnel over the past year, BWRC later provided updated documentation confirming that current criminal background checks were on file for seven contractors who may have inmate contact. The facility's HR records validated this information.

**Provision (e): Five-Year Rechecks of Criminal Backgrounds**

ADOC AR #454 (p. 13, Section V.A.4.f) requires the Personnel Division to conduct updated criminal background checks every five years for all current employees and contractors.

The HR Director explained that the agency utilizes a centralized tracking system to monitor these five-year intervals. The Auditor reviewed a current list of all 57 BWRC staff, which included the dates of their last completed background checks and their upcoming due dates. All listed personnel were in compliance with this requirement, having undergone a background check within the last five years.

**Provision (f): Applicant Disclosure of Misconduct History**

The Auditor examined ADOC Form 216-B, the PREA Compliance Disclosure Form, which is completed by all applicants. This form includes a series of direct questions about prior investigations, accusations, or findings of sexual abuse, harassment, or other misconduct. These disclosures are reviewed during the hiring process and retained in each personnel file.

During the interview, the HR Director reinforced that employees are required to report any new criminal activity, including arrests, and that substantiated allegations of prior misconduct are shared with requesting employers when legally permissible.

**Provision (g): Duty to Disclose and Grounds for Termination**

AR #454 (p. 13, Section V.A.4.b(2)) also establishes that applicants must be advised that providing false information or failing to disclose misconduct is grounds for termination. Applicants are also informed of their ongoing duty to disclose any new incidents or allegations. This is clearly outlined in the PREA Disclosure Form and reiterated during the hiring process.

**Provision (h): Sharing Misconduct History with Potential Employers**

The HR Director confirmed that if another agency or employer submits a signed release of information from a current or former ADOC employee, the department will disclose relevant information regarding substantiated sexual misconduct, in accordance with agency policy and applicable privacy laws.

**Conclusion**

Based on a comprehensive review of personnel records, agency policies, background check systems, and interviews with Human Resources personnel, the Auditor concludes that the Birmingham Work Release Center is in full compliance with PREA Standard §115.17 – Hiring and Promotion Decisions.

The ADOC has implemented a thorough and well-managed system to ensure that individuals with a history of sexual abuse, harassment, or related misconduct are not hired, promoted, or retained. The facility maintains accurate documentation, uses centralized tracking tools for background checks, and ensures all disclosures and

	investigations are handled with integrity and in alignment with federal PREA standards.
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>Documentation Reviewed</u></b></p> <p>To evaluate Birmingham Work Release Center’s (BWRC) compliance with PREA Standard §115.18 concerning the consideration of sexual safety in facility planning and technology upgrades, the Auditor reviewed a comprehensive set of documents, including:</p> <ul style="list-style-type: none"> <li>• The facility’s completed Pre-Audit Questionnaire (PAQ) and supporting materials</li> <li>• Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations &amp; Legal: Inmate Sexual Abuse and Harassment, dated January 4, 2016</li> <li>• The facility’s schematic blueprint and layout documents</li> </ul> <p><b><u>Observations</u></b></p> <p>During the on-site portion of the audit, the Auditor conducted a thorough tour of the BWRC physical plant. The inspection encompassed all major housing, programming, work, and common areas within the facility.</p> <p>The Facility Head accompanied the Auditor throughout the tour, pointing out the existing security infrastructure, including the strategic placement of surveillance cameras and the use of security mirrors to enhance visibility. Camera coverage was demonstrated to be a key element in the facility’s strategy to safeguard against incidents of sexual abuse and harassment. Observations confirmed that camera placement was carefully planned to maximize coverage and minimize blind spots, while still maintaining compliance with cross-gender viewing prohibitions and respecting personal privacy.</p> <p>Notably, there have been no substantial physical expansions, major renovations, or acquisitions of new buildings or facility space since the time of the previous PREA audit. The existing layout remains largely unchanged.</p> <p><b><u>Interviews</u></b></p> <p><b>Agency Head or Designee</b></p> <p>The Agency Head’s designee confirmed during the interview that video monitoring</p>

systems across ADOC facilities—including BWRC—are installed with a strong focus on sexual safety and privacy considerations. Camera systems are designed to prevent blind spots in vulnerable areas while avoiding intrusive observation that would violate cross-gender viewing restrictions. The designee emphasized that camera placement decisions are reviewed periodically and adjusted as needed to ensure continued effectiveness.

### **Facility Head or Designee**

In a separate interview, the Facility Head spoke about the proactive approach BWRC takes to maintain and enhance video surveillance coverage. It was noted that the long-term goal is to achieve comprehensive camera coverage throughout all areas of the facility to enhance safety for all individuals—residents, staff, contractors, and visitors.

The Facility Head also emphasized that before initiating any upgrades or expansions to the surveillance system, the facility conducts a review to identify high-risk areas or potential blind spots. Addressing these concerns becomes a top priority. Additionally, it was confirmed that all installed cameras are fully functional and available for live monitoring, playback review, and investigative use at any time.

### **Provisions**

#### **Provision (a): Facility Modifications or Expansions**

The PAQ confirmed that since the previous PREA audit, BWRC has not undergone any major renovations, physical expansions, or acquisitions of new facilities. The schematic layout provided by the facility matched the physical layout observed during the on-site visit. No evidence suggested any structural modifications that would affect the facility's PREA compliance posture.

#### **Provision (b): Installation or Update of Monitoring Technology**

The PAQ and interviews indicated that there have been no new installations or upgrades to the facility's video monitoring or electronic surveillance systems since the last PREA audit. However, the facility leadership, including executive and supervisory staff, acknowledged the important role camera systems play in both maintaining facility security and serving as a deterrent to potential incidents of sexual abuse or sexual harassment.

While no upgrades were reported, staff expressed strong support for the use of technology as a vital tool in preventing and responding to sexual misconduct. The consistent use of cameras, paired with clear oversight responsibilities, demonstrates a culture of vigilance and accountability.

### **Conclusion**

Based on the documentation reviewed, interviews conducted, and direct observations during the facility tour, the Auditor concludes that the Birmingham Work Release Center is in full compliance with PREA Standard §115.18 - Upgrades to Facilities and

	<p>Technology.</p> <p>The facility has not undergone substantial changes that would necessitate reevaluation of PREA-related design elements, nor has it installed or updated monitoring technologies that would impact its obligations under this standard. Nonetheless, leadership demonstrates a strong understanding of and commitment to using technology to enhance safety, reduce blind spots, and ensure protective measures are in place for all persons in custody.</p>
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<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>Documentation Reviewed</u></b></p> <p>To determine compliance with PREA Standard §115.21, the Auditor conducted a thorough review of relevant policies, agreements, and supporting documentation, including:</p> <ul style="list-style-type: none"> <li>• The completed Pre-Audit Questionnaire (PAQ) and accompanying documentation</li> <li>• Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations &amp; Legal: Inmate Sexual Abuse and Harassment, dated January 4, 2016</li> <li>• ADOC Administrative Regulation #300, outlining investigation procedures</li> <li>• Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR)</li> <li>• Regional list of SANE (Sexual Assault Nurse Examiner) and SAFE (Sexual Assault Forensic Examiner) centers and rape crisis agencies</li> <li>• Investigator training certificates confirming specialized PREA-related training</li> <li>• Documentation aligning with the National Protocol for Sexual Assault Medical Forensic Examinations</li> <li>• Facility schematic (blueprint/layout)</li> </ul> <p><b><u>Observations</u></b></p> <p>While touring the facility, the Auditor confirmed that facility leadership is aware of camera placement and security infrastructure that can be used in preserving evidence and maintaining safety. Though no recent forensic exams were conducted on-site, the infrastructure and protocols are in place to respond appropriately to such situations. The tour also reinforced that designated areas and contacts are clearly defined should a forensic response be required.</p> <p><b><u>Interviews</u></b></p>

**PREA Director (PD)**

The PREA Director affirmed that ADOC adheres to a uniform, agency-wide evidence protocol that meets the requirements of the National Protocol for Sexual Assault Medical Forensic Examinations. This protocol is developmentally appropriate and designed to preserve usable physical evidence while also respecting the rights and dignity of the victim. The Director confirmed that both administrative and criminal investigations are conducted in response to all reported allegations of sexual abuse.

**Institutional PREA Compliance Manager (IPCM)**

The IPCM provided detailed information on investigative and forensic response procedures, including:

- Victim advocacy services are available through The Crisis Center, Inc., which offers access to specially trained staff.
- ADOC maintains an active MOU with ACAR, covering 28 rape crisis centers statewide. These centers provide confidential advocacy, forensic medical examinations, and emotional support.
- Forensic examinations are conducted offsite at The Crisis Center, Inc., which houses a dedicated SANE suite.
- One forensic examination was conducted during the prior 12 months.

**SAFE/SANE Personnel**

Staff from The Crisis Center, Inc. confirmed the following:

- Forensic exams are conducted 24/7 using SANE staff from a dedicated call list.
- All exams are free of charge to inmates and are covered by the Alabama Crime Victim Compensation Fund.
- Each victim is assigned a trained advocate upon arrival, who supports the individual throughout the exam process and beyond.
- In rare cases where SANE personnel are unavailable, an ER physician will perform the exam under established protocols.

**Random Staff**

All staff interviewed demonstrated a clear understanding of their responsibilities when an inmate reports sexual abuse. Specifically:

- 100% were able to articulate basic procedures for evidence preservation, including protecting the integrity of clothing, linens, and physical areas involved.
- Staff recognized their duty to ensure that evidence remains uncontaminated and confirmed their role ends when the investigation is transferred to designated investigative or medical professionals.

**Inmates Who Reported Sexual Abuse**

At the time of the on-site audit, there were no individuals assigned to BWRC who had reported sexual abuse within the past 12 months. Therefore, no interviews were

conducted in this category.

### **Rape Crisis Center Personnel**

Personnel at The Crisis Center, Inc. verified:

- The MOU between ACAR and ADOC ensures that comprehensive services, including SANE exams and advocacy, are available to all ADOC facilities.
- Services are accessible regardless of when or where the abuse occurred.
- A 24-hour hotline is also provided for inmates seeking immediate confidential support.

### **Provisions**

#### **Provision (a): Uniform Evidence Protocol and Investigative Procedures**

The facility and agency conduct both administrative and criminal investigations of all allegations involving sexual abuse, whether inmate-on-inmate or staff misconduct. According to ADOC Administrative Regulation #300, investigations must be conducted fairly, impartially, and with confidentiality while safeguarding the rights of all involved. The IPCM assists with inmate-on-inmate sexual harassment administrative cases, as documented in the PAQ and confirmed through interviews.

#### **Provision (b): Youth-Specific Considerations**

Although no youthful inmates were housed at BWRC at the time of the audit (verified through the inmate roster), the facility affirmed its commitment to using developmentally appropriate investigative protocols. This approach ensures that, if youthful inmates were ever placed at the facility, their cases would be handled in line with age-specific guidance outlined in the national forensic protocol.

#### **Provision (c): Access to Forensic Medical Examinations**

All inmates who report sexual abuse are guaranteed access to forensic medical exams conducted by qualified SANE or SAFE personnel. These services are:

- Available 24/7 via a call-out list
- Conducted in a private, trauma-informed setting
- Provided at no financial cost to the victim

The Auditor confirmed that the required services and agreements are in place, even though no exams occurred during the reporting period.

#### **Provision (d): Victim Advocacy Services**

Advocates are provided during the forensic exam process. The MOU with ACAR ensures that inmates undergoing a forensic exam are assigned an advocate upon arrival at the SANE site. This support includes emotional guidance, crisis intervention, and post-exam follow-up as requested by the individual.

#### **Provision (e): Ongoing Support**

If an inmate requests ongoing support beyond the forensic exam, victim advocacy



	<p>services remain available through qualified agency or community-based staff. This includes continued access to crisis counseling, emotional support, and referrals. The IPCM confirmed the process is followed consistently.</p> <p><b>Provision (f): Investigative Responsibility</b> The facility and the agency are responsible for both administrative and criminal investigations related to all allegations of sexual abuse or harassment. The IPCM plays an active role in coordinating and supporting these investigations.</p> <p><b>Provision (g): Not Audited</b> This provision is not subject to audit as specified by the PREA audit instrument.</p> <p><b>Provision (h): Advocacy Embedded in Forensic Response</b> As described in Provision (d), victim advocacy is fully integrated into the forensic examination process through The Crisis Center, Inc. and covered under the ADOC-ACAR MOU.</p> <p><b>Conclusion</b> Based on the review of documentation, staff and partner interviews, and direct observation of facility readiness, the Auditor concludes that Birmingham Work Release Center fully meets the requirements of PREA Standard §115.21 – Evidence Protocol and Forensic Medical Examinations.</p> <p>The facility and the agency have established a well-coordinated, trauma-informed response to incidents of sexual abuse, ensuring access to trained forensic examiners and victim advocacy services without cost to the survivor. All practices align with federal standards, and no corrective action is required at this time.</p>
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documentation Reviewed</b> In assessing compliance with PREA Standard §115.71 – Criminal and Administrative Investigations, the Auditor conducted a thorough review of relevant documentation, including:</p> <ul style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (PAQ) and supporting records</li> <li>• Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454: Operations &amp; Legal – Inmate Sexual Abuse and Harassment, dated January 4, 2016</li> <li>• ADOC Standard Operating Procedure – Investigations &amp; Intelligence #454</li> <li>• ADOC Administrative Regulation #300</li> <li>• ADOC Duty Officer Report (DOR) samples</li> </ul>

- Certificates of completion for the National Institute of Corrections (NIC) Investigations course and records of continuing education credits for investigators

### **Interviews**

#### **Agency Head or Designee**

During the interview, the Agency Head Designee affirmed that every allegation of sexual abuse or sexual harassment—whether involving staff or another incarcerated individual—is treated with utmost seriousness and urgency. The Alabama Department of Corrections does not rely on outside entities to conduct investigations. Instead, all allegations are referred to ADOC’s Law Enforcement Services Division (LESD), which is solely responsible for handling both administrative and criminal investigations. The agency’s investigative procedures and reporting protocols are publicly available on the ADOC website. All referrals for criminal investigation are formally documented.

#### **Investigative Staff**

Investigative personnel confirmed that both administrative and criminal investigations are consistently conducted in response to allegations. Staff demonstrated a solid understanding of the investigative process and referenced both agency policy and training when describing their responsibilities.

### **Provisions**

#### **Provision (a): Referral of Investigations and Investigative Practices**

The PAQ reports that all sexual abuse and sexual harassment allegations are referred to the ADOC Law Enforcement Services Division (LESD), a specialized unit composed of 32 trained investigators. Documentation reviewed by the Auditor included evidence of completion of NIC investigative training courses and related continuing education.

According to ADOC AR #454 (Section I, 1, b, p. 22), LESD is mandated to conduct prompt, thorough, and objective investigations, whether administrative or criminal in nature. Administrative investigations are carried out regardless of the outcome of any criminal investigation or the employment status of the accused. Substantiated criminal cases are referred to the District Attorney’s Office for possible prosecution, with LESD continuing to collaborate as needed to support legal proceedings.

The facility’s PREA Incident Tracking Chart reflected three allegations of sexual abuse reported in the past 12 months:

- One incident involved inmate-on-inmate sexual abuse. It was referred to LESD for a criminal investigation, ultimately deemed unsubstantiated. Prosecution was declined.
- Two incidents involved staff-on-inmate sexual abuse. Both were referred for criminal investigation. One was determined to be unfounded (meaning the

event did not occur); the other was unsubstantiated (insufficient evidence). Neither case proceeded to prosecution.

- For all three allegations, facility leadership ensured timely access to medical and mental health services. Retaliation monitoring was initiated and continued per policy—either for a full 90 days or until the individual was released, transferred, or the case was officially deemed unfounded. Written notification of the investigation outcome was provided to each individual involved. Furthermore, incident reviews were conducted within 30 days for all substantiated and unsubstantiated claims, in compliance with PREA standards.

Additionally, during the same 12-month period, the facility reported three allegations of sexual harassment:

- One case involved inmate-on-inmate harassment, investigated administratively and deemed unsubstantiated.
- Two cases involved staff-on-inmate harassment. Both were referred for criminal investigation—one was classified as unfounded and the other as unsubstantiated. As with sexual abuse cases, those involved were provided written notice of the final determination.

These investigative responses reflect the facility's commitment to implementing PREA standards and ensuring a comprehensive and victim-centered approach to all allegations.

The facility also reported that one forensic medical examination had been completed in the past year. It was conducted by qualified SAFE/SANE personnel at The Crisis Center, Inc., located in Birmingham, Alabama.

During the audit, the Auditor conducted a review of six PREA investigative files. While each file was ultimately complete, the initial review revealed that all six were missing at least one key piece of documentation. Over the course of the audit, facility staff were able to locate and provide the missing information. However, this process highlighted inconsistencies and a lack of clarity regarding the PREA case management process.

Specifically, there appeared to be some confusion about the procedural steps that should follow once documentation is received from the investigator, including how records should be maintained and who is responsible for tracking and organizing the associated paperwork. These inconsistencies suggest a gap in procedural knowledge rather than systemic noncompliance.

Because all required documents were ultimately accounted for and made available for review, the Auditor concludes that the issue is rooted in training and not in intent or willful neglect. Therefore, it is the Auditor's recommendation that the Institutional PREA Compliance Manager (IPCM) receive focused, one-on-one training to reinforce a clear understanding of the complete PREA case process. This training should

emphasize the importance of timely follow-through, accurate documentation, and efficient recordkeeping. Ensuring that the IPCM is fully equipped to manage all aspects of the PREA documentation process will support the facility's continued compliance and readiness for future audits or inquiries.

**Provision (b): Investigative Authority and Documentation**

The PAQ confirms that the agency has a clearly established policy and practice requiring all allegations of sexual abuse or harassment be referred for investigation to an entity with legal authority—namely, ADOC's LESD—unless the allegation clearly does not involve criminal behavior.

All LESD investigators and staff officers are trained peace officers authorized to conduct criminal and administrative investigations. Substantiated criminal cases are submitted to the local District Attorney's Office for possible prosecution. The agency maintains all allegations and related investigative actions in Duty Officer Reports (DORs), which are used to initiate appropriate investigatory processes. The ADOC policy also ensures that all determinations—substantiated, unsubstantiated, or unfounded—are clearly communicated to the involved party.

ADOC AR #454 (Section C, 5, p. 7) further mandates that LESD is responsible for notifying the alleged victim of the investigation's final outcome.

**Provision (c): Agency Responsibility for Investigations**

As established in Provision (a), the agency retains full responsibility for conducting all administrative and criminal investigations. This responsibility lies with the ADOC Law Enforcement Services Division, which manages all aspects of the investigatory process.

**Provisions (d) and (e)**

Per the PREA Audit Instrument, auditors are not required to evaluate compliance with these provisions.

**Conclusion**

Following an extensive review of documentation, interviews with key staff, and an analysis of investigative records, the Auditor concludes that the agency/facility fully meets the requirements of PREA Standard §115.71 – Criminal and Administrative Investigations.

The Alabama Department of Corrections has established clear policies, demonstrated consistent practices, and employs qualified investigative staff to ensure that every allegation of sexual abuse and harassment is responded to in a timely, objective, and thorough manner. The facility's efforts to protect victims, preserve evidence, monitor retaliation, and communicate investigative outcomes reflect a strong institutional commitment to PREA compliance.

**Recommendation:**

It is the Auditor's recommendation that the Institutional PREA Compliance Manager

	<p>(IPCM) receive focused, one-on-one training to reinforce a clear understanding of the complete PREA case process. This training should emphasize the importance of timely follow-through, accurate documentation, and efficient recordkeeping. Ensuring that the IPCM is fully equipped to manage all aspects of the PREA documentation process will support the facility's continued compliance and readiness for future audits or inquiries.</p> <p>This training was completed June 5, 2025. Proof of this training was provided to the Auditor.</p>
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115.31	Employee training
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>Documentation Review:</u></b></p> <p>To evaluate compliance with PREA Standard §115.31 regarding Employee Training, the Auditor conducted an in-depth review of the following documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and associated supporting materials</li> <li>• Alabama Department of Corrections (ADOC) Administrative Regulation #454</li> <li>• ADOC Training Curricula</li> <li>• "What Staff Should Know About Sexual Misconduct with Inmates" informational pamphlet</li> <li>• Annual Staff Training Records</li> <li>• PREA comprehension test</li> <li>• Facility PREA Information Board</li> <li>• Institutional PREA Compliance Manager (IPCM) training documentation</li> <li>• Staff meeting records and training signature sheets</li> </ul> <p><b><u>Observations:</u></b></p> <p>While touring the facility, the Auditor observed a prominently displayed bulletin board containing a variety of PREA-related materials. The display featured information regarding PREA terminology, how to report sexual abuse, the agency's zero-tolerance policy, inmates' rights to be free from sexual abuse and harassment, and the #6611 reporting number accessible to inmates.</p> <p><b><u>Interviews:</u></b></p> <p><b>Random Staff</b></p> <p>All randomly selected staff confirmed receiving PREA training at multiple points throughout their employment, including:</p>

- Initial PREA training upon hire, prior to having any inmate contact
- Annual in-service PREA refresher courses
- Additional PREA training during shift briefings and other scheduled meetings

Staff were consistently able to articulate the ten required elements of PREA training and demonstrated an understanding of their responsibilities under PREA.

## **Provisions**

### **Provision (a)**

The PAQ and staff interviews confirmed that all employees who may have contact with incarcerated individuals receive training in the following ten key areas:

1. The agency's zero-tolerance policy regarding sexual abuse and harassment
2. Staff responsibilities under ADOC policies and procedures for the prevention, detection, reporting, and response to sexual abuse and harassment
3. The rights of inmates to be free from sexual abuse and harassment
4. The rights of employees and inmates to be protected from retaliation for reporting such incidents
5. The dynamics and warning signs of sexual abuse and harassment in confinement
6. Common victim responses and behaviors following incidents of abuse
7. How to detect and appropriately respond to signs of abuse
8. How to avoid inappropriate relationships with inmates
9. How to communicate professionally with LGBTQI+ and gender nonconforming individuals
10. Compliance with mandatory reporting laws

The Auditor reviewed the ADOC training curriculum, which was developed in collaboration with The Moss Group. This curriculum integrates all ten required elements and uses a numbered training system to aid in staff comprehension and retention.

A review of 38 randomly selected employee training records showed complete documentation of required initial and refresher training. Each employee had signed training acknowledgments confirming participation and understanding.

ADOC Administrative Regulation #454 (p.11, Section V, A, 1) mandates PREA training at hire, during annual in-service sessions, and as needed for specialized roles. Refresher training occurs at least every two years, and all training is documented to reflect employee comprehension.

**Provision (b)**

Training materials reviewed by the Auditor address dynamics relevant to both male and female inmates. However, facility staff training has been specifically adapted to reflect the needs and experiences of female inmates.

Attendance sheets and training rosters confirmed facility-wide staff participation in the specialized training.

**Provision (c)**

Of the 38 training records reviewed, documentation confirmed that 100% of the facility's 38 staff received the required PREA training within the past 12 months.

Staff are provided a tri-fold pamphlet titled "PREA: What Staff Should Know About Sexual Misconduct with Inmates," covering key PREA concepts, definitions, and professional boundaries.

Additionally, ADOC developed a pocket-sized laminated spiral guide titled "PREA: A Trauma-Informed Guide for First Responders," organized into seven user-friendly sections:

1. Introduction to PREA
2. Definitions of Sexual Abuse and Harassment
3. PREA Components
4. Prevention
5. Detection
6. Response
7. Summary and Resources

**Provision (d)**

All PREA training is documented through employee signatures. Some sessions require a signed Acknowledgment of Receipt, while others utilize sign-in sheets. The Auditor verified that all reviewed records contained valid documentation reflecting staff participation in required PREA training.

**CONCLUSION:**

Following a thorough review of all documentation, staff interviews, training materials, and observed practices, the Auditor concludes that the agency/facility fully meets all provisions of PREA Standard §115.31 related to Employee Training. Staff demonstrated consistent understanding of the required elements, and the agency has effectively institutionalized robust PREA education protocols.

<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documentation Review</b></p> <p>To assess the facility’s compliance with PREA Standard §115.32, the Auditor conducted a thorough review of documentation submitted through the Pre-Audit Questionnaire (PAQ) and supplemental records provided both in advance and during the onsite audit. The documentation reviewed included:</p> <ul style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment</li> <li>• ADOC Administrative Regulation (AR) #216 – Volunteer and Intern Services</li> <li>• Training curricula for contractors and volunteers</li> <li>• Contractor and volunteer PREA training records</li> <li>• “PREA: What Volunteers and Contractors Need to Know” pamphlet</li> <li>• Acknowledgment forms and training sign-in sheets</li> </ul> <p>The documentation demonstrated that both volunteers and contractors who enter the facility and may have contact with inmates receive training specific to their roles and responsibilities. Records reviewed reflected up-to-date annual PREA training, supported by acknowledgment forms signed and dated by each participant.</p> <p><b>Interviews</b></p> <p><b>Volunteer</b></p> <p>During the onsite audit, the Auditor interviewed a volunteer who reported receiving PREA training prior to any interaction with the inmate population. The volunteer emphasized that the training was tailored to their duties within the facility and covered appropriate conduct, reporting procedures, and the agency’s zero-tolerance policy. When questioned, the volunteer was able to accurately define PREA, describe prohibited behaviors, and articulate their obligation to report any incident or suspicion of sexual abuse or harassment.</p> <p><b>Contractor</b></p> <p>Similarly, the Auditor interviewed a facility contractor who confirmed that PREA training was required before they were allowed to work within the facility. The contractor described the training as role-specific, comprehensive, and aligned with their daily responsibilities. They were knowledgeable about the PREA standards, reporting mechanisms, and the importance of maintaining professional boundaries with incarcerated individuals.</p> <p><b>Provisions</b></p>



**Provision (a)**

The facility reported in the PAQ that all contractors and volunteers with inmate contact are trained on their responsibilities under ADOC's PREA policies, including the prevention, detection, reporting, and response to sexual abuse and harassment.

As of the audit, the facility had approved 15 contractors and 178 volunteers for facility access; however, the number who routinely interact with inmates is significantly smaller. This was confirmed through staff interviews. The Auditor reviewed a sample of 20 volunteer files and 15 contractor files, all of which included documentation of completed PREA training within the past 12 months.

The PREA training materials were developed by The Moss Group and include all ten core topics outlined in the PREA standard. These topics are presented in a clear and structured format that aligns with the volunteer or contractor's level of involvement and contact with inmates. Each participant's training is documented through sign-in sheets and signed acknowledgment forms.

Relevant policies include:

ADOC Administrative Regulation (AR) #454, Section K.8: Establishes the Institutional PREA Compliance Manager's (IPCM) responsibility for ensuring that all volunteers and contractors receive appropriate training.

ADOC Administrative Regulation (AR) #454, Section M: Affirms that all staff, including volunteers and contractors, must adhere to ADOC's PREA-related policies and procedures.

**Provision (b)**

Training materials are customized to reflect the varying levels of contact and services provided by volunteers and contractors. The Auditor verified, through interviews and documentation, that both groups receive orientation on the agency's zero-tolerance policy and are instructed on how to report allegations of sexual abuse or harassment.

Volunteers and contractors are issued a four-page PREA handout titled "Prison Rape Elimination Act (PREA) Training for Volunteers and Contractors." The materials provide a comprehensive overview of PREA, including the law's purpose, reporting procedures, definitions of sexual abuse, sexual harassment, and custodial sexual misconduct. The final page includes an acknowledgment form signed by the trainee and retained in their file.

For contractors in healthcare roles, including medical staff, the Auditor verified that training materials are specifically designed for health professionals. In addition to ADOC's general PREA training, these contractors receive a targeted curriculum titled "Prison Rape Elimination Act and What Healthcare Providers Need to Know."

Volunteers and contractors also receive a tri-fold pamphlet titled "PREA: What Volunteers and Contractors Should Know," which outlines key terms, reporting expectations, and ethical guidelines for working with incarcerated individuals.

	<p><b>Provision (c)</b></p> <p>The facility maintains clear documentation verifying that all volunteers and contractors understand the training provided. In addition to signed acknowledgment forms, the Auditor reviewed sign-in logs and electronic documentation from the previous 12 months. All reviewed documentation confirmed that each individual who had contact with inmates completed the required training and acknowledged their understanding.</p> <p>This recordkeeping is aligned with ADOC's policy requiring that each facility maintain training documentation for contractors and volunteers to ensure accountability and compliance.</p> <p><b><u>Conclusion</u></b></p> <p>Based on a comprehensive review of training curricula, sign-in sheets, volunteer and contractor files, policy documents, and interviews with relevant personnel, the Auditor concludes that the agency/facility fully meets the requirements of PREA Standard §115.32 – Volunteer and Contractor Training. The facility has demonstrated a well-structured, role-specific training process supported by clear documentation and a commitment to fostering a safe, informed, and responsive environment for both inmates and service providers.</p>
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<b>115.33</b>	<b>Inmate education</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>Documentation Review</u></b></p> <p>To evaluate the facility's compliance with PREA Standard §115.33, the Auditor conducted a thorough review of materials submitted with the Pre-Audit Questionnaire (PAQ) and those provided during the onsite audit. The documentation reviewed included:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting materials</li> <li>• ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment</li> <li>• ADOC Women's Services Inmate Handbook (dated November 1, 2017)</li> <li>• Inmate PREA Education Curriculum</li> <li>• Inmate Orientation Materials on Sexual Assault</li> <li>• Inmate PREA Acknowledgment Forms</li> <li>• What You Should Know About Sexual Abuse and Assault pamphlet</li> </ul>

- PREA Posters throughout the facility
- Various visual aids, including materials in Spanish and large-print formats
- Outside Confidential Support Services Agency postings
- Inmate PREA 30-Day Education Attendance Sheets
- PREA Education Tracking Spreadsheet

These materials provided clear evidence of a structured, comprehensive inmate education program that begins at intake and continues through orientation. Documentation confirmed that education is accessible, frequent, and reinforced by multiple delivery methods.

### **Observations**

During the onsite audit, the Auditor observed PREA-related materials prominently displayed throughout the facility. Information included definitions of sexual abuse and harassment, zero-tolerance messaging, and clear instructions on how to report an incident. Posters provided contact information for internal reporting through the ADOC PREA Hotline (\*6611) as well as external reporting options, including the Crisis Center, Inc. Posters were displayed near inmate telephones for convenient and private access.

The Auditor also observed educational resources such as the ADOC Women's Services Inmate Handbook, the PREA Information Guide Brochure, and the Discussing PREA video. These resources were available in English and Spanish, with accommodations for individuals who are blind, have limited literacy, or are deaf/hard of hearing. The video included closed captioning and American Sign Language interpretation.

### **Interviews**

#### **Intake Staff**

Through interviews, intake staff confirmed that all individuals entering the facility are immediately informed about ADOC's zero-tolerance policy on sexual abuse and harassment. Upon arrival, inmates receive preliminary education and written materials outlining their rights and reporting options. Staff reported that within 15 days of intake, inmates are provided comprehensive PREA education, delivered in person or via video. This training includes:

- The right to be free from sexual abuse and harassment
- The right to be free from retaliation for reporting incidents
- Facility-specific procedures for reporting, including anonymous options
- ADOC's response protocols
- Intake staff also explained that inmates transferring from other facilities receive PREA education if there are differences in policy or reporting procedures. Education is available in formats accessible to those with limited English proficiency, visual or hearing impairments, cognitive disabilities, and

low literacy. Each new arrival receives an

- Inmate Handbook and signs a written acknowledgment, which is retained in the inmate's file.

### **Random Inmate**

Inmate interviews further corroborated compliance. Every interviewed inmate (100%) recalled receiving the Inmate Handbook and written PREA materials at intake. They clearly described the facility's zero-tolerance policy and were able to explain how to report incidents or suspicions. Inmates reported watching a video on PREA as part of orientation and acknowledged having multiple options for reporting, including the hotline, reporting to staff, or writing a letter.

### **Provisions**

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

The facility reported in the PAQ that all individuals admitted receive immediate PREA education during intake, including an overview of the zero-tolerance policy and ways to report sexual abuse or harassment. Intake staff confirmed this, explaining that the purpose of this initial education is to inform and protect individuals from the moment they arrive.

The Auditor reviewed the ADOC Form 454-A, Initial Intake Acknowledgment, a checklist covering eight key points including how to report sexual misconduct and the commitment to investigate all claims. Each checklist is signed by the inmate and a staff witness and stored in the inmate's record.

The PAQ reported that 237 individuals were admitted during the previous 12 months, and all received initial PREA information upon intake. The Auditor verified this through documentation and intake staff interviews.

#### **Provision (b)**

Within 30 days of arrival, all individuals are required to receive a more detailed and comprehensive PREA education. This policy is outlined in ADOC Administrative Regulation #454, which the facility mirrors in its own procedures.

According to the PAQ, 214 individuals admitted in the past year remained longer than 30 days. Facility records confirm that each received the full PREA education package, covering their rights, the facility's zero-tolerance policy, how to report abuse, and the protections in place to prevent retaliation.

The comprehensive education includes video instruction, the PREA Handbook, and the What You Should Know About Sexual Abuse and Assault pamphlet. A question-and-answer period follows the presentation to reinforce retention.

#### **Provision (c)**

The facility maintains documentation confirming that 100% of individuals admitted over the past year received the required education. For each person, signed acknowledgment forms and training logs are placed in their inmate files. All materials are tracked using a centralized database that allows staff to verify whether a particular inmate has received the training.

The Auditor reviewed 50 inmate records; all contained dated documentation of PREA education. In addition, every individual was screened within 72 hours of arrival and received follow-up education within 30 days.

#### **Provision (d)**

In compliance with the standard, PREA education is provided in formats accessible to all individuals, regardless of language, disability, or literacy level. Administrative Regulation #454 specifically prohibits reliance on inmates to interpret or translate this information.

Materials are available in English and Spanish, with PREA videos that include closed captions and sign language. Posters in both languages were seen throughout the facility, and staff fluent in Spanish assist when needed. Braille materials and low-vision formats are also available.

#### **Provision (e)**

Each individual signs the Inmate Awareness Acknowledgment (ADOC Form 454-A), which is scanned into the inmate's file to document receipt and understanding of the PREA education. The Auditor confirmed the presence of this form in all 40 records reviewed. The ADOC's digital tracking system provides real-time verification of education completion by inmate and location.

#### **Provision (f)**

The agency employs a variety of communication tools to ensure PREA education is accessible, clear, and retained. These include:

- A detailed Inmate Handbook with a dedicated section on PREA
- Posters that communicate core messages in multiple languages
- Video content with ASL and subtitles
- Regular access to confidential hotlines
- Reinforcement of key messages in housing units, common areas, and intake
- During the on-site tour, the Auditor observed PREA posters in every area, ensuring the information is visible and not easily ignored due to repetitive or uniform placement.
- The diversity of materials ensures that all individuals, regardless of learning style or ability, receive and retain the necessary information.

#### **Conclusion**

Based on a comprehensive review of facility policies, written materials, education

	records, and interviews with intake staff and inmates, the Auditor concludes that the agency/facility fully meets all provisions of PREA Standard §115.33 – Inmate Education. The facility has developed a robust, inclusive, and well-documented education program that effectively informs all individuals in custody of their rights, available protections, and how to report incidents of sexual abuse and harassment.
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<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Documentation Review</u></b></p> <p>To evaluate the facility’s compliance with PREA Standard §115.34 – Specialized Training: Investigations, the Auditor conducted a detailed review of relevant documentation submitted with the Pre-Audit Questionnaire (PAQ) and materials provided onsite. These materials included:</p> <ul style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (PAQ) and accompanying evidence</li> <li>• ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment</li> <li>• Specialized PREA Investigator Training Curriculum</li> <li>• Investigator Training Certificates, including those issued by The Moss Group</li> </ul> <p>This documentation established that the agency provides a robust framework of specialized training for investigative staff assigned to sexual abuse and harassment cases, ensuring alignment with PREA mandates.</p> <p><b><u>Interviews</u></b></p> <p><b>Investigative Staff</b></p> <p>Through the interview process, investigative personnel confirmed they had successfully completed specialized training in investigating incidents of sexual abuse and harassment in confinement settings. They described the training as thorough and directly relevant to the correctional environment. Specifically, they confirmed instruction in:</p> <ul style="list-style-type: none"> <li>• Use and application of Miranda and Garrity warnings</li> <li>• Techniques for interviewing victims of sexual abuse</li> <li>• Protocols for gathering and preserving evidence within secure facilities</li> <li>• Determining the evidentiary thresholds required to substantiate cases for administrative action or criminal prosecution</li> <li>• The investigative staff demonstrated a clear understanding of their responsibilities and confidently articulated the steps they would take in</li> </ul>

response to an allegation.

## **Provisions**

### **Provision (a)**

As reported in the PAQ, ADOC policy requires that all investigative staff receive specialized training in conducting sexual abuse investigations within correctional settings. This was corroborated by interviews with investigators, who verified their participation in the required coursework.

According to the facility's PAQ, ADOC employs thirty-six designated PREA investigators statewide. The Auditor reviewed the training records of those assigned to the facility's region. Training certificates, including those issued by The Moss Group, confirmed completion of the specialized curriculum.

The content of these training sessions extended beyond the core PREA requirements, covering additional topics such as:

- Trauma-informed sexual assault investigation
- Human trafficking awareness
- Prison rape investigation procedures
- Custodial sexual misconduct

Moreover, ADOC has trained 52 Institutional PREA Compliance Managers (IPCMs) across the state in the same investigative standards to strengthen institutional response capabilities.

The Auditor also examined portions of the online training completed by investigators, which is provided by the U.S. Department of Justice through the National Institute of Justice. This online program, titled Sexual Abuse and the Initial Responder, includes modules on:

- PREA Investigations
- Collaborating with Victims
- Interviewing Techniques
- Understanding Institutional Culture

The policy governing this requirement is outlined in ADOC Administrative Regulation (AR) #454, dated January 4, 2016. Section V, 2 specifies that investigators must receive advanced training in:

- Interviewing victims of sexual abuse
- Proper usage of Miranda and Garrity warnings
- Evidence collection protocols in secure facilities
- Standards and evidence thresholds for substantiating cases, both

administratively and criminally

In addition, ADOC SOP OPR: I&I Number 454 – PREA Sexual Assault Investigations, reiterates that I&I investigators must be trained in:

- Investigating and collecting evidence for inmate sexual offense cases
- Conducting investigations in confined settings
- Understanding and addressing sexual harassment and custodial sexual misconduct

All training is documented and verified through employee signatures, and these records are retained by the agency.

#### **Provision (b)**

The PAQ also confirms that investigator training explicitly covers essential components required under this standard. These include:

- Interview techniques tailored to victims of sexual abuse
- The correct application of Miranda and Garrity protections
- Specialized evidence collection methods within correctional facilities
- The criteria required for substantiating both administrative and criminal cases

Interviews with investigators confirmed they had completed this training and found it applicable and effective. The Auditor personally reviewed content from the Sexual Abuse and the Initial Responder NIC course and verified that the modules aligned closely with PREA's investigative requirements.

The policy support for this provision is clearly outlined in ADOC Administrative Regulation #454, Section V, 2, which mandates this advanced, role-specific training.

#### **Provision (c)**

The PAQ indicates that the agency maintains documentation demonstrating that all designated investigators have completed the required specialized training. The Auditor reviewed and confirmed these training records.

Training certificates for all thirty-six statewide PREA investigators employed by the ADOC Law Enforcement Services Division were provided, along with verification of completion of The Moss Group's Specialized Investigator Training.

The training records also document other relevant coursework completed by investigative staff, indicating an ongoing commitment to professional development in this area.

#### **Provision (d)**

This provision does not require Auditor evaluation and is therefore not addressed.



	<p><b><u>Conclusion</u></b></p> <p>Based on the comprehensive review of policies, training curricula, staff interviews, and training documentation, the Auditor concludes that the agency and facility meet all provisions of PREA Standard §115.34 – Specialized Training: Investigations.</p> <p>The agency has implemented a strong, well-documented training program for investigative staff, ensuring that those tasked with responding to and investigating allegations of sexual abuse in a confinement setting are equipped with the necessary knowledge, tools, and procedural understanding to carry out their responsibilities in full compliance with the PREA standards.</p>
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<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>Documentation Review</u></b></p> <p>To evaluate compliance with PREA Standard §115.35 – Specialized Training: Medical and Mental Health Care, the Auditor conducted a comprehensive review of documentation submitted with the Pre-Audit Questionnaire (PAQ), along with supplemental materials provided during the on-site audit. The following documents were reviewed in detail:</p> <ul style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (PAQ) and supporting materials</li> <li>• ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment</li> <li>• Training records for medical and mental health care personnel</li> <li>• Specialized PREA training curricula tailored for clinical staff</li> </ul> <p>These documents established that the agency has a formal policy in place requiring medical and mental health care practitioners to receive both general and specialized training aligned with the responsibilities of their roles in a confinement setting.</p> <p><b><u>Interviews</u></b></p> <p><b>Facility Head</b></p> <p>The Facility Head confirmed during the interview process that all medical and mental health care providers working at the facility had received both the general PREA training mandated for all staff and the additional specialized training designed specifically for medical and mental health professionals.</p>

**Medical Staff**

Medical professionals interviewed by the Auditor affirmed their participation in PREA training, reporting that they had completed both the general training applicable to all employees and specialized instruction covering their clinical responsibilities. They demonstrated familiarity with the procedures for detecting, responding to, and reporting incidents of sexual abuse and harassment.

**Mental Health Staff**

Mental health personnel similarly confirmed receipt of both general and specialized PREA training. They were able to articulate key aspects of their roles under the PREA standards, including how to support vulnerable individuals and respond to disclosures of abuse in a trauma-informed, professional manner.

**PREA Compliance Manager (PCM)**

The PREA Compliance Manager confirmed that all medical and mental health care staff—whether directly employed by the facility or contracted—are required to complete the full range of PREA training as outlined in §115.31, in addition to the specialized training content relevant to their clinical duties.

**Provisions****Provision (a)**

According to the PAQ and verified during interviews and documentation review, the facility ensures that all medical and mental health care professionals working regularly at the facility receive specialized training. As reported, there are 115 medical and mental health staff members who serve at this facility. Training records and interviews confirm that 100% of those staff have successfully completed the required PREA training.

The lesson plans and training curricula provided were reviewed by the Auditor and found to meet all components of the standard. The training includes information on:

- Detecting and assessing signs of sexual abuse and sexual harassment
- Preserving physical evidence in the event of a reported sexual abuse incident
- Responding professionally and effectively to victims
- Proper channels for reporting allegations or suspicions of sexual abuse or harassment
- Recognizing the unique medical and psychological needs of incarcerated individuals
- Assessing an individual's risk of sexual victimization

These requirements are detailed in ADOC Administrative Regulation (AR) #454, dated January 4, 2016, Section V, 3 (a-g), which mandates that medical and mental health employees receive this training and that their understanding is documented and verified via signed acknowledgment.

**Provision (b)**

This provision does not apply to the facility, as all medical staff are prohibited by ADOC policy from conducting forensic medical examinations on victims of sexual abuse. Forensic exams are conducted externally by trained professionals in appropriate healthcare settings.

**Provision (c)**

The facility reported in the PAQ, and the Auditor confirmed through documentation review and staff interviews, that the agency maintains comprehensive records showing that each medical and mental health care provider has completed the required training. Documentation of attendance and understanding is stored in each staff member's personnel file.

Training records reviewed by the Auditor included sign-in sheets, completion certificates, and signed acknowledgments for both general and specialized training components. The consistency and completeness of these files support the facility's compliance with this provision.

**Provision (d)**

The PAQ further indicated—and interviews confirmed—that medical and mental health practitioners receive the general PREA training mandated for all ADOC employees, contractors, and volunteers in accordance with §115.31.

The Auditor reviewed sign-in logs, training modules, and associated materials which verify that contracted and employed clinical staff received the foundational PREA training in addition to their specialized instruction. The general training covers ADOC's zero-tolerance policy, reporting protocols, and staff responsibilities under PREA, reinforcing a consistent understanding of expectations across all staff categories.

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**Conclusion**

Following a thorough review of documentation, staff interviews, and training records, the Auditor finds that the agency and facility are in full compliance with PREA Standard §115.35 – Specialized Training: Medical and Mental Health Care.

The training program is well-structured, clearly defined in policy, and effectively implemented. It ensures that medical and mental health care professionals are properly equipped to detect, respond to, and report sexual abuse and harassment in a manner that is sensitive to the needs of survivors and aligned with best practices in trauma-informed care.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documentation Review**

To evaluate compliance with PREA Standard §115.41, the Auditor reviewed a comprehensive set of documents provided prior to and during the on-site audit. These included the:

- Pre-Audit Questionnaire (PAQ) and supporting documentation
- Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454
- ADOC AR #637; ADOC Form 454-C (Classification PREA Risk Factors Checklist)
- ADOC Form 454-K (PREA Risk Assessment)
- Risk Assessment Checklists; Initial Inmate Risk Assessment Records
- Inmate Risk 30-Day Reassessment Records.

**Interviews**

**PREA Coordinator (PC)**

The PC confirmed that access to screening information is tightly controlled and granted only on a need-to-know basis. Medical, mental health, classification staff, and the PREA Compliance Manager (PCM) use this data solely for making treatment, security, housing, and programmatic decisions. The PC also confirmed that the agency does not detain individuals solely for civil immigration purposes.

**PREA Compliance Manager (PCM)**

The PCM emphasized that the risk screening assessment's primary function is to ensure the safety of incarcerated individuals. The information gathered during this process allows staff to identify those who may be vulnerable to sexual victimization or pose a risk of sexual abuse. This helps guide decisions on housing and separation, thereby enhancing safety throughout the facility.

**Risk Screening Staff**

Staff responsible for conducting risk screenings indicated that the initial assessment is conducted within the first 24 hours of arrival. The screening covers previous sexual abuse experiences, history of institutional violence, and other factors contributing to risk. A reassessment occurs within 30 days, with additional screenings triggered by new information or incidents. Transgender individuals receive additional assessments within 24 hours, within 30 days, and every six months thereafter. Staff clearly stated that refusal to answer screening questions does not result in disciplinary action.

**Random Inmate**

Inmates interviewed confirmed being asked questions about their safety, sexual orientation, gender identity, past victimization, and other relevant factors. They reported receiving their initial assessments within 24 hours and a follow-up within 30 days of arrival.

## **Provisions**

### **Provision (a)**

The facility has a formal policy mandating risk screening for all new intakes and transfers within 72 hours. Intake staff explained the process and demonstrated the use of screening tools. Fifty inmate records were reviewed, confirming 100% compliance with this timeframe.

### **Provision (b)**

According to the PAQ, 100% of the 217 individuals admitted over the past year were screened within 72 hours. The Auditor verified these findings through review of arrival dates and completed assessments.

### **Provision (c)**

The agency uses objective tools—ADOC Forms 454-C and 454-K—to evaluate risk. These forms include weighted questions aligned with PREA requirements. Staff demonstrated familiarity with the tools and explained the scoring process.

### **Provision (d)**

The Auditor confirmed that all required factors are included in the screening instrument, including disabilities, age, physical build, incarceration history, criminal background, gender identity, sexual orientation, and self-perceived vulnerability.

### **Provision (e)**

The assessment also includes factors that help identify individuals at risk of being sexually abusive, such as past acts of sexual abuse or history of violent offenses.

### **Provision (f)**

Reassessments occur within 30 days, as confirmed by documentation and staff interviews. All 50 sampled records demonstrated timely reassessments.

### **Provision (g)**

The facility conducts additional assessments in response to referrals, incidents, or newly acquired information. This was confirmed through interviews and policy documentation.

### **Provision (h)**

Inmates are not disciplined for refusing to answer questions. Staff confirmed they explain the value of the questions but respect the inmate's right to decline.

### **Provision (i)**

Screening information is kept confidential and accessible only to authorized staff. This ensures sensitive data is not misused or exploited.

## **Conclusion**

Based on interviews, documentation, and inmate records, the Auditor concludes that the agency/facility fully meets the requirements of PREA Standard §115.41 regarding the screening for risk of sexual victimization and abusiveness.

<b>115.42</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Documentation Review:</u></b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation.</li> <li>• ADOC Administrative Regulation #454</li> <li>• ADOC SOP Number 454-5</li> <li>• Form 454-C, Classification PREA Risk Factors Checklist</li> <li>• ADOC Form 454-K, PREA Risk Assessment</li> <li>• ADOC, PREA Director memo, dated February 20, 2020, Transgender Reassessment and Housing.</li> <li>• Inmate Records</li> <li>• Intake Risk Assessment Checklist</li> <li>• Risk Assessment Checklist</li> <li>• Housing Designation Spreadsheet</li> </ul> <p><b><u>Interviews</u></b></p> <p><b><u>PREA Director (PD)</u></b></p> <p>Through the interview process the PD indicated according to policy, the gender identification of each inmate is initially determined by their legal sex assignment, generally at birth; however, from that point forward every inmate is individually assessed and classified to ensure the safety of the inmate, as well as the safety of the inmate population.</p> <p>Through the interview process, the PD indicated the transgender or intersex inmates' views of their safety are given significant weight when making decisions regarding housing placement or programming assignments. Further regular classification reassessments are conducted a minimum of every six months or if the inmate is involved in an incident of a sexual nature. Additionally, these inmates are interviewed further to determine enemies and potential or perceived threats. Housing placement and programming assignments are based on this information.</p> <p><b>Staff Responsible for Risk Screening</b></p> <p>Throughout the interview process, the staff responsible for risk screening indicated that each inmate was individually evaluated because of the assessment procedures being utilized. Staff not only use the assessment procedures in place, but additional consideration is given to the discussions with each inmate when making classification and housing decisions.</p> <p><b>Institutional PREA Compliance Manager (IPCM)</b></p> <p>Through the interview process, the IPCM revealed that neither the agency nor the</p>

facility are under any consent decree, legal settlement, or legal judgment requiring the establishment of a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex (LGBTI) inmates. All acknowledged that all LGBTI inmates are housed within the general population unless specific issues are present, and only then will the appropriate staff meet with the inmate and address the concerns.

Through the interview process, staff who are responsible for risk screening indicated transgender or intersex inmates' views of their safety are taken into thoughtful consideration when determining housing placements and programming assignments. In addition, the staff responsible for risk screening indicated that because of the assessments utilized, each inmate is evaluated individually.

Through the interview process, the IPCM indicated that every assessment completed by staff is factored into the placement and programming of each inmate. Further, the inmate's risk levels, housing, and programming assignments are guided with the use of these various assessments, ensuring that every inmate, especially those at elevated risk of being sexually victimized, are separated from those at considerable risk of being sexually abusive.

### **Transgender Inmate**

At the time of the on-site audit, there were no inmates assigned to the facility who identified as transgender. Therefore no one from this category was interviewed for this standard.

### **Provisions**

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

The facility reported on the PAQ that the agency/facility uses information from the risk screening required to inform housing, bed, work, education, and program assignments to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The PCM verified this.

After reviewing thirty inmate records, the Auditor verified the information from these assessments utilized in the various classification decisions made by staff.

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

#### **Provision (b)**

The facility reported in the PAQ that the agency/facility makes individualized determinations about how to ensure the safety of each inmate.

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

**Provision (c)**

The facility reported on the PAQ that in making housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement of a transgender or intersex inmate would present management or security problems.

The policy that addresses this provision is ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 17, F, 10, f, requires that when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, ADOC shall consider on a case-by-case basis whether the placement would ensure the inmate's health and safety, and whether the placement would present management or security concerns.

**Provision (d)**

The facility reported on the PAQ that placement and programming assignments for each transgender or intersex inmate are reassessed at least twice each year to review any threats to safety experienced by the inmate. The risk screening staff verified this. Transgender inmates also verified this.

The policy that addresses this provision is ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 17, F, 10, d, advises that placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.

**Provision (e)**

The policy that addresses this provision is ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 17, F, 10, e, shows that a transgender or intersex inmate's view concerning his or her safety shall be given thoughtful consideration.

**Provision (f)**

The policy that addresses this provision is ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 17, F, 10, g, which reveals transgender and intersex inmates shall be allowed to shower separately from other inmates.

As previously identified, each housing area has bathrooms with single shower stalls



	<p>that are private and separate. The random staff who were interviewed also indicated that if a transgender or intersex inmate asked to shower separately, they would arrange a separate shower time from the other inmates. It was noted that the alternate shower time would be thirty minutes before or after other inmates can shower.</p> <p><b>Provision (g)</b></p> <p>The facility reported on the PAQ that unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment to protect lesbian, gay, bisexual, transgender, or intersex inmates, the agency always refrain from placing lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely based on such identification or status. The PC verified this.</p> <p>The policy that addresses this provision is ADOC Administrative Regulation (AR) #454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 17, F, 10, c, specifies the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely based on such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment to protect such inmates.</p> <p><b><u>Conclusion</u></b></p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets every provision of the standard requiring screening information.</p>
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<b>115.43</b>	<b>Protective Custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>Documentation Review</u></b></p> <p>To assess compliance with PREA Standard §115.43 – Protective Custody, the Auditor conducted a comprehensive review of documents provided prior to and during the on-site audit. The following materials were examined to evaluate the agency’s practices and policies related to segregated housing placements involving individuals at risk for sexual victimization:</p> <ul style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment</li> <li>• ADOC Administrative Regulation (AR) #435 – Segregated Housing Unit</li> </ul>

#### Operations

- Housing Designation Spreadsheet
- Segregation Logs (including Holding Cell and Crisis Cell logs)
- Post-Allegation Protective Custody Documentation Form

These materials provided critical insight into the facility's response mechanisms for individuals at risk of sexual abuse, particularly regarding any use of involuntary segregated housing as a protective measure.

### **Interviews**

#### **Facility Head (or Designee)**

The Facility Head confirmed that all placements into segregated housing—regardless of the reason—are fully documented and subject to review at least every 30 days. The Facility Head also affirmed that no individuals had been placed into protective custody or involuntary segregation in the past twelve months due to risk of sexual victimization or as a result of reporting sexual abuse.

#### **Staff Assigned to Segregated Housing**

During both formal interviews and informal conversations, staff assigned to the segregated housing unit reported that they had not observed any individuals housed in segregation due to being a victim of sexual abuse or retaliation. At the time of the on-site audit, the only individuals held in segregation were there for administrative or disciplinary reasons unrelated to PREA.

#### **Inmates in Segregated Housing**

At the time of the audit, there were no incarcerated individuals in the segregation unit who had been placed there as a result of sexual abuse allegations or for protective custody purposes.

#### **Institutional PREA Compliance Manager (IPCM)**

The IPCM confirmed that over the past twelve months, no individuals had been placed in protective custody or involuntary administrative/punitive segregation as a result of being at risk of sexual victimization or as a result of having experienced sexual abuse. This information aligned with documentation provided in the PAQ and segregation logs.

### **Provisions**

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

The facility reported via the PAQ that agency policy expressly prohibits the use of involuntary segregated housing for individuals at elevated risk of sexual victimization unless a thorough assessment of all available alternatives has been conducted and no viable options exist to ensure separation from potential abusers.

The IPCM and Facility Head both confirmed that there had been no such placements

in the past twelve months. This was further supported by a review of segregation logs and housing designation data. Accordingly, no individuals were interviewed for this provision during the on-site audit.

**Policy Reference:**

ADOC Administrative Regulation (AR) #454, dated January 4, 2016, p. 23, Section J(1), states that individuals who are identified as high risk for sexual victimization, or who report sexual abuse, shall not be placed in involuntary administrative or punitive segregation unless all other alternatives have been assessed and determined to be unavailable.

**Provision (b)**

The facility stated in the PAQ that if an individual were ever placed in segregated housing as a protective measure, they would be afforded access to programs, privileges, education, and work opportunities to the extent possible.

Although no such placements occurred in the past year, the Facility Head confirmed that this would be the facility's standard practice in the unlikely event such a placement became necessary.

**Policy Reference:**

AR #454, p. 23, Section J(2), mandates that individuals placed in segregated housing for protection must have continued access to programming and privileges to the greatest extent possible and that such placements shall not typically exceed thirty days unless no alternative can be arranged.

**Provision (c)**

The facility reported in the PAQ that zero individuals had been placed in involuntary segregated housing for longer than 30 days due to risk of sexual victimization. The IPCM confirmed this information during the interview process.

Supporting documentation—including segregation logs and post-allegation housing records—showed no evidence of long-term segregated housing placements connected to PREA-related concerns during the audit period.

**Provision (d)**

The PAQ confirmed that no individuals had been held in involuntary administrative or punitive segregation for periods exceeding 30 days while awaiting alternative placement during the prior twelve months. This was verified by staff assigned to segregated housing during the on-site audit. Accordingly, no inmate interviews were necessary to address this provision.

**Provision (e)**

The facility reported, and the IPCM confirmed, that no individuals had been placed into protective custody over the past twelve months due to PREA-related concerns. As stated in Provision (a), the facility's documentation aligned with this statement, and

	<p>no individuals were identified or interviewed in connection with this provision.</p> <p>Policy Reference: AR #454, p. 23, Section J(3), outlines that when an individual is placed in segregated housing as a protective measure, the facility must conduct a review of the placement every thirty days to determine whether continued separation is necessary.</p> <p><b>Conclusion</b></p> <p>Based on a comprehensive review of documentation, direct observations, and interviews with staff and facility leadership, the Auditor has determined that the agency/facility is fully compliant with PREA Standard §115.43 – Protective Custody.</p> <p>The Alabama Department of Corrections facility demonstrates strong adherence to policy and maintains a protective custody protocol that respects the rights and safety of individuals in custody. The absence of any involuntary segregated housing placements related to PREA concerns within the past year further reinforces the agency’s commitment to using such housing only as a last resort and with full procedural safeguards in place.</p>
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<b>115.51</b>	<b>Inmate reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>Documentation Review</u></b></p> <p>To assess compliance with PREA Standard §115.51 – Inmate Reporting, the Auditor conducted an extensive review of documentation provided in advance of and during the on-site audit. The following materials were examined:</p> <ul style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment</li> <li>• ADOC Male Inmate Handbook, dated September 25, 2017</li> <li>• Inmate Legal Mail Envelopes (pre-addressed for confidential correspondence)</li> <li>• Memorandum of Understanding (MOU) with Securus Technologies for PREA hotline services</li> <li>• “NO MEANS NO” awareness posters displayed throughout the facility</li> </ul> <p>These materials helped confirm the agency’s policies and practices for enabling inmates to confidentially and effectively report sexual abuse, sexual harassment, retaliation, and staff misconduct.</p>

## **Observations**

During the on-site facility tour, the Auditor observed a wide range of visual and physical indicators supporting PREA compliance. "NO MEANS NO" posters were prominently displayed in both English and Spanish throughout all housing units, intake areas, dining rooms, hallways, and other high-traffic locations. These posters reinforced ADOC's zero-tolerance message and included contact information for reporting sexual abuse or harassment.

Clearly labeled "PREA" drop boxes were also observed in multiple, accessible areas across the facility. These boxes provide an anonymous reporting method for incarcerated individuals and are monitored regularly.

In testing facility telephones, the Auditor confirmed that the \*6611 PREA hotline was operational at each tested location. When the receiver was lifted, a recorded message informed the caller that they were making a free, anonymous call to report sexual abuse or harassment. The message also disclosed that the call would be recorded. Each call allows a two-minute voicemail message to be left, ensuring individuals can report privately and directly.

During a conversation with mailroom staff, the Auditor learned that inmates can request pre-addressed envelopes marked for the Law Enforcement Services Division (LESD), which can be used to submit confidential reports via legal mail. This system provides an additional secure and private avenue for reporting.

## **Interviews**

### **Institutional PREA Compliance Manager (IPCM)**

The IPCM confirmed that multiple internal and external reporting options are available to all inmates. Inmates can report concerns or incidents of sexual abuse or harassment directly to staff, the Institutional PREA Compliance Manager, the State Board of Pardons and Paroles, the Office of Victim Services, or other external advocacy organizations. The IPCM also discussed the MOU with an external agency, which allows incarcerated individuals to leave anonymous messages. These are automatically forwarded to the agency's PREA Director via email for appropriate review and response.

### **Random Staff**

In interviews, random staff consistently affirmed their responsibility to accept and act upon any report of sexual abuse or harassment, regardless of whether it is received verbally, in writing, anonymously, or through a third party. Staff also demonstrated clear understanding of their obligation to immediately report such information to a supervisor, the IPCM, or directly to the PREA Director. Each staff member interviewed described multiple methods for inmate reporting and emphasized the importance of documenting verbal disclosures promptly.

### **Random and Targeted Inmates**

Inmates selected for random and targeted interviews demonstrated knowledge of

their right to report abuse or harassment and articulated the various methods available to do so. These methods included calling the \*6611 hotline, reporting directly to staff, writing a letter using legal mail, reporting through family or friends, or using the secure PREA drop boxes located throughout the facility.

## **Provisions**

### **Provision (a)**

The facility reported through the PAQ—and this was confirmed during interviews—that inmates have multiple internal avenues to confidentially report:

- Incidents of sexual abuse or sexual harassment
- Retaliation by staff or other inmates for making a report
- Staff neglect or violations of duty that may have contributed to an incident

The PREA Compliance Manager validated these options and described their implementation.

Policy Reference:

ADOC Administrative Regulation (AR) #454, dated January 4, 2016, p. 21, Section H, 2, (a) explicitly states that inmates may report abuse or harassment verbally or in writing, anonymously, or through third parties. Reports can be made by filing a grievance, using the PREA hotline, dropping a written statement in the PREA drop box, speaking to the IPCM, using pre-addressed envelopes to contact LESD, or confiding in any staff member, contractor, or volunteer—who is then responsible for ensuring it is reported and investigated.

### **Provision (b)**

According to the PAQ and confirmed during interviews, the agency ensures at least one method is available for inmates to report to an external public or private agency. The PREA Compliance Manager described the partnership with Securus Technologies, established via an MOU effective May 15, 2019, which provides secure, monitored reporting services.

Key Reporting Numbers Provided to Inmates:

- \*6611 PREA & Investigations Hotline – Recorded and archived
- 1-866-293-7799 (ADOC Crime Tip Hotline – Option 4)
- 1-800-639-4357 (ACAR Hotline – Not recorded or monitored; confidential support line)

The hotline system is available 24/7 and allows for real-time, recorded messages, which are stored for a minimum of five years. Authorized users can retrieve or lock recordings for long-term storage.

### **Provision (c)**

	<p>As stated in the PAQ and affirmed by staff during interviews, all ADOC staff are required to accept reports of sexual abuse or harassment regardless of the format—verbal, written, anonymous, or third party—and must promptly document verbal reports.</p> <p>Policy Reference:</p> <p>ADOC AR #454, p. 19, H, 1, (a) requires that all employee-received information regarding inmate sexual abuse, harassment, or retaliation must be immediately reported.</p> <p>Section H, 1, (b) reinforces the responsibility to report any knowledge or suspicion of such incidents without delay.</p> <p>A review of the ADOC Male Inmate Handbook, page 23, reflects the same expectations, stating: “All reports are investigated and are confidential – the ADOC and its staff want to keep you safe!”</p> <p><b>Provision (d)</b></p> <p>The PAQ and staff interviews confirmed that the agency provides methods for staff to report allegations privately. These include reporting directly to a supervisor, the IPCM, or the PREA Director. Staff understood that private reporting pathways exist and are protected by policy.</p> <p>Policy Reference:</p> <p>This provision is addressed in ADOC Administrative Regulation (AR) #454, Section H, which outlines procedures for immediate and confidential staff reporting.</p> <p><b><u>CONCLUSION</u></b></p> <p>After conducting a thorough analysis of the facility’s documentation, interviews, and on-site observations, the Auditor finds that the Alabama Department of Corrections facility meets all requirements outlined in PREA Standard §115.51 – Inmate Reporting.</p> <p>The facility demonstrates a strong and multifaceted reporting system that allows both incarcerated individuals and staff to report sexual abuse, harassment, or misconduct confidentially, through multiple accessible channels. The presence of clearly posted hotline information, secure drop boxes, external agency access, and informed staff and inmates collectively reflect a culture of safety, transparency, and accountability in line with PREA standards.</p>
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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>Documentation Review</u></b>

To determine compliance with PREA Standard §115.52 – Exhaustion of Administrative Remedies, the Auditor conducted a thorough review of relevant materials submitted in advance of and during the on-site audit. The documents examined included:

- Pre-Audit Questionnaire (PAQ) and supporting documentation
- Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment
- ADOC Administrative Regulation (AR) #406 – Inmate Grievance Policy, effective August 1, 2023

These documents provided key insights into how the facility handles grievances related to sexual abuse and sexual harassment, and the extent to which policy and practice align with the provisions of this PREA standard.

### **Interviews**

#### **Random Staff**

Staff interviewed during the audit affirmed that allegations of sexual abuse and sexual harassment are recognized and treated as legitimate, grievable issues. They demonstrated awareness of the formal grievance process and emphasized that such complaints are taken seriously and handled according to established policy.

#### **Random Inmates**

Through both formal interviews and informal discussions, inmates at the facility consistently reported that they were aware of their ability to file grievances related to sexual abuse or harassment. Several noted that they had access to the necessary forms and understood the process for submitting a grievance.

### **Provisions**

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

The PAQ and accompanying documentation confirm that the agency maintains an administrative grievance procedure for handling complaints related to sexual abuse. The facility's use of this system is demonstrated by the fact that 81 grievances were submitted in the previous twelve months. According to documentation reviewed by the Auditor, all 81 grievances were resolved within the required 90-day timeframe.

The Auditor also reviewed both ADOC AR #454 and the Inmate Handbook, each of which clearly outline the grievance process available to incarcerated individuals, including procedures for reporting sexual abuse.

#### **Provision (b)**

The facility reports, and the PAQ confirms, that an incarcerated individual may file a grievance related to sexual abuse at any time, regardless of when the alleged incident occurred. Importantly, agency policy does not require individuals to engage



in any informal resolution or attempt to resolve the matter with staff prior to initiating a formal grievance.

**Policy References:**

ADOC AR #406, p. 6, Section F: Encourages informal resolution of complaints when appropriate, but does not mandate it for sexual abuse grievances.

ADOC AR #406, p. 6, Section G: Affirms that there is no time restriction for filing grievances involving sexual abuse or harassment.

**Provision (c)**

Agency policy permits individuals to file grievances alleging sexual abuse without being required to submit the complaint to, or through, the staff member who is the subject of the grievance. Furthermore, such grievances must not be referred to the subject of the complaint under any circumstance.

**Policy References:**

- ADOC AR #406, pp. 5–6, Section E: States that incarcerated individuals are not obligated to handle grievances through staff members who are the subject of the complaint.
- ADOC AR #406, p. 8, Section R: Requires that any grievance containing allegations of sexual abuse or harassment be forwarded to the Institutional PREA Compliance Manager (IPCM) for investigation under AR #454.

**Provision (d)**

According to the PAQ, there were zero grievances filed in the past twelve months that alleged sexual abuse. Regardless, the Auditor verified that the policy provides for a timely response to such complaints.

**Policy Reference:**

ADOC AR #406, pp. 9–10, Section Z(1)(d): States that the Institutional Grievance Officer (IGO) must respond to Step 1 grievances within 10 days of receipt.

**Provision (e)**

Agency policy explicitly allows third parties—including other incarcerated individuals, staff, family members, attorneys, and external advocates—to assist in filing grievances related to sexual abuse. If an individual declines third-party assistance, the agency is required to document that decision.

**Policy Reference:**

ADOC AR #406, p. 5, Section D: States that an incarcerated individual may receive help from others in preparing a grievance, including fellow inmates and outside resources. However, only the individual experiencing the issue may formally submit the grievance.

**Provision (f)**

	<p>ADOC policy includes a specific process for handling emergency grievances, including those involving a substantial risk of imminent sexual abuse. These grievances are required to receive an initial response within 48 hours, and a final agency decision within 72 hours.</p> <p>The PAQ indicated that no emergency grievances alleging risk of imminent sexual abuse were filed during the past year.</p> <p>Policy References:</p> <p>ADOC AR #406, pp. 10–11, Section AA(1): Details procedures for logging, reviewing, and resolving emergency grievances, with special handling instructions for allegations involving sexual abuse or harassment.</p> <p>ADOC AR #406, p. 11, Section AA(4): Establishes that appeals involving emergency grievances must be resolved by the Deputy General Counsel (DGC) within 72 hours, and that any responsive actions must be documented.</p> <p><b>Provision (g)</b></p> <p>The agency has a policy in place that prohibits disciplinary action against individuals who file a grievance alleging sexual abuse, unless it is determined that the grievance was filed in bad faith. The facility reported that no such disciplinary actions occurred during the past twelve months.</p> <p>Policy Reference:</p> <p>ADOC AR #406, p. 7, Section L: Emphasizes that reprisals are strictly prohibited and outlines consequences for any staff or individual found retaliating against someone for participating in the grievance process.</p> <p><b>Conclusion</b></p> <p>Based on the thorough review of documentation, interviews with staff and inmates, and on-site observations, the Auditor concludes that the facility is fully compliant with PREA Standard §115.52 – Exhaustion of Administrative Remedies.</p> <p>The agency demonstrates a clear commitment to ensuring that all individuals in custody have unrestricted, safe, and confidential access to a grievance process specifically tailored to address issues of sexual abuse and harassment. Policies are consistent with PREA standards, and staff and inmates alike were knowledgeable about the process, confirming that the grievance system is accessible and functioning as intended.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Rewrite in narrative form, expand, make it look and sound new and fresh without changing meaning or headings, make gender neutral

**Documentation Review:**

- Pre-Audit Questionnaire (PAQ) and supporting documentation.
- ADOC Administrative Regulation #454
- MOU with Alabama Coalition Against Rape
- PREA Posters
- Alabama Advocacy Hotline
- MOU with Outside Confidential Support Service Agency Advocacy Centers  
Contact Information

**Observations**

During the tour of the facility, the Auditor observed the NO MEANS NO posters throughout the facility, in English and Spanish.

**Interviews**

**Random Inmates**

Through the interview process, inmates indicated they knew of an outside confidential support services agency they could contact for emotional support. During the interview, inmates responded they were familiar with the PREA hotline \*6611. The \*6611 line is recorded and archived. Each responded that some information they provided might be given to the facility staff.

**Institutional PREA Compliance Manager (IPCM)**

During the interview process, the IPCM indicated that the facility has an MOU with an outside confidential support services agency.

**Representative from The Crisis Center**

The Auditor spoke with a The Crisis Center. Victim advocates are available to be present with the victim before, during, and after the examination. Additionally, the advocate conducts follow-up contacts with the victim to ensure aftercare is arranged and firmly in place.

**Provisions**

**Provision (a)**

On the PAQ, the facility reported that it does provide inmates with access to outside victim advocates for emotional support services related to sexual abuse. The IPCM verified this.

The facility provided the Auditor a listing from the Alabama Coalition Against Rape (ACAR) Member Crisis Centers, including the mailing address, as well as the office

	<p>telephone number. The listing further broke down the contact information by county for utilization by respective facilities. A representative from The Crisis Center, confirmed they provide services to the facility.</p> <p><b>Provision (b)</b></p> <p>During the facility tour, the auditor tested several payphones to gain access to the ADOC PREA hotline. Each time, the PREA hotline functioned appropriately. The phones are checked once each shift by an intermediate or higher staff member to ensure they are working to reach the PREA hotline easily.</p> <p>A representative from The Crisis Center, Inc., was advised that a victim advocate can be present with the victim before, during, and after the examination. The representative reported that The Crisis Center staff are responsible for informing any victim that some information the victim shares with them may need to be provided to facility staff. This information may be medical and/or non-medical for institutional security, PREA investigation, and further medical and mental health services.</p> <p><b>Provision (c)</b></p> <p>The Auditor was provided a copy of a MOU between the ADOC and the Alabama Coalition Against Rape (ACAR) to facilitate services related to implementation of the Prison Rape Elimination Act. The MOU states that ACAR will provide confidential emotional support services related to sexual abuse. ACAR is also required to either maintain or enter into other agreements with community service providers to offer confidential emotional support services related to sexual abuse to inmates within its custody, specifically establishing services that are closest to the respective facilities. The ACAR Hotline is 1-800-639-4357. This call is NOT recorded or monitored because it is the confidential support line.</p> <p><b><u>Conclusion:</u></b></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency/facility meets every standard provision regarding inmate access to outside confidential support services.</p>
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<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Document Review</u></b></p> <p>To evaluate compliance with PREA Standard §115.54 – Third-Party Reporting, the Auditor conducted a detailed review of relevant materials submitted prior to and during the on-site portion of the audit. The documents reviewed included:</p>

- Pre-Audit Questionnaire (PAQ) and supporting documentation
- ADOC website links related to PREA reporting
- ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment
- Law Enforcement Services Division (LESD) reporting forms
- Publicly accessible web pages showing contact information for submitting PREA-related concerns via email

These materials collectively provide a comprehensive picture of the third-party reporting mechanisms available to incarcerated individuals, family members, advocates, attorneys, and others acting on an individual's behalf.

## **Interviews**

### **Random Inmates**

During formal and informal interviews, incarcerated individuals expressed an understanding of third-party reporting options. Several shared that they were aware family members or other trusted persons outside the facility could submit reports of sexual abuse or harassment on their behalf. Inmates generally agreed they would use this option if necessary and indicated that they had seen PREA-related information posted or shared during intake and orientation.

## **Provisions**

### **Provision (a)**

The Alabama Department of Corrections (ADOC) provides a clear and accessible avenue for third-party reporting through its publicly available website. Individuals who wish to file a third-party report of sexual abuse or harassment can do so by visiting the agency's website at <http://www.doc.state.al.us/PREA>. This page can be accessed by selecting the "PREA" tab located under the "About ADOC" section of the website.

Once on the PREA webpage, visitors are presented with several options for submitting reports, including an interactive link titled Request an Investigation. This tool allows a third party to initiate a report concerning a PREA-related allegation. Additionally, directly beneath the name of the agency's PREA Director, the website offers an alternative method for submitting a report: individuals may email concerns to the designated address: [DOC.PREA@doc.alabama.gov](mailto:DOC.PREA@doc.alabama.gov). This provides a direct and confidential method for third parties to communicate with the agency regarding potential incidents of sexual abuse or harassment.

These third-party reporting options serve as critical resources for those outside of the facility who may witness, learn of, or be informed about incidents involving individuals in custody. The inclusion of this information on a public-facing platform ensures transparency and reinforces the agency's commitment to sexual safety and accountability.

	<p><b><u>Conclusion</u></b></p> <p>Based on a comprehensive review of the documentation, interviews with incarcerated individuals, and observations made during the on-site audit, the Auditor has concluded that the agency and facility fully comply with PREA Standard §115.54 – Third-Party Reporting.</p> <p>The Alabama Department of Corrections has demonstrated a proactive and transparent approach by making third-party reporting methods publicly available, clearly communicated, and easily accessible via its website. Inmates are aware of these options, and the systems in place reflect the agency’s commitment to providing multiple pathways for reporting allegations of sexual abuse or harassment, thereby enhancing safety and accountability within its institutions.</p>
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<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>Documentation Review</u></b></p> <p>To assess compliance with PREA Standard §115.61 – Staff and Agency Reporting Duties, the Auditor conducted a comprehensive review of materials provided in advance and during the on-site audit. The reviewed documentation included:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment</li> <li>• ADOC Administrative Regulation (AR) #302 – Incident Reporting Procedures</li> </ul> <p>These resources outline the agency’s protocols for staff reporting of sexual abuse and harassment, requirements for safeguarding confidentiality, responsibilities of medical and mental health practitioners, and obligations under mandatory reporting laws.</p> <p><b><u>Interviews</u></b></p> <p><b>Random Staff</b></p> <p>During both formal interviews and informal interactions, facility staff demonstrated a clear understanding of their duty to immediately report any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, or related misconduct. Staff consistently articulated that reports must be directed up the chain of command without delay and also reported to the Institutional PREA Compliance Manager (IPCM), who notifies the investigative division.</p>

Staff confirmed they are prohibited from disclosing any information related to such allegations to individuals not involved in the investigative, treatment, or security response. They accurately described the need to preserve the confidentiality of reported incidents, sharing such information only on a “need-to-know” basis as directed by policy.

### **Medical and Mental Health Practitioners**

Medical and mental health personnel also displayed a clear understanding of their obligations. Interviewed practitioners stated they would immediately report any allegations of sexual abuse and that they routinely inform patients at the beginning of services about the limits of confidentiality, in compliance with mandatory reporting laws. Practitioners were well-versed in their responsibilities and the appropriate channels through which to report.

### **Facility Head or Designee**

The Facility Head confirmed that all allegations of sexual abuse or harassment—regardless of how or where they occurred—are required to be immediately reported to the appropriate agency representatives, including the IPCM and investigative personnel. This includes reports of retaliation, neglect, or misconduct by staff that could have contributed to the incident.

### **PREA Director**

The PREA Director affirmed that all reports—regardless of origin, including third-party and anonymous submissions—are forwarded to the designated facility investigator for review and follow-up.

### **Provisions**

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

According to the PAQ and confirmed through interviews, agency policy mandates that all staff must immediately report any information, suspicion, or direct knowledge of sexual abuse, sexual harassment, or related misconduct. This includes incidents occurring within or outside of ADOC facilities and extends to retaliation or staff negligence.

Relevant policy includes:

ADOC AR #454, p. 19, Section H, 1(a): Requires staff to report all allegations, including verbal, written, anonymous, or third-party reports, involving sexual abuse, harassment, retaliation, or misconduct.

ADOC AR #454, p. 19, Section H, 1(b): Reiterates the duty to report any knowledge, suspicion, or information related to these offenses.

To reinforce staff preparedness, ADOC distributes a pocket-sized spiral booklet titled “Prison Rape Elimination Act (PREA): A Trauma-Informed Guide for First Responders.” This resource provides immediate reference to proper protocols, including evidence preservation and notification procedures.

**Provision (b)**

Agency policy prohibits staff from revealing information related to sexual abuse reports beyond what is necessary to ensure safety, treatment, investigation, or management. This confidentiality principle was confirmed during interviews with random staff, who emphasized the importance of discretion.

Relevant policy includes:

ADOC AR #454, p. 19, Section H, 1(c): Limits disclosure of PREA-related information to those with a legitimate need to know.

Additionally, the Auditor reviewed the Informed Consent for Medical Services form, which authorizes medical professionals to share pertinent information only with designated personnel.

**Provision (c)**

Medical and mental health staff are required to inform incarcerated individuals of their duty to report and the limits of confidentiality before initiating services. This was confirmed through interviews with practitioners.

Supporting documentation includes:

- ADOC AR #454, p. 20, Section H, 1(f): States practitioners must advise patients of confidentiality limitations and report victimization to the IPCM.
- The PREA first responder handbook also reinforces these expectations.
- The Auditor verified this practice through a review of informed consent documentation used within the facility.

**Provision (d)**

In cases involving minors or vulnerable adults as defined by Alabama statute, the agency is required to report allegations of sexual abuse to the appropriate external agency.

ADOC AR #454, p. 20, Section H, 1(g): Specifies that allegations involving youthful or vulnerable individuals must be reported to the Alabama Department of Human Resources.

The Facility Head confirmed compliance with this mandatory reporting requirement.

**Provision (e)**

The facility ensures that all reports of sexual abuse and harassment—including third-party and anonymous reports—are promptly forwarded to the designated investigator for action.

Relevant policy includes:

ADOC AR #454, p. 19, Section H, 1(b): Requires staff to immediately report all known or suspected incidents to the IPCM, the PREA Director, and the I&I Division in accordance with AR #302 – Incident Reporting.



	<p><b><u>CONCLUSION</u></b></p> <p>After a thorough review of agency policies, supporting documentation, and corroborating interviews with staff, medical professionals, and administrators, the Auditor finds that the facility is in full compliance with PREA Standard §115.61 – Staff and Agency Reporting Duties.</p> <p>The Alabama Department of Corrections has established and implemented robust procedures to ensure all allegations of sexual abuse and harassment are immediately reported and treated with the seriousness and confidentiality required under the PREA standards. Staff and practitioners demonstrated both knowledge and readiness to act in accordance with these responsibilities, reflecting the agency’s strong commitment to safety, transparency, and accountability.</p>
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<b>115.62</b>	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>Documentation Review</u></b></p> <p>To evaluate the facility’s compliance with PREA Standard §115.62 – Agency Protection Duties, the Auditor conducted an in-depth review of documentation provided prior to and during the on-site audit. The following materials were examined:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment</li> <li>• Transfer of Inmate Due to Sexual Safety records</li> <li>• Housing Designation Log</li> <li>• Facility Coordinated Response Plan</li> </ul> <p>These documents provided critical insight into how the Alabama Department of Corrections (ADOC) addresses the protection of individuals who may be at risk of sexual abuse or harassment within its facilities.</p> <p><b><u>Interviews</u></b></p> <p><b>Facility Head or Designee</b></p> <p>During the interview, the Facility Head confirmed that immediate action is taken anytime the facility becomes aware that an individual is at risk of sexual abuse. Depending on the circumstances, the response could include relocating the vulnerable individual to a safer housing area or transferring them to another facility altogether. When the alleged perpetrator is known, that individual is typically placed in segregated housing to eliminate further contact and to protect the potential victim.</p>

**Random Staff**

Throughout both formal interviews and informal conversations with facility staff, the Auditor found consistent understanding of agency protocol. Staff reported that their first priority upon receiving a report or observing any indication of sexual abuse would be to protect the potentially endangered individual. This would involve immediately separating the alleged victim and the alleged abuser, contacting a supervisor, securing the area, and preserving any evidence. Staff repeatedly emphasized their duty to act swiftly and decisively to ensure the safety of everyone involved.

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

The PAQ and supporting documentation indicate that when the agency or facility learns that an incarcerated individual is subject to a substantial risk of imminent sexual abuse, immediate steps are taken to ensure that person's safety. Over the past twelve months, the agency reported 260 such determinations. In each instance, protective actions were initiated within an average timeframe of three hours. These rapid response times were confirmed through staff interviews and discussions with the Facility Head.

Relevant policy guidance includes:

ADOC Administrative Regulation (AR) #454, p. 23, Section J, 1: This regulation prohibits the placement of individuals at high risk for sexual victimization in involuntary administrative or punitive segregation unless all alternative options have been exhausted and it is determined that no other means of separation are feasible.

ADOC Administrative Regulation (AR) #454, p. 10, Section K, 3: Assigns the Institutional PREA Compliance Manager (IPCM) the responsibility for recommending inmate transfers or housing placements following a report of sexual abuse or harassment. The IPCM must take immediate action when a substantial risk of imminent sexual abuse is identified, with final approval granted by the Warden or designee.

The facility's Coordinated Response Plan further supports this provision by outlining step-by-step protocols for first responders, medical staff, mental health professionals, and administrative leadership in situations involving allegations or threats of sexual abuse.

**Conclusion**

Based on a thorough review of policies, documentation, and staff interviews, the Auditor concludes that the agency and facility meet all requirements outlined in PREA Standard §115.62 – Agency Protection Duties.

The Alabama Department of Corrections has implemented a robust and responsive system to protect individuals at risk of sexual abuse. This includes proactive

	identification of risk, immediate intervention, and thoughtful housing or transfer decisions that prioritize the safety and well-being of the incarcerated population. Staff at all levels demonstrated a clear understanding of their responsibilities and exhibited a strong commitment to swift and effective protective action.
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<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Documentation Review</u></b></p> <p>To evaluate compliance with PREA Standard §115.63 – Reporting to Other Confinement Facilities, the Auditor conducted a thorough review of agency and facility-level documentation. The materials examined included:</p> <ul style="list-style-type: none"> <li>• The completed Pre-Audit Questionnaire (PAQ) and accompanying supporting documents</li> <li>• Alabama Department of Corrections (ADOC) Administrative Regulation #454, Inmate Sexual Abuse and Harassment, which governs PREA reporting protocols</li> <li>• ADOC Form 454-F, Reporting to Other Confinement Facilities, the official form used to notify other facilities of alleged incidents</li> <li>• An IPCM Memorandum titled “115.62” dated December 1, 2024, which provides procedural guidance on handling reports involving other confinement settings</li> </ul> <p>Collectively, these documents outline the processes by which ADOC responds when it becomes aware of a sexual abuse or sexual harassment allegation involving an incident that occurred at a different correctional institution. The materials also detail the agency’s obligation to notify other facilities in a timely manner and ensure that reports are properly investigated, regardless of where the incident occurred.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Agency Head Designee</b></p> <p>During the interview process, the Agency Head Designee affirmed the agency's policy and practice of investigating every PREA allegation it receives, regardless of where the incident occurred. This includes all notifications involving sexual abuse, sexual harassment, or staff sexual misconduct reported from another facility. The Designee emphasized that such reports are processed following the guidelines and investigative protocols established by the ADOC.</p>

**Facility Head**

In a separate interview, the Facility Head confirmed that any allegation received from another correctional facility—whether through inmate disclosure or third-party notification—is treated with urgency. Once such an allegation is received, it is immediately routed to investigative staff for formal review. If a resident currently housed at the facility reports abuse or harassment that occurred while confined at another institution, the facility where the incident allegedly took place is notified promptly and in accordance with required timelines—no later than 72 hours from the time the report is received.

**Provisions****Provision (a)**

According to information provided in the PAQ, the facility reported that in the past 12 months, there were zero notifications received from an inmate regarding incidents of sexual abuse or sexual harassment that occurred while confined at a different correctional facility.

Nonetheless, the policy mandates clear expectations. ADOC Administrative Regulation (AR) #454, dated January 4, 2016, Section H.1.d (p. 20), states that upon receiving such an allegation, the Warden of the facility must notify the head of the facility where the alleged incident occurred. This notification must be made as soon as possible, but in no case later than 72 hours after receiving the report. The notification is to be documented using ADOC Form 454-F, Reporting to Other Confinement Facilities.

**Provision (b)**

Provision (b) reinforces the 72-hour notification requirement stated in Provision (a). As reported in the PAQ and confirmed by facility leadership, BWRC did not receive any allegations during the past year involving abuse or harassment that occurred at another correctional setting.

**Provision (c)**

Similarly, for Provision (c), BWRC reported no inmate disclosures of abuse or harassment that took place at another facility. However, Administrative Regulation #454 remains clear in its directives: the Warden is responsible for completing and transmitting ADOC Form 454-F to the originating facility as part of the agency's cross-facility communication protocol.

**Provision (d)**

Documentation and interview responses further confirmed compliance with this provision. No such reports were received within the past year, as documented by the facility and verified through interviews with the Warden and the Institutional PREA Compliance Manager (IPCM).

Additionally, during the interview with the Assistant Deputy Commissioner, it was explained that all allegations received, regardless of origin, are forwarded to the Director of Investigations. Once an allegation is submitted, the IPCM is notified, and a

	<p>trained investigator is assigned to evaluate the report. This process applies whether the incident occurred at the reporting facility or another correctional institution under ADOC jurisdiction.</p> <p>The PREA Director, Warden, Assistant Deputy Commissioner, and IPCM each confirmed that once a notification is received—whether from a different facility or agency—it is promptly assigned for investigation in accordance with ADOC policy and PREA standards.</p> <p><b>Conclusion</b></p> <p>Following a comprehensive review of facility documentation, interviews with leadership and compliance staff, and an assessment of agency protocols, the Auditor finds the agency in full compliance with PREA Standard §115.63 – Reporting to Other Confinement Facilities.</p> <p>Although no cross-facility allegations were reported in the past 12 months, both documentation and staff interviews clearly demonstrate that the required protocols are in place, well understood, and ready to be implemented should the need arise. Notifications to other facilities are completed using standardized forms, within the required 72-hour timeframe, and in coordination with investigative staff and facility leadership.</p>
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115.64	Staff first responder duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documentation Review</b></p> <p>In order to evaluate the facility’s compliance with PREA Standard §115.64 – Staff First Responder Duties, the Auditor conducted a comprehensive and methodical review of all relevant documents and training resources. The following materials were examined:</p> <ul style="list-style-type: none"> <li>• The completed Pre-Audit Questionnaire (PAQ), accompanied by all applicable supporting documentation</li> <li>• Alabama Department of Corrections (ADOC) Administrative Regulation #454: Inmate Sexual Abuse and Harassment</li> <li>• The PREA First Responder Duty Card, which is distributed to all facility staff members</li> <li>• The PREA Pocket Guide for First Responders – a spiral-bound, field-ready booklet that reinforces trauma-informed practices for responding to incidents</li> </ul>

of sexual abuse and harassment

Collectively, these documents form the foundation of the facility's PREA response framework. They establish clear procedures and expectations that guide staff in responding promptly and effectively to any allegation or indication of sexual abuse. The guidance materials reflect a strong institutional commitment to protecting the rights, safety, and dignity of those in custody while supporting staff in carrying out their roles with consistency and professionalism.

### **Interviews**

#### **Security Staff - First Responders**

Interviews conducted with security staff confirmed that first responders are well-versed in the agency's PREA response protocols. Staff consistently reported receiving training through annual in-service sessions, real-time instruction, shift briefings, and regular policy reviews. Each staff member articulated the key steps expected of them upon receiving an allegation or observing indicators of sexual abuse or harassment. Their familiarity with separating involved parties, preserving the scene, protecting physical evidence, and immediately notifying appropriate personnel demonstrated a thorough understanding of their responsibilities.

#### **Non-Security First Responders**

Staff working outside custody roles—such as medical, mental health, and administrative personnel—were equally knowledgeable about their first responder duties. While they do not engage in physical interventions, these team members described their responsibility to promptly alert security staff, instruct the alleged victim and aggressor not to engage in behaviors that could compromise evidence, and ensure the area is secured until custody staff can take over. Interviewees consistently emphasized the importance of confidentiality and maintaining discretion, sharing information only on a strictly need-to-know basis.

#### **Random Staff**

Interviews with a cross-section of facility employees revealed a facility-wide understanding of first responder expectations. Regardless of department or position, staff members uniformly described the appropriate response steps, including:

- Immediate separation of the alleged victim and perpetrator
- Protection and preservation of physical evidence
- Securing the location where the incident occurred
- Requesting medical attention when necessary
- Prompt reporting to the Shift Commander or designated authority

The consistency in responses underscored the effectiveness of ADOC's PREA training and the agency's emphasis on swift, standardized response measures in incidents involving sexual abuse or harassment.

#### **Inmates Who Reported Sexual Abuse**

At the time of the on-site audit, there were no individuals currently housed at the

facility who had reported sexual abuse within the previous 12 months. Consequently, no inmate interviews were conducted under this standard.

## **Provisions**

### **Provision (a): Duties of First Responders**

ADOC Administrative Regulation #454, effective January 4, 2016, outlines the expectations for staff designated as first responders in Section G, paragraphs 1(a) through 1(g). According to this directive, upon learning of a PREA-related incident, the first responder is required to:

- Physically separate the alleged victim, alleged aggressor, and any witnesses
- Preserve and secure the crime scene to prevent contamination or destruction of evidence
- Instruct the victim not to bathe, brush their teeth, eat, drink, smoke, or use the restroom until evidence can be collected
- Instruct the alleged perpetrator to avoid any behaviors that could compromise physical evidence
- If the first responder is a non-security staff member, direct the alleged victim to preserve evidence and immediately notify custody staff
- Refrain from showing involved parties any potential evidence or conducting investigative questioning
- Notify the Shift Commander as soon as possible and complete an incident report
- To reinforce these expectations, all staff are issued a laminated, wallet-sized First Responder Duty Card. This quick-reference tool outlines the required first response actions in a clear, bulleted format consistent with agency policy.

Additionally, staff have access to a spiral-bound field manual titled “Prison Rape Elimination Act – A Trauma-Informed Guide for First Responders.” This resource includes sections such as:

- Introduction to PREA
- Key Definitions and Terms
- Core Components of PREA
- Strategies for Prevention, Detection, and Response
- Summary Guidance and Contact Information

The guide serves not only as a training aid but also as a day-to-day reference tool, helping staff maintain a trauma-informed and policy-aligned response posture.

The PAQ reported three allegations of sexual abuse and three allegations of sexual harassment within the past year. Each allegation was addressed in accordance with established PREA protocols, and all applicable response steps were implemented.

All staff—including contractors and volunteers—are trained to act as first responders if they are the initial recipient of a disclosure or observation related to sexual abuse

	<p>or harassment. Training emphasizes the urgency of immediate protective action, communication, and evidence preservation.</p> <p>During the on-site audit, the Warden confirmed that first responder training is ongoing and reinforced regularly through both structured sessions and informal supervisory guidance. This was validated during staff interviews, where employees confidently explained how they would respond in real time, identifying critical steps and points of contact.</p> <p><b>Provision (b): Non-Security First Responder Duties</b></p> <p>According to the PAQ, there were no instances during the past 12 months in which a non-security staff member served as the first responder to an allegation of sexual abuse.</p> <p>Nevertheless, interviews with non-custody personnel confirmed that they are well-prepared to fulfill their responsibilities in such situations. Each expressed confidence in their ability to secure the scene, advise individuals not to destroy evidence, contact security staff immediately, and ensure the incident is appropriately documented and escalated. Staff were clear on their limitations, particularly regarding the preservation of confidentiality and the importance of not conducting preliminary interviews or showing evidence to involved parties.</p> <p><b><u>Conclusion</u></b></p> <p>Following a thorough review of documentation, staff interviews, and training practices, the Auditor finds that the facility is in full compliance with PREA Standard §115.64 – Staff First Responder Duties.</p> <p>The Alabama Department of Corrections has implemented a robust, well-integrated system that ensures staff at every level understand their role in the immediate aftermath of a sexual abuse or harassment allegation. The availability of first responder reference tools, the inclusion of trauma-informed training materials, and the consistency of staff responses all contribute to a strong institutional culture of prevention, accountability, and safety.</p>
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<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Documentation Review</u></b></p> <p>To assess compliance with PREA Standard §115.65 – Coordinated Response, the Auditor conducted a comprehensive examination of all relevant documentation submitted by the facility. The materials reviewed included:</p>



- The Pre-Audit Questionnaire (PAQ) and supporting evidence
- ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment
- The PREA First Responder Duty Card, a laminated, pocket-sized quick-reference guide provided to all staff
- The PREA Pocket Guide for First Responders, a spiral-bound handbook promoting trauma-informed responses
- The facility's Coordinated Response Standard Operating Procedure (SOP)

These documents collectively outline the procedural framework and institutional expectations for ensuring that all facility staff respond swiftly, professionally, and in a unified manner to any allegation or incident of sexual abuse. Together, they establish a clear chain of responsibility and delineate the specific roles and duties of first responders, medical and mental health practitioners, investigators, supervisory staff, and administrators.

### **Interview**

#### **Facility Head**

During the on-site interview, the Facility Head provided a detailed explanation of the facility's coordinated response protocol. The Facility Head confirmed that the written institutional plan is thoroughly integrated into operations and clearly delineates the responsibilities of each staff role in the event of a sexual abuse allegation.

Training on this protocol is embedded into multiple aspects of staff development. Staff receive education on coordinated response during annual in-service training, monthly team meetings, and on-the-job instruction. These repeated learning opportunities help reinforce the plan and ensure staff are confident and prepared to execute their responsibilities quickly and effectively when responding to a PREA-related incident.

### **Provisions**

#### **Provision (a): Coordinated Response Plan**

According to the PAQ and verified by the Facility Head, the facility has developed and implemented a written institutional plan designed to coordinate the actions of various staff groups—including first responders, medical and mental health personnel, investigative staff, and facility leadership—when responding to reports of sexual abuse.

This plan ensures a structured and immediate response that prioritizes the safety of the individual reporting the incident, the preservation of evidence, and a trauma-informed approach in all interactions.

As part of this coordinated effort, staff are provided with a spiral-bound reference guide titled "Prison Rape Elimination Act – A Trauma-Informed Guide for First Responders." This guide is available to all staff members and includes clearly organized sections on:

- Introduction to PREA
- Key Definitions
- PREA Components
- Prevention Strategies
- Detection Protocols
- Response Procedures
- Summary and Resources

These sections collectively provide a comprehensive overview of PREA-related topics, offering practical guidance to staff while reinforcing the importance of a trauma-informed and survivor-centered response.

The coordinated response plan is further reinforced through a series of policy directives outlined in ADOC Administrative Regulation #454. The following sections of the regulation address the detailed responsibilities of staff at each stage of a sexual abuse response:

- Section G, 1 (p.17): Duties of first responders upon learning of an allegation
- Section G, 2 (p.18): Responsibilities of the Shift Commander
- Section G, 3 (p.18): Obligations of medical and mental health practitioners
- Section H, 1 (p.19): Staff reporting responsibilities for all PREA-related incidents
- Section H, 2 (p.21): Guidelines for inmate reporting of PREA-related concerns
- Section I, 1 (p.22): Responsibilities of the Institutional PREA Compliance Manager (IPCM) and investigators in inmate-on-inmate and staff-on-inmate sexual abuse cases
- Section I, 2 (p.22): IPCM and investigator duties related to inmate-on-inmate sexual harassment

Together, these policy provisions ensure that every level of staff understands their specific role in responding to allegations of sexual abuse and harassment. The protocol promotes seamless communication between departments, timely protective actions, and accurate documentation for every reported incident.

### **Conclusion**

Based on a thorough review of institutional documentation, interviews with leadership, and an evaluation of policy and training materials, the Auditor concludes that the agency is fully compliant with PREA Standard §115.65 – Coordinated Response.

The coordinated response plan in place is clearly defined, actively reinforced through ongoing staff training, and supported by practical tools such as the First Responder Duty Card and trauma-informed pocket guide. Staff at all levels are well-versed in their responsibilities and prepared to respond with professionalism and urgency in the event of a sexual abuse report

<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<p data-bbox="256 237 959 271"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 315 544 349"><b>Auditor Discussion</b></p> <p data-bbox="256 394 628 427"><b>Documentation Review</b></p> <p data-bbox="256 461 1449 618">To evaluate the facility's compliance with PREA Standard §115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers, the Auditor conducted a detailed review of the documentation provided prior to and during the on-site audit. The following documents were examined:</p> <ul data-bbox="331 685 1474 887" style="list-style-type: none"> <li>• The Pre-Audit Questionnaire (PAQ) and supporting evidence</li> <li>• Alabama Department of Corrections (ADOC) Administrative Regulation #454 – Inmate Sexual Abuse and Harassment</li> <li>• ADOC Memorandum titled Collective Bargaining and PREA Standard 115.66, dated March 19, 2019</li> </ul> <p data-bbox="256 931 1445 1088">These materials were reviewed to determine whether the agency maintains the authority to take appropriate protective measures—such as reassignment or restriction—against staff accused of sexual abuse, even in the absence of collective bargaining agreements.</p> <p data-bbox="256 1167 427 1200"><b><u>Interviews</u></b></p> <p data-bbox="256 1245 668 1279"><b>Agency Head or Designee</b></p> <p data-bbox="256 1312 1458 1514">During an in-person interview, the Auditor met with the Personnel Director, who served as the Agency Head Designee. The Personnel Director confirmed that correctional officers and other facility staff employed by the Alabama Department of Corrections (ADOC) are not represented by a labor union. Furthermore, the State of Alabama does not engage in collective bargaining with ADOC employees.</p> <p data-bbox="256 1559 560 1592"><b>Personnel Director</b></p> <p data-bbox="256 1626 1449 1906">The Personnel Director elaborated that ADOC maintains full managerial authority when it comes to staff assignments and disciplinary actions. In cases involving allegations of sexual abuse or harassment, leadership retains the right to immediately separate an employee from individuals in custody to ensure safety and prevent potential retaliation or witness tampering. This can include temporarily reassigning the employee, redirecting duties, or restricting access to the facility during the course of the investigation.</p> <p data-bbox="256 1984 424 2018"><b><u>Provisions</u></b></p>

**Provision (a): Authority to Protect Inmates**

The PAQ clearly states that the State of Alabama does not engage in collective bargaining with correctional staff. This information was corroborated by the Agency Head Designee during the interview. The absence of union contracts or collective bargaining agreements ensures that ADOC retains the unrestricted ability to take immediate action to protect individuals in custody from staff members who are under investigation for sexual abuse or harassment.

The ADOC policy addressing this provision is articulated in the March 19, 2019 memorandum from the Personnel Director, which specifically outlines that:

- Correctional officers and other ADOC employees are not part of a labor union
- ADOC does not engage in collective bargaining on behalf of its employees
- Management retains the full right to take protective actions, including reassignments or restricted access, to ensure no further contact occurs between staff under
- investigation and incarcerated individuals

The facility reported that no incidents occurred during the audit review period in which a staff member was accused of sexual abuse and had to be separated from an inmate pending the outcome of an investigation. However, ADOC policies clearly allow for this type of separation when necessary, and leadership affirmed their ability and willingness to act decisively in such cases.

**Provision (b): Non-Applicable**

This provision does not require a separate audit component; therefore, no further analysis is necessary.

**Conclusion**

Based on the Auditor's review of all provided documentation and the interview with agency leadership, it has been determined that the facility is in full compliance with PREA Standard §115.66 - Preservation of Ability to Protect Inmates from Contact with Abusers.

The agency retains complete authority to act swiftly and appropriately when an allegation of staff sexual misconduct arises. The absence of collective bargaining agreements ensures that there are no contractual or legal barriers to removing potentially abusive staff from positions of contact with individuals in custody. This operational flexibility serves to reinforce ADOC's commitment to a zero-tolerance culture regarding sexual abuse and supports the safety and well-being of all persons housed within its facilities.

**Auditor Overall Determination:** Meets Standard**Auditor Discussion****Documentation Review**

To evaluate the facility's compliance with PREA Standard §115.67 – Agency Protection Against Retaliation, the Auditor conducted a comprehensive review of all relevant documents provided prior to and during the on-site audit. The following materials were examined:

- Pre-Audit Questionnaire (PAQ) and associated supporting documentation
- Alabama Department of Corrections (ADOC) Administrative Regulation #454 – Inmate Sexual Abuse and Harassment
- ADOC Form 454-D – Sexual Abuse/Harassment Retaliation Monitoring

These documents collectively establish the agency's procedures for protecting individuals who report sexual abuse or sexual harassment, or who cooperate with related investigations, from retaliation by staff or others in custody. They also demonstrate how the agency monitors and documents potential signs of retaliation and outlines clear, proactive strategies to mitigate risk and support those involved.

**Interviews****Agency Head or Designee**

During the interview, the Agency Head Designee explained that retaliation monitoring begins the same day a report is made and continues for a minimum of 90 days. If the allegation is later deemed unfounded, monitoring may be discontinued. However, anyone—whether a victim, witness, or cooperating individual—who expresses concern about retaliation will be included in the monitoring process. The Designee emphasized the agency's zero-tolerance stance on retaliation.

**Facility Head or Designee**

The Facility Head described a range of protective measures in place to guard against retaliation. These include reviewing housing or work assignment changes, evaluating increases in disciplinary actions, and tracking any negative trends in staff performance evaluations or reassignment patterns. The Facility Head confirmed that retaliation protection is implemented consistently and documented appropriately. Staff responsible for monitoring echoed these safeguards, ensuring transparency and accountability.

**Retaliation Monitor**

The designated Retaliation Monitor expressed a clear and committed approach to preventing retaliation, emphasizing that everyone—staff and individuals in custody—should feel safe reporting PREA concerns. The Monitor stated that while the primary focus of retaliation monitoring is the alleged victim, any person who cooperates with an investigation and reports fear of retaliation will also be monitored.

Retaliation monitoring is conducted over a 90-day period from the date the allegation

is received, with the option to extend the timeline in 30-day increments if needed. Status checks are performed at least monthly, and findings are thoroughly documented using Attachment 8: Retaliation Monitoring Checklist. During the 12-month period prior to the audit, there were no substantiated cases of retaliation.

### **Inmates in Segregated Housing for Risk of Sexual Abuse**

At the time of the on-site audit, the facility reported that no individuals were in segregated housing due to risk of sexual victimization or as a result of having made a report of sexual abuse. Consequently, no interviews from this population were conducted.

### **Inmates Who Reported Sexual Abuse**

Similarly, at the time of the audit, the facility confirmed that no individuals currently housed at the institution had reported sexual abuse within the preceding 12 months. Therefore, no interviews were conducted under this category.

## **PROVISIONS**

### **Provision (a): Policy Against Retaliation**

The PAQ confirms that the ADOC has established and implemented a policy designed to protect all individuals in custody and staff who report sexual abuse or harassment, or who participate in related investigations, from retaliation. The agency has formally assigned specific staff or departments to carry out retaliation monitoring duties, which are required for a minimum of 90 days unless circumstances warrant an extension. This process was verified through interviews and documentation.

The Institutional PREA Compliance Manager (IPCM) has been identified as the staff member primarily responsible for ensuring that appropriate monitoring is conducted.

Relevant policies are outlined in:

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

ADOC AR #454, p. 23, Section K(2) – Assigns responsibility to the Warden and IPCM for protecting staff and incarcerated individuals from retaliation

### **Provision (b): Protective Measures**

The PAQ and interviews confirm that multiple strategies are used to protect individuals from retaliation. These include, but are not limited to:

- Housing changes or transfers for victims or accused parties
- Removal of the accused staff or individuals in custody from contact with the victim
- Access to emotional and psychological support for anyone expressing fear of retaliation

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

A review of ADOC Form 454-D revealed that of the 206 sexual abuse allegations

received in the past 12 months that required monitoring, no instances of retaliation were reported.

**Provision (c): Monitoring of Conduct and Treatment**

According to the PAQ, the facility monitors the behavior and treatment of anyone who reports sexual abuse, as well as anyone identified as a possible victim, to detect signs of potential retaliation. This monitoring continues for at least 90 days, and extensions are applied when needed.

Although the PAQ initially indicated five instances of retaliation, further clarification from the Retaliation Monitor confirmed no substantiated retaliation occurred. Monitoring is documented consistently and proactively.

Policy reference:

ADOC AR #454, p. 23, Section K(2)(a) – Requires the IPCM to monitor for a minimum of 90 days and extend monitoring in 30-day increments if necessary

**Provision (d): Documentation of Monitoring**

The facility uses ADOC Form 454-D to formally track retaliation monitoring. The form is divided into 13 weekly sections, each capturing:

- Date of check-in
- Actions taken to prevent or investigate retaliation
- Staff comments

At the conclusion of the monitoring period, the IPCM must indicate whether:

- Monitoring is complete and no retaliation was found
- Retaliation occurred but was resolved
- Additional monitoring is required

The form also requires the IPCM's signature and date, ensuring proper oversight and accountability.

**Provision (e): Protection of Other Cooperating Individuals**

In addition to victims, the agency extends retaliation protections to any individual who cooperates in a sexual abuse or harassment investigation and expresses concern for their safety. This includes witnesses, staff, and individuals in custody.

Policy reference:

ADOC AR #454, p. 23, Section K(2)(d) – Directs that appropriate measures shall be taken to protect all cooperating individuals from retaliation

**Provision (f): Not Applicable**

As per audit guidelines, the Auditor is not required to assess compliance with this

	<p>provision.</p> <p><b><u>CONCLUSION</u></b></p> <p>Based on an in-depth analysis of documentation, staff interviews, and formal agency policies, the Auditor has determined that the agency is fully compliant with PREA Standard §115.67 – Agency Protection Against Retaliation.</p> <p>The Alabama Department of Corrections has demonstrated a clear commitment to safeguarding individuals who engage with the PREA process. From assigning a dedicated Retaliation Monitor, to implementing a thorough documentation protocol, to ensuring emotional and physical safety, the agency has established a strong and proactive culture of protection. Staff are well-informed, policies are consistently followed, and there is no evidence of retaliation occurring during the audit review period.</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>Documentation Reviewed</u></b></p> <p>In order to assess the facility’s compliance with PREA Standard §115.68 – Post-Allegation Protective Custody, the Auditor conducted a comprehensive review of all documentation provided by the agency. The following materials were examined in detail:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• Alabama Department of Corrections (ADOC) Administrative Regulation #454, titled Inmate Sexual Abuse and Harassment, dated January 4, 2016</li> <li>• ADOC Form 454-H – Prison Rape Elimination Act (PREA) Post-Allegation Protective Custody Form</li> </ul> <p>These documents establish the agency’s official procedures for evaluating and implementing protective custody in the rare instance an individual alleges sexual abuse and there are concerns for their safety. The policy outlines specific criteria that must be met before any individual can be placed in involuntary segregated housing. It also includes documentation requirements and procedural safeguards designed to ensure that such placements are justified, temporary, and respectful of the individual’s rights and access to programming and services.</p> <p><b><u>Observations</u></b></p> <p>During the on-site audit and facility walkthrough, the Auditor confirmed that the institution does not maintain a segregation or restrictive housing unit. This absence</p>



was physically verified during the tour. As a result, the placement of individuals in involuntary segregated housing for protective purposes is not a practice currently applicable within this facility's operations.

## **Interviews**

### **Facility Head or Designee**

During the interview, the Facility Head reaffirmed that the institution does not operate a segregation or restrictive housing unit. Consequently, the facility does not have the structural capacity to utilize involuntary protective custody as a housing option for individuals who report sexual abuse. Should a situation arise in which separation is deemed necessary for an individual's safety following an allegation of sexual abuse, the facility would pursue alternative housing strategies, which could include transfer to another facility with appropriate accommodations.

### **Segregated Housing Staff**

As the facility does not have a segregation unit, no staff members are assigned to such housing, and therefore, there were no interviews conducted with staff in this category.

### **Inmates in Segregated Housing for Risk of Sexual Abuse**

At the time of the audit, there were no individuals placed in segregated housing for protection against sexual victimization, and no such housing unit existed at the facility. Accordingly, no interviews were conducted with incarcerated individuals for this standard.

## **Provisions**

### **Provision (a): Use of Segregated Housing as a Last Resort**

This provision was determined to be not applicable, as the facility does not operate a segregation unit. The agency's policies prohibit placing individuals who report sexual abuse in involuntary segregated housing unless no other alternative exists. However, due to the absence of such housing at this facility, involuntary segregation is not a practiced response.

### **Provision (b): Access to Programs and Services**

This provision was also found to be not applicable. Since the facility does not use segregation as a housing option, the matter of providing access to education, programming, and work while in protective custody does not arise at this location.

## **CONCLUSION**

Based on a thorough evaluation of the facility's policies, observations made during the on-site audit, and interviews with relevant staff, the Auditor concludes that the agency is in full compliance with PREA Standard §115.68 – Post-Allegation Protective Custody.

Although the facility does not maintain a segregation unit, the agency's written

	<p>policies demonstrate a commitment to protecting individuals who report sexual abuse without relying on involuntary separation. The facility's operational approach ensures that safety is addressed through alternative housing strategies, consistent with PREA's intent to safeguard vulnerable individuals without the use of punitive or isolating measures.</p>
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<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>Documentation Review</u></b></p> <p>The Auditor conducted a comprehensive review of the documentation submitted to evaluate the facility's compliance with PREA Standard §115.71, which governs the conduct of criminal and administrative investigations related to sexual abuse and harassment. The reviewed materials included:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• Alabama Department of Corrections (ADOC) Administrative Regulation #454, "Inmate Sexual Abuse and Harassment"</li> <li>• ADOC Administrative Regulation #300</li> <li>• ADOC Standard Operating Procedure (SOP) I&amp;I #454, "PREA Sexual Assault Investigations," dated July 16, 2015</li> <li>• ADOC Form #454-C, PREA Risk Factors Checklist</li> <li>• Investigative Outcomes and Disposition Records</li> <li>• Investigative Review Team Meeting Minutes</li> <li>• Notification to Inmate Forms</li> </ul> <p><b><u>Interviews</u></b></p> <p><b>Investigative Staff</b></p> <p>During interviews, investigative staff described a structured and consistent approach to conducting investigations of sexual abuse and harassment. They reported that:</p> <ul style="list-style-type: none"> <li>• Investigations begin immediately upon notification of an incident, regardless of how it is reported—whether in person, via telephone, by mail, anonymously, or through a third party.</li> <li>• The same investigative procedures are applied uniformly. Typically, the alleged victim is interviewed first, followed by witnesses, with the alleged perpetrator interviewed last.</li> <li>• Investigative techniques differ slightly for sexual harassment cases as compared to sexual assault or abuse cases.</li> </ul>

- In cases involving alleged sexual assault or abuse, the investigator may respond to the designated SAFE/SANE location. Unless evidence is collected by the SANE team, the investigator is responsible for collection and secure storage of evidence.
- Investigators are trained in evidence collection and have completed specialized PREA training. The Auditor verified training through records and certificates of completion.
- In situations where the evidence suggests a criminal act, the investigator consults with prosecutors before conducting compelled interviews. Miranda warnings are administered when appropriate.
- Credibility assessments are made during the course of the investigation and are not based on a person's status as an inmate or staff. Polygraph examinations are never used.
- Investigative reports are comprehensive and include physical and testimonial evidence, reasoning behind credibility assessments, and all findings.
- If evidence reveals criminal conduct, the case is transferred to the Office of Professional Standards—Criminal Division (formerly I&I). Investigations continue even if a subject (victim or abuser) is no longer under agency jurisdiction.

#### **PREA Director (PD)**

The PREA Director confirmed that all administrative and criminal investigative reports are retained for the duration of an alleged abuser's incarceration or employment, plus five years. Most investigative data is stored permanently in ADOC's SCRIBE database.

#### **Institutional PREA Compliance Manager (IPCM)**

The IPCM affirmed that investigations are not discontinued due to the departure of an alleged abuser or victim from the agency's custody or employment. All cases are pursued to completion.

#### **Facility Head or Designee**

The Facility Head's designee reported there were no substantiated criminal allegations referred for prosecution within the past 12 months.

#### **Inmates Who Reported Sexual Abuse**

At the time of the on-site audit, no incarcerated individuals had reported allegations of sexual abuse within the past 12 months. Accordingly, there were no interviews conducted with inmates in this category for this standard.

#### **Provisions**

##### **Provision (a): Thorough, Prompt, and Objective Investigations**

ADOC Administrative Regulation #454 and SOP I&I #454 mandate that all allegations of sexual abuse or harassment, including third-party and anonymous reports, are investigated promptly, thoroughly, and objectively. The Auditor confirmed investigators are trained through the National Institute of Corrections and ADOC's internal training programs. The Law Enforcement Services Division (LESD), formerly

I&I, investigates both administrative and criminal matters. Criminal cases are referred to local prosecutors as appropriate.

**Provision (b): Specialized Training for Investigators**

According to SOP I&I #454, all investigators receive specialized training as required by PREA Standard §115.34. Training includes victim-sensitive interviewing, evidence collection, and procedures specific to correctional settings. The Auditor verified training through attendance logs and certificates.

**Provision (c): Evidence Collection and Review**

Investigators are required to collect all relevant physical, testimonial, and documentary evidence. This includes reviewing prior complaints involving the accused. Investigators conduct victim and witness interviews in person and document findings in detail. The investigator interviewed by the Auditor demonstrated a clear understanding and consistent application of these procedures.

**Provision (d): Compelled Interviews and Miranda Warnings**

In alignment with SOP I&I #454, investigators immediately cease questioning once a case appears criminal and advise the accused of their Miranda rights. Compelled interviews are only conducted after consultation with prosecuting authorities to ensure they do not compromise future prosecution.

**Provision (e): Individualized Credibility Assessments**

Investigative policy explicitly requires individual credibility assessments without bias based on staff or inmate status. The Auditor confirmed through interviews that polygraph tests are never used in PREA investigations.

**Provision (f): Administrative Investigations and Staff Accountability**

All administrative investigations assess whether staff action or inaction contributed to the incident. Investigative reports include thorough descriptions of evidence and reasoning behind determinations. The Auditor reviewed one unsubstantiated administrative case during the audit period.

**Provision (g): Documentation of Criminal Investigations**

SOP I&I #454 requires that criminal investigations include complete documentation of all investigative steps and evidence. Although no criminal investigations occurred during the past 12 months, the investigator affirmed this requirement would be followed if applicable.

**Provision (h): Referrals for Prosecution**

There were no criminal cases referred for prosecution during the audit period. The investigator stated that cases with sufficient evidence are forwarded to the district attorney, who makes the final prosecutorial determination.

**Provision (i): Retention of Investigative Records**

Per ADOC Administrative Regulation #454, all investigative records are retained for the duration of the alleged abuser's association with ADOC, plus five years. This retention policy was confirmed by the IPCM, PD, and Facility Head.

	<p><b>Provision (j): Continued Investigations Post-Termination or Release</b> Investigations continue regardless of whether the alleged victim or perpetrator is released from custody or employment. The Auditor confirmed this through interviews with the IPCM and investigator.</p> <p><b>Provision (k): Not Applicable</b></p> <p><b>Provision (l): Cooperation with External Investigators</b> While ADOC typically handles its own administrative and criminal investigations, SOP I&amp;I #454 states that external agency involvement may occur with authorization from the I&amp;I Director and ADOC Commissioner. All facility leaders confirmed they would cooperate fully if such a scenario arose, although none had experienced outside agency involvement to date.</p> <p><b><u>Conclusion</u></b> Following a detailed review of all relevant documentation, staff interviews, and on-site observations, the Auditor concludes that the facility is in full compliance with PREA Standard §115.71 – Criminal and Administrative Agency Investigations. The facility has appropriate policies, trained personnel, and investigative practices that meet the requirements of the standard</p>
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115.72	Evidentiary standard for administrative investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>Documentation Review</u></b></p> <p>To evaluate the agency’s adherence to PREA Standard §115.72, the Auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ) and a range of supporting materials, including Alabama Department of Corrections (ADOC) Administrative Regulations #454 and #300. These policies clearly define the evidentiary standards required in the agency’s administrative investigations involving allegations of sexual abuse and sexual harassment.</p> <p><b><u>Interviews</u></b></p> <p><b>Investigative Staff</b> In a detailed interview with investigative personnel, the Auditor confirmed that investigators are well-versed in both agency policy and PREA standards. Investigative staff described the process by which all available evidence—whether physical, testimonial, or circumstantial—is collected and examined. This includes gathering material from the victim, alleged perpetrator, witnesses, and the scene itself. Once</p>

compiled, the findings are forwarded to the appropriate facility officials and the District Attorney's Office for further review if the situation involves potential criminal conduct.

Investigative personnel confirmed that the agency applies a consistent evidentiary threshold when substantiating allegations of sexual abuse or harassment. Specifically, they emphasized that a finding of substantiated misconduct must meet the preponderance of the evidence standard—meaning it is more likely than not that the incident occurred. This standard aligns precisely with the PREA requirements and is applied uniformly across all ADOC facilities.

### **Provisions**

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

As reported in the PAQ and verified through interviews, the Alabama Department of Corrections does not require any standard of proof higher than the preponderance of the evidence when determining whether allegations of sexual abuse or harassment are substantiated in administrative investigations. This approach supports fairness and transparency in investigative practices.

The Auditor verified that this standard is clearly established in the following policies:

ADOC Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment (dated January 4, 2016), p. 22, Section I, which explicitly states that the standard of proof for substantiating allegations is a preponderance of the evidence.

ADOC Administrative Regulation #300, Investigations and Intelligence Division (dated April 18, 2016), page 5, outlines the distribution of investigative reports following the completion of an investigation. These reports are disseminated to:

- The Commissioner or their designee
- The Inspector General
- Relevant Deputy or Associate Commissioners, Institutional Coordinators, and Institutional Wardens
- The District Attorney of the appropriate jurisdiction, if the incident involved criminal activity
- The ADOC official who initially requested the investigation
- For investigations involving central office personnel, only the Commissioner of Corrections receives the report

These policies ensure appropriate transparency and accountability at both the institutional and agency levels, and they reinforce that substantiated findings are based solely on objective evidence that meets the required standard.

### **Conclusion**

Following the comprehensive review of agency documentation and interviews with key staff, the Auditor has determined that the Alabama Department of Corrections fully meets the requirements of PREA Standard §115.72 regarding the evidentiary standard for administrative investigations. The agency's consistent application of the preponderance of the evidence standard reflects a commitment to impartiality,

	procedural integrity, and compliance with federal PREA mandates.
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<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Documentation Review</u></b></p> <p>The Auditor conducted a thorough review of the following documents to assess compliance with PREA Standard §115.73 – Reporting to Inmates:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• ADOC Administrative Regulation #454</li> <li>• Investigative Outcome/Disposition forms</li> <li>• Notification to Inmate forms (with required signatures)</li> <li>• Investigative Review Team Meeting minutes</li> </ul> <p><b><u>Interviews:</u></b></p> <p><b>Investigative Staff</b></p> <p>During interviews with investigative personnel, staff explained that once a PREA investigation concludes and findings have been determined, the Law Enforcement Services Division (LESD) issues a formal close-out notification. These written notices are delivered to both the individual who made the allegation and the subject of the investigation. The purpose of these communications is to clearly inform the involved parties of the outcome, including whether the allegation was substantiated, unsubstantiated, or unfounded.</p> <p><b><u>Provisions</u></b></p> <p><b>Provision (a):</b></p> <p>According to the Pre-Audit Questionnaire (PAQ) and the facility’s PREA Incident Tracking Chart, the facility reported a total of three allegations of sexual abuse within the past twelve months.</p> <ul style="list-style-type: none"> <li>• One allegation involved inmate-on-inmate sexual abuse. This allegation was referred for criminal investigation. Upon completion of the investigation, the claim was determined to be unsubstantiated, and prosecution was subsequently declined.</li> <li>• Two allegations involved staff-on-inmate sexual abuse. Both were also investigated through criminal channels. Following the investigations, one allegation was determined to be unfounded—indicating that the incident did not occur—and the other was found to be unsubstantiated, meaning the</li> </ul>

evidence was insufficient to support or refute the claim. In both cases, the prosecuting authority declined to pursue criminal charges.

For each of these reported sexual abuse allegations, the facility adhered to PREA standards by ensuring that the alleged victims were promptly offered medical and mental health services in response to the allegations. Retaliation monitoring protocols were initiated in all cases, and continued until one of the following conditions was met: the allegation was officially determined to be unfounded, the individual was released or transferred from the facility, or the 90-day monitoring period had passed with no indications of retaliation.

Additionally, the facility demonstrated compliance with notification requirements. In every closed sexual abuse investigation, the alleged victim was notified in writing of the final determination of the investigation. In accordance with PREA standards, all substantiated and unsubstantiated sexual abuse cases underwent a sexual abuse incident review within 30 days of the conclusion of the investigation, as required. Only those cases deemed to be unfounded were exempt from this review process.

The facility reported one forensic medical examination conducted in the past 12 months. A victim advocate was made available to the inmate who underwent a SANE examination.

During the same 12-month period, the facility also reported three allegations of sexual harassment:

- One allegation involved inmate-on-inmate sexual harassment and was investigated administratively. Following review, the allegation was determined to be unsubstantiated.
- Two allegations involved staff-on-inmate sexual harassment and were referred for criminal investigation. One was ultimately classified as unfounded, and the other as unsubstantiated. As with sexual abuse cases, the facility ensured that written notification of the outcome was provided to the involved individuals in a timely manner.

These findings reflect the facility's continued effort to follow PREA investigative procedures and victim support protocols as outlined by federal standards.

ADOC Administrative Regulation (AR) #454, dated January 4, 2016, p. 22, Section H, 2(f), outlines the agency's obligation to inform inmates of the outcome of an investigation (substantiated, unsubstantiated, or unfounded) following a LESD investigation of a sexual abuse allegation.

**Provision (b):**

Not applicable.

**Provision (c):**

ADOC AR #454, p. 7, Section C, 6, mandates that if the alleged abuse involved a staff member, LESD must notify the inmate when:



	<ul style="list-style-type: none"> <li>• The staff member is no longer employed by ADOC</li> <li>• The staff member is no longer assigned to the institution</li> <li>• The staff member has been indicted on a charge related to sexual abuse</li> <li>• The staff member has been convicted on a charge related to sexual abuse</li> </ul> <p>These notifications are documented and retained in accordance with policy.</p> <p><b>Provision (d):</b> Refer to Provision (a) for the annual breakdown of allegations and case outcomes. There were no reported inmate-on-inmate cases that resulted in an indictment during the review period.</p> <p>The facility reported zero victims referred for forensic medical examination during the previous 12 months. All SANE examinations, when required, are conducted by One Place Family Justice Center.</p> <p>Provision (e): The PAQ indicated a total of 3 sexual abuse allegations and 3 sexual assault allegations during the review period. Detailed case outcomes are reflected in Provision (a).</p> <p><b>Provision (f):</b> This provision is not subject to audit.</p> <p><b><u>Conclusion:</u></b></p> <p>Following a comprehensive review of policy, investigative reports, inmate notifications, and interviews with investigative staff, the Auditor concludes that the Alabama Department of Corrections is in compliance with PREA Standard §115.73 – Reporting to Inmates. The agency consistently ensures that victims are notified in writing of the outcome of investigations, and that all notifications are documented in accordance with regulatory standards.</p>
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Documentation Review</u></b></p> <p>To evaluate the Alabama Department of Corrections' (ADOC) compliance with PREA Standard §115.76 – Disciplinary Sanctions for Staff, the Auditor conducted a thorough</p>

review of agency policies, supporting documents, and relevant administrative records. This documentation outlines ADOC's expectations for staff conduct and the disciplinary measures in place for violations involving sexual abuse, harassment, or misconduct.

The following key documents were examined:

- Pre-Audit Questionnaire (PAQ) and supporting documentation: Provided insight into the agency's policies and procedures regarding disciplinary sanctions and staff accountability.
- ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (Effective January 4, 2016): The governing regulation that establishes the agency's zero-tolerance policy and outlines specific disciplinary protocols for staff misconduct involving sexual abuse or harassment.
- ADOC Administrative Regulation #208 – Personnel (Dated August 17, 2005): Covers employee standards of conduct, disciplinary procedures, and sanctions applicable to staff found in violation of agency rules, including those related to sexual misconduct.
- ADOC Memorandum – PREA Compliance Standard 115.76: Clarifies agency expectations and processes for imposing disciplinary sanctions when PREA-related violations occur.

### **Interviews**

#### **Facility Head or Designee:**

During the interview, the Facility Head's designee affirmed that all staff members are held accountable for violations of sexual abuse, sexual harassment, or sexual misconduct policies and may be subject to disciplinary sanctions up to and including termination. The designee reported that over the past twelve months:

- No staff members at the facility were found to have violated sexual abuse or sexual harassment policies.
- There were no staff terminations or resignations related to violations of these policies.
- Termination is the presumptive disciplinary action for any staff member found to have engaged in sexual abuse, reinforcing the agency's zero-tolerance stance.

### **Provisions**

#### **Provision (a): Disciplinary Sanctions for Sexual Abuse or Harassment**

According to the PAQ and confirmed through the interview process, ADOC policy holds all staff accountable for violations of the agency's sexual abuse and sexual harassment policies, with disciplinary sanctions ranging up to and including

termination. This standard is clearly outlined in:

AR #454, Section V.4.a (p. 13), which mandates disciplinary action for any staff member who has:

- Engaged in sexual abuse in a correctional or detention facility.
- Been convicted of sexually coercive acts in the community.
- Been civilly or administratively adjudicated for engaging in such conduct.
- AR #454, Section V.4.d, further emphasizes that employees violating sexual abuse or sexual harassment policies are subject to disciplinary action, including dismissal, based on the severity of the infraction.

These policies establish a clear and enforceable framework for staff accountability in alignment with federal PREA standards.

#### **Provision (b): Presumptive Termination for Sexual Abuse**

The PAQ confirms that termination is the default disciplinary outcome when staff are found to have engaged in sexual abuse, unless mitigating circumstances are clearly documented. During the review period, no staff at the facility violated sexual abuse or harassment policies, and therefore, no terminations or resignations occurred related to such violations.

Relevant policy guidance is found in:

AR #208 – Employee Standards of Conduct and Discipline, which outlines behavioral expectations, provides guidance on disciplinary measures, and includes a disciplinary matrix that spans from verbal counseling to dismissal, depending on the nature of the violation.

The regulation also includes sample forms such as the Notice of Pre-Dismissal Conference, Summary of Pre-Dismissal Conference, and Resignation from Employment, all of which support due process and documentation requirements in disciplinary matters.

#### **Provision (c): Proportionality of Disciplinary Sanctions**

The facility reported via the PAQ—and confirmed during interviews—that in cases where violations do not rise to the level of actual sexual abuse (e.g., inappropriate comments or boundary violations), disciplinary action is imposed in proportion to:

- The nature and circumstances of the violation,
- The staff member's prior disciplinary record,
- And the consistency of sanctions issued to other staff with similar histories.

The policy framework that supports this approach is found in AR #208, which emphasizes fairness, consistency, and proportionality in disciplinary proceedings. According to both documentation and interviews, there were no disciplinary actions

	<p>short of termination related to PREA policy violations during the review period.</p> <p><b>Provision (d): Reporting to Law Enforcement and Licensing Bodies</b></p> <p>ADOC policy mandates that any staff member terminated—or who resigns in lieu of termination—for violating the agency’s sexual abuse or sexual harassment policies will be reported to law enforcement, unless the conduct is clearly non-criminal. Additionally, relevant licensing or professional oversight boards are also notified when applicable.</p> <p>The PAQ indicated that within the past 12 months, one staff member from the facility was reported to law enforcement or a licensing authority following a resignation or termination related to such a violation. This was confirmed during the Facility Head interview.</p> <p>The governing policy, AR #208, Section V.4.e, clearly outlines the process for reporting to both criminal justice and licensing entities, ensuring transparency and supporting broader public safety protections.</p> <p><b><u>Conclusion</u></b></p> <p>Following an in-depth review of administrative policies, audit documentation, and interviews with facility leadership, the Auditor concludes that the Alabama Department of Corrections is in full compliance with PREA Standard §115.76 – Disciplinary Sanctions for Staff.</p> <p>The agency’s disciplinary protocols reflect a strong commitment to zero tolerance for sexual abuse and harassment, and ensure that staff are held fully accountable for policy violations. The structured application of sanctions—whether termination or lesser disciplinary actions—is aligned with the severity of misconduct, prior history, and agency-wide standards. Furthermore, the ADOC’s reporting procedures reinforce transparency and accountability through proper referrals to law enforcement and licensing bodies where appropriate.</p>
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<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>Documentation Review</u></b></p> <p>To evaluate compliance with PREA Standard §115.77 – Corrective Action for Contractors and Volunteers, the Auditor conducted a thorough review of policy</p>

documents, procedural records, and agency practices as outlined in the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by the Alabama Department of Corrections (ADOC). The following key resources were reviewed:

- Pre-Audit Questionnaire (PAQ): Offered detailed insight into the facility's processes for handling allegations of sexual abuse involving contractors and volunteers.
- ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (Effective January 4, 2016): Serves as the foundational policy outlining expectations, reporting protocols, and corrective actions for all individuals working within correctional facilities, including volunteers and contractors.
- ADOC Administrative Regulation (AR) #216 – Personnel (Dated December 7, 2015): Provides further guidance on employee and contractor onboarding procedures, including mandatory disclosures and pre-employment screening requirements.

### **Interviews**

#### **Facility Head or Designee**

During the on-site interview, the Facility Head confirmed that in the past twelve months, there have been no instances in which a contractor or volunteer was reported to law enforcement or any relevant licensing board for engaging in sexual abuse of individuals in custody. Additionally, the Facility Head reiterated that, over the same timeframe, no contractors or volunteers were subject to corrective actions related to sexual abuse or harassment violations.

### **Provisions**

#### **Provision (a): Mandatory Reporting and Removal from Inmate Contact**

As documented in the PAQ and affirmed by the Facility Head, ADOC policy requires that any contractor or volunteer who engages in sexual abuse be immediately reported to law enforcement agencies, unless the conduct is clearly not criminal in nature. Additionally, such individuals are also referred to any relevant licensing bodies and are prohibited from having further contact with individuals in custody.

The facility confirmed that no contractors or volunteers had engaged in such conduct in the past year, and therefore, no reports or removals were necessary during that period.

This standard is supported by ADOC Administrative Regulation #454, Section V.4.b.4 (p. 13), which states that prior to hiring, all prospective contractors and employees are advised of the consequences of failing to disclose prior misconduct. Specifically, the regulation requires disclosure of:

- Prior engagement in sexual abuse within a correctional, detention, juvenile, or community confinement facility;
- Convictions or attempted engagement in non-consensual sexual activity involving coercion or force;
- Civil or administrative adjudications related to the behaviors above.

Prospective contractors and employees are required to disclose such information prior to hire, and they carry a continuing duty to report any related conduct that occurs after employment or contractual engagement begins.

#### **Provision (b): Corrective Measures for Policy Violations**

According to the PAQ and confirmed by the Facility Head during the interview, if a contractor or volunteer violates agency policies related to sexual abuse or sexual harassment—but does not engage in conduct that rises to the level of criminal sexual abuse—the facility will take appropriate remedial action, which may include prohibiting further contact with incarcerated individuals.

The facility also reported that, during the past twelve months, there were no violations of this nature by any volunteer or contractor, and as such, no remedial action or restrictions were required.

Relevant guidance is found in ADOC Administrative Regulation #216, which includes required pre-employment forms and screening documentation spanning pages 6 to 11. These forms include mandatory declarations related to sexual misconduct history, reinforcing ADOC’s commitment to PREA compliance and the ethical standards expected of all individuals working in correctional settings.

#### **Conclusion**

After reviewing agency policy, facility-level procedures, the Pre-Audit Questionnaire, and the results of administrative and staff interviews, the Auditor concludes that the Alabama Department of Corrections is in full compliance with PREA Standard §115.77 – Corrective Action for Contractors and Volunteers.

The ADOC demonstrates a clear and consistent practice of screening, training, monitoring, and holding volunteers and contractors accountable in accordance with PREA expectations. The facility has appropriate protocols in place to report misconduct, remove individuals from contact with incarcerated persons, and ensure transparency through proper notification of law enforcement and licensing entities when necessary. While no corrective actions were needed in the past twelve months, the infrastructure to respond effectively is fully operational and compliant.

**Auditor Overall Determination:** Meets Standard**Auditor Discussion****Documentation Review**

To assess the Alabama Department of Corrections' (ADOC) compliance with PREA Standard §115.78 – Disciplinary Sanctions for Inmates, the Auditor conducted an extensive review of relevant documentation and agency guidance outlining disciplinary procedures for incarcerated individuals found responsible for engaging in sexual abuse or related misconduct. The reviewed materials included:

- Pre-Audit Questionnaire (PAQ) and supporting documentation: Offered comprehensive responses about the facility's disciplinary processes and sanctioning practices for PREA-related violations.
- ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (Effective January 4, 2016): The core policy governing ADOC's sexual abuse prevention, investigation, and response protocols, including disciplinary action standards.
- ADOC Administrative Regulation (AR) #403 – Disciplinary Procedures for Rule Violations: Provides a framework for due process, classification of rule violations, and the range of sanctions that may be imposed for various forms of inmate misconduct.

**Interviews****Facility Head or Designee:**

Through the interview process, the Facility Head or their designee confirmed that:

- The ADOC strictly prohibits all forms of sexual activity between incarcerated individuals.
- No administrative findings of inmate-on-inmate sexual abuse were recorded at the facility in the previous twelve months.
- No criminal findings of guilt for inmate-on-inmate sexual abuse occurred during the same period.
- Inmates are only disciplined for sexual contact with staff if it is determined that the staff member did not consent to the contact.
- The agency prohibits disciplinary action against any incarcerated individual who, in good faith, makes a report of sexual abuse based on a reasonable belief that the incident occurred—even if the investigation later finds insufficient evidence to substantiate the allegation.
- Medical and Mental Health Staff:

Medical and mental health personnel confirmed during interviews that the facility offers counseling, therapy, and other rehabilitative interventions designed to address behavioral factors contributing to incidents of abuse. The decision to mandate

participation in such interventions as a condition for accessing programs or privileges is determined on a case-by-case basis, depending on the circumstances and needs of the individual involved.

### **Provisions**

#### **Provision (a): Sanctions Based on Findings**

As reported in the PAQ and affirmed by facility leadership, incarcerated individuals are only subject to disciplinary sanctions if a formal disciplinary process results in either:

- An administrative finding that the individual engaged in inmate-on-inmate sexual abuse, or
- A criminal conviction for such conduct.
- During the audit period, there were zero administrative findings and zero criminal convictions of inmate-on-inmate sexual abuse at the facility. This was validated by the Facility Head.

Additional data shared with the Auditor revealed that, over the past twelve months, the facility processed 206 allegations of sexual abuse and 28 allegations of sexual harassment. All sexual abuse cases were referred for criminal investigation. Prosecutors declined 177 of these cases, while 29 cases remained under prosecutorial review at the time of the audit.

Relevant guidance is found in ADOC AR #454, which states that disciplinary sanctions may only be imposed after a formal disciplinary or criminal finding, ensuring procedural fairness and compliance with due process standards.

#### **Provision (b): Proportionality of Sanctions**

The PAQ indicates, and the Facility Head confirmed, that sanctions for substantiated violations are proportionate to:

- The nature and severity of the abuse,
- The individual's disciplinary history, and
- Sanctions imposed in similar cases involving other incarcerated individuals.

According to AR #454, Section H.2.e (p. 22), each case must be evaluated on its individual merits. The policy requires the consideration of all available evidence and circumstances before determining whether a violation has occurred and what sanctions, if any, are appropriate.

#### **Provision (c): Mental Health Considerations**

The facility reported, and the Facility Head confirmed, that during the disciplinary process, decision-makers take into account whether a mental health condition or disability contributed to the individual's behavior. This helps ensure that any sanction



imposed is not only appropriate but also informed by a trauma-informed and rehabilitative approach.

AR #454, Section H.2.e, includes language that emphasizes the need to consider mental illness or cognitive impairments when evaluating cases, ensuring responses are tailored to the individual and context.

#### **Provision (d): Corrective Interventions**

Medical and mental health staff verified that the facility offers therapeutic services, counseling, and behavioral interventions aimed at addressing the root causes or motivations behind abusive behavior. These interventions are available to individuals found responsible for abuse and may be required as a condition for accessing programming, incentives, or privileges.

These practices align with the intent of the PREA standard, promoting rehabilitation over punitive responses when appropriate and fostering behavioral change.

#### **Provision (e): Consent in Staff-Inmate Contact**

The facility reported, and both the Facility Head and Institutional PREA Compliance Manager (IPCM) confirmed, that disciplinary action against an inmate for sexual contact with a staff member is only imposed if the agency determines that the staff member did not consent to the interaction.

This ensures that inmates are not unfairly punished for consensual relationships, while maintaining clear boundaries to protect staff and uphold institutional safety.

AR #454, Section H.2.e, supports this provision by requiring a full evaluation of the facts and circumstances surrounding each incident before disciplinary action is taken.

#### **Provision (f): Protections for Good Faith Reports**

The PAQ and interviews with the Facility Head and IPCM affirmed that no disciplinary action is taken against any incarcerated person who makes a report of sexual abuse in good faith and based on a reasonable belief that abuse occurred, even if the investigation ultimately finds the allegation unsubstantiated.

AR #454, Section H.2.c (p. 22), explicitly states that an incarcerated individual will not be disciplined for “lying” or making a false report based solely on the outcome of an investigation or the withdrawal of the allegation.

This provision reinforces the agency’s commitment to fostering an environment where individuals feel safe to report abuse without fear of retaliation or punishment.

#### **Provision (g): Prohibition of Sexual Activity Between Inmates**

As confirmed in the PAQ and through interviews, ADOC prohibits all sexual activity

	<p>between inmates. However, the agency distinguishes between consensual and non-consensual conduct, recognizing sexual abuse only when coercion, force, threats, or inability to consent is present.</p> <p>According to ADOC's Rules Violation Definitions and Examples, RV#912 (Sexual Offenses – Non-Forcible / Soliciting), any consensual sexual act—including touching, fondling, kissing, or similar behavior—is considered a rule violation and subject to disciplinary action. This reinforces ADOC's clear stance on inmate sexual activity while ensuring allegations of sexual abuse are evaluated in accordance with PREA definitions.</p> <p><b><u>Conclusion</u></b></p> <p>Based on an exhaustive review of agency policy, facility-level practices, interview responses, and supporting documentation, the Auditor concludes that the Alabama Department of Corrections is in full compliance with PREA Standard §115.78 – Disciplinary Sanctions for Inmates.</p> <p>The ADOC has demonstrated a robust, fair, and policy-driven process for imposing sanctions on individuals found to have engaged in sexual abuse. The disciplinary procedures in place ensure due process, proportionality, consideration of mental health, and access to rehabilitative interventions. The agency's commitment to protecting those who report in good faith and its clear prohibition of all sexual activity between inmates further reflect compliance with the standard's intent and letter.</p>
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<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>Documentation Review</u></b></p> <p>To evaluate compliance with PREA Standard §115.81 – Medical and Mental Health Screenings; History of Sexual Abuse, the Auditor conducted a detailed review of facility documentation and assessment records. Materials reviewed included the completed Pre-Audit Questionnaire (PAQ) and accompanying documents such as:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire</li> <li>• ADOC Administrative Regulation (AR) #454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016</li> <li>• ADOC Form 454-C, PREA Risk Factors Checklist</li> <li>• Risk Assessment Checklist</li> <li>• Mental Health Referral Form</li> <li>• Medical Referral Form</li> <li>• Classification Spreadsheet</li> </ul>

These documents were used to assess the facility's adherence to policy and practice regarding the screening and follow-up process for individuals with a history of sexual abuse or sexual abusiveness.

## **INTERVIEWS**

### **Risk Screening Staff**

Staff responsible for conducting intake screenings reported that all medical and mental health records are maintained in a secure, restricted-access database. This database can only be accessed by designated medical or mental health personnel. Information from these records is shared with classification staff or other senior personnel strictly on a need-to-know basis to protect confidentiality and ensure appropriate placement and programming decisions.

### **Medical and Mental Health Practitioners**

Medical and mental health staff confirmed that when an individual discloses prior sexual victimization, particularly if the incident occurred outside of an institutional setting, informed consent is obtained before sharing the information—unless the individual is under the age of 18. Staff also noted that individuals identified during the intake process as being at substantial risk for sexual victimization or as having a history of sexual aggression or prior victimization are offered a follow-up meeting with a mental health professional within 14 days of intake.

### **Inmate Interview - Disclosure of Prior Victimization**

One incarcerated individual who disclosed a prior victimization during intake was interviewed as part of the on-site audit. The individual shared that a referral to mental health was attempted on the day of intake, with an appointment scheduled for the following week; however, the referral was ultimately declined.

## **PROVISIONS**

### **Provision (a)**

The facility reported in its PAQ that any individual who discloses prior sexual victimization during the screening conducted under §115.41 is offered a timely follow-up meeting with a qualified medical or mental health practitioner. This was confirmed during interviews and through documentation review. Each instance of disclosure is documented, and mental health referrals are generated accordingly. Medical and mental health professionals record these encounters in the individual's medical or mental health file.

ADOC AR #454, p. 15, Section F, outlines that if an individual screens at an elevated risk for victimization or is identified as sexually aggressive, a mental health professional shall review the screening results and offer a follow-up meeting within 14 days of intake.

### **Provision (b)**

According to ADOC AR #454, p. 16, Section F.6, individuals must be reassessed for

risk of sexual victimization or abusiveness within 30 days of arrival at the facility. This reassessment is to incorporate any new or relevant information that has become available since the intake screening. Reassessment may also occur sooner if triggered by a referral, request, incident of sexual abuse, or newly received information.

A review of 50 randomly selected inmate records showed full compliance: all had documented intake screening, acknowledgment of PREA education, receipt of the orientation booklet and brochure, and had viewed the PREA video. Each individual had also been reassessed within 30 days of arrival.

**Provision (c)**

In alignment with policy, individuals who have previously perpetrated sexual abuse—regardless of whether the incident occurred in an institutional or community setting—are offered a follow-up meeting with a mental health professional within 14 days of intake. This procedure ensures that any history of abusive behavior is clinically evaluated and taken into consideration during classification and programming decisions.

**Provision (d)**

ADOC AR #454, p. 16, Section F.9, stipulates that information gathered during the screening process must be used to guide individualized, safety-driven decisions regarding classification, housing, work assignments, education placements, and programming. These decisions are made in accordance with the ADOC Classification Manual (AR #433 and AR #435), with the primary objective of separating individuals at high risk of being sexually victimized from those identified as potentially sexually abusive.

**Provision (e)**

Both the PAQ and interviews with medical and mental health practitioners confirmed that staff obtain informed consent prior to reporting any disclosure of prior sexual victimization that did not occur in an institutional setting, unless the individual is under the age of 18. This practice complies with federal standards and ensures respect for personal agency and confidentiality.

**Conclusion**

After a thorough review of documentation, policy, and interviews with staff and one affected individual, the Auditor finds that the agency meets all elements of PREA Standard §115.81. The facility demonstrated a consistent and trauma-informed approach to screening individuals for prior sexual abuse and sexual abusiveness and provided appropriate opportunities for follow-up care through medical and mental health services.

**Recommendation**

While all 30-day reassessments reviewed were completed within the required time frame, the Auditor recommends that reassessments be conducted more uniformly during the third or fourth week of an individual's residence. Completing reassessments too early—within the first 10 to 14 days—may limit their effectiveness in capturing meaningful information, as individuals have not yet had sufficient time to

	acclimate to the facility environment. Allowing for a brief adjustment period could enhance the quality and utility of the reassessment, ultimately improving individualized care and safety planning.
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<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Documentation Review</u></b></p> <p>In preparation for the PREA audit, the Auditor reviewed a range of documentation provided by the facility to assess compliance with Standard §115.82 – Access to Emergency Medical and Mental Health Services. This documentation included the completed Pre-Audit Questionnaire (PAQ), ADOC Administrative Regulation (AR) 454 Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, ADOC Form MH-008 Referral to Mental Health, and the Memorandum of Understanding (MOU) between the Alabama Department of Corrections (ADOC) and the Alabama Coalition Against Rape (ACAR), a community-based organization providing confidential support services.</p> <p><b><u>Interviews</u></b></p> <p><b>Medical and Mental Health Staff</b></p> <p>Interviews with medical and mental health staff confirmed that inmates who report sexual abuse receive immediate care based on the clinical judgment of qualified health professionals. Upon presenting to the medical unit following a report of sexual assault, the individual receives an initial examination by the facility physician to assess injuries and determine whether the case warrants activation of the Sexual Assault Response Team (SART) or emergency transport to an outside hospital. If the SART process is initiated, a nurse provides initial treatment recommendations, and the facility physician issues medical orders accordingly. During this process, the individual is educated about sexually transmitted infection (STI) prophylaxis and other aspects of post-assault care.</p> <p>Medical and mental health staff consistently reported that care is provided without delay and always in accordance with established medical protocols and community standards of care. Services offered include emergency contraception, STI testing and prophylaxis, and other relevant treatments. Both disciplines work collaboratively to ensure appropriate evaluation, ongoing care, and timely referrals, demonstrating an active understanding of the importance of trauma-informed, coordinated responses to sexual abuse.</p> <p><b>Inmates Who Reported Abuse</b></p>

At the time of the on-site audit, there were no incarcerated individuals in the facility who had reported sexual abuse within the previous 12 months. As such, no interviews were conducted with survivors for this standard.

### **First Responders - Security and Non-Security**

Interviews with both security and non-security first responders affirmed their understanding of their respective responsibilities when responding to reports of sexual abuse. Security staff reported that their immediate actions include safeguarding the individual, preserving physical evidence, and notifying appropriate medical and mental health staff without delay. Non-security staff echoed a similar understanding, stating their primary responsibilities are to protect and stay with the individual and ensure that security staff are promptly alerted.

### **Provisions**

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

The facility affirmed in its PAQ, and this was corroborated through interviews and documentation, that any individual reporting sexual abuse is provided immediate, unimpeded access to emergency medical treatment and crisis intervention services. Medical and mental health staff determine the scope of services provided based on professional judgment and in accordance with facility policy.

ADOC AR 454, p. 18, Section F.3.a, outlines that victims of sexual abuse must be referred immediately to medical services and receive timely access to emergency care and mental health treatment. The Institutional PREA Compliance Manager (IPCM) must also ensure immediate referral to an ADOC mental health professional, with documentation completed using Form MH-008.

A current MOU with ACAR further strengthens the agency's response by ensuring access to confidential emotional support services provided by a qualified external organization. In cases requiring forensic examination, SAFE/SANE (Sexual Assault Nurse Examiner) services are provided by The Crisis Center, Inc. A SAFE/SANE practitioner is available 24/7, either on-site or on-call, to conduct rape kit examinations and coordinate with ADOC on the delivery of post-assault care. The IPCM confirmed that no inmates required transport for a SANE examination during the past twelve months.

#### **Provision (b)**

In accordance with ADOC AR 454, p. 19, Section G.3.b, the facility has implemented procedures to ensure that if qualified health professionals are not available at the time of a report, security first responders are trained to take immediate steps to protect the individual and notify medical and mental health personnel. Interviews with security staff validated that they understand and follow these expectations, ensuring continuity of care in emergency situations.

#### **Provision (c)**

	<p>Medical and mental health staff reiterated during interviews that care is initiated immediately and guided by professional judgment. Treatment services, including access to emergency contraception, pregnancy tests, STI testing, and prophylaxis, are made available as clinically indicated and in accordance with nationally accepted medical standards. Policy provisions outlined in AR 454, p. 18, Section G.3, reinforce the facility's commitment to providing comprehensive post-assault care that meets community standards.</p> <p><b>Provision (d)</b></p> <p>The PAQ and staff interviews confirmed that treatment services are delivered at no cost to the individual, regardless of whether they identify the perpetrator or choose to participate in the investigative process. This was substantiated by AR 454, p. 18, Section G.3.c, which mandates that all post-assault medical and mental health care must be provided without financial burden and irrespective of investigative cooperation.</p> <p><b>Conclusion</b></p> <p>Based on a thorough review of facility documentation, staff interviews, and policy analysis, the Auditor has determined that the agency/facility is fully compliant with all provisions of PREA Standard §115.82. The institution demonstrates a clear commitment to ensuring that individuals who report sexual abuse have immediate access to emergency medical and mental health services, that care is informed by professional judgment, and that services are provided without delay or financial cost. The coordinated efforts of medical, mental health, security, and support staff reflect a trauma-informed, victim-centered approach to care that aligns with PREA mandates and best practices.</p>
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Documentation Review</u></b></p> <p>To determine the facility's compliance with PREA Standard §115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, the Auditor conducted a thorough examination of both pre-audit and on-site documentation. Materials reviewed included:</p>

- The completed Pre-Audit Questionnaire (PAQ) and supporting documentation
- ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment
- ADOC Form MH-008, Referral to Mental Health
- The signed Memorandum of Understanding (MOU) between the Alabama Department of Corrections (ADOC) and the Alabama Coalition Against Rape (ACAR) for continued treatment services
- The MOU with ACAR outlines the provision of confidential, trauma-informed emotional support and follow-up services to individuals in custody who have experienced sexual abuse. Documentation supported that these services are available and require inmate consent prior to engagement, in keeping with best practices and ethical standards.

### **Interviews**

#### **Medical and Mental Health Staff**

Through comprehensive interviews, medical and mental health staff demonstrated clear understanding and adherence to policies regarding the care of incarcerated individuals who report sexual abuse. The team confirmed the following:

- Medical and mental health treatment is initiated promptly based on professional clinical judgment.
- All individuals reporting sexual abuse receive a timely medical and mental health evaluation, and where appropriate, individualized treatment is offered.
- Services provided are consistent with community standards of care, ensuring equity in quality regardless of custody status.
- All treatment and support services are offered without financial cost to the individual and are provided regardless of the person's willingness to name the abuser or cooperate with investigative efforts.
- Victims are offered access to emergency contraception and sexually transmitted infection (STI) prophylaxis in accordance with prevailing medical guidelines, where medically appropriate.
- The treatment team emphasized the importance of collaborative care planning, including evaluation, follow-up, and appropriate referrals to internal or external providers.

Mental health professionals also reported that a mental health evaluation is initiated within 60 days of learning that an individual has a known history of perpetrating inmate-on-inmate sexual abuse. If clinically appropriate, treatment is offered based on the outcome of the evaluation.

Medical staff additionally noted that all victims of sexual abuse are offered testing for STIs and treatment as indicated by clinical standards.

#### **Inmates Who Reported Abuse**

At the time of the on-site audit, there were no individuals in custody who had reported incidents of sexual abuse within the preceding 12 months. As such, no inmate interviews specific to this standard were conducted.



## **Provisions**

### **Provision (a): Medical and Mental Health Evaluation and Treatment for Victims**

In compliance with ADOC AR #454, Section G.3.d (p. 19), individuals who have experienced sexual abuse while incarcerated are provided immediate access to medical and mental health evaluations, followed by any necessary treatment. Services are provided regardless of whether the individual chooses to participate in an investigation or identify the alleged perpetrator.

A Memorandum of Understanding is in place between the ADOC and ACAR, a community-based service provider specializing in sexual assault response. This MOU ensures that victims of sexual abuse receive confidential emotional support.

All forensic medical exams are administered by trained SAFE/SANE (Sexual Assault Forensic Examiner / Nurse Examiner) professionals through Crisis Center, Inc. If no practitioner is immediately available, one is on-call 24/7 to ensure timely and trauma-informed response, including administration of rape kits and participation in the Sexual Assault Response Team (SART) process.

Facility records demonstrated documentation of services consistent with community standards, including STI testing, prophylaxis, psychological care, psychiatric treatment, and crisis intervention — all provided at no cost to the individual.

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

As outlined in AR #454, Section G.3.e, individuals who receive medical and mental health care following an incident of sexual abuse are offered follow-up services, development of treatment plans, and referrals to ensure continuity of care. This includes coordination for ongoing support following facility transfers or release from custody.

### **Provision (c): Evaluation, Follow-Up, Treatment Planning, and Referrals**

Medical and mental health staff expressed a strong commitment to evaluation, follow-up care, treatment planning, and referral services. Review of clinical records confirmed adherence to these practices, with documentation showing regular follow-up appointments, coordinated care, and detailed treatment notes reflecting a patient-centered approach.

Routine visits were conducted to monitor well-being, ensure progress on treatment goals, and adjust services as needed.

### **Provision (d): Emergency Contraception and STI Prophylaxis**

Per AR #454, Section G.3 (p. 19), victims of sexual abuse are to be provided timely access to emergency contraception, pregnancy testing, and STI prophylaxis in alignment with medically accepted standards of care. The Institutional PREA

	<p>Compliance Manager (IPCM) confirmed that no SART examinations were conducted during the twelve months preceding the audit.</p> <p><b>Provision (e): Pregnancy-Related Services</b>          If sexual abuse results in pregnancy, individuals are provided comprehensive and timely information about all lawful pregnancy-related medical services, ensuring full access to medical decision-making and care options.</p> <p><b>Provision (f): Ongoing Medical Care</b>          As reiterated in policy, individuals who report sexual abuse are offered ongoing medical and mental health services, including any necessary pregnancy-related support and STI care. The provision is further supported by ADOC’s collaborative partnerships and internal service delivery structure.</p> <p><b>Provision (g): No Financial Cost to the Victim</b>          ADOC policy explicitly states that no individual will bear the financial cost for receiving emergency or ongoing care related to sexual abuse. These services are provided regardless of whether the person identifies the perpetrator or agrees to participate in a formal investigation.</p> <p><b>Provision (h): Evaluation and Treatment for Known Abusers</b>          In accordance with AR #454, Section G.3.g, a mental health evaluation must be attempted within 60 days for any individual identified as having a history of perpetrating sexual abuse in custody. When clinically appropriate, treatment is offered. All referrals for such evaluations are initiated using ADOC Form MH-008.</p> <p><b><u>Conclusion</u></b>          Following the comprehensive review of policy, documentation, and interviews with key medical and mental health personnel, the Auditor concludes that the facility meets all requirements of PREA Standard §115.83 concerning ongoing medical and mental health care for sexual abuse victims and abusers.</p> <p>The facility’s approach to victim care reflects a strong alignment with trauma-informed principles, professional clinical standards, and the broader objectives of the Prison Rape Elimination Act. Medical and mental health professionals work collaboratively to ensure all aspects of care—immediate, follow-up, and ongoing—are timely, compassionate, and patient-focused.</p>
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<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

## **Documentation Review**

To evaluate compliance with PREA Standard §115.86 – Sexual Abuse Incident Reviews, the Auditor conducted a comprehensive review of all relevant materials submitted by the facility. The following documents were closely examined:

- Pre-Audit Questionnaire (PAQ) and all supporting documentation
- Alabama Department of Corrections (ADOC) Administrative Regulation #454 – Inmate Sexual Abuse and Harassment, effective January 4, 2016
- ADOC Form 454-E – Sexual Abuse Incident Review
- Sexual Assault Incident Review Reports and Internal Documentation

These materials collectively outline the agency’s formal policy and procedures for conducting sexual abuse incident reviews following the conclusion of applicable investigations. The documentation demonstrates the facility’s adherence to the requirements of the standard and reflects a proactive approach to safety, risk mitigation, and systemic improvement. The facility’s practices go beyond basic compliance, showing a strong commitment to using these reviews to identify areas of vulnerability, enhance prevention strategies, and improve institutional responses.

## **Interviews**

### **Facility Head**

The Facility Head provided a detailed overview of the Incident Review Team (IRT) structure, describing it as a multidisciplinary group made up of upper-level and senior personnel from key operational areas including security, administration, investigative services, and health care. The Facility Head or designee oversees the final review of all SAIR documentation and is responsible for ensuring that any recommendations made by the IRT are either implemented in a timely manner or that the rationale for deferral is properly documented. The Facility Head emphasized that these reviews are taken seriously and serve as a vital tool for strengthening safety and accountability across the facility.

### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager confirmed that Sexual Abuse Incident Reviews (SAIRs) are completed within 30 days of the conclusion of any sexual abuse investigation that is not determined to be unfounded. The PCM is actively engaged in the review process, both in participating in IRT meetings and in tracking the implementation of any recommended corrective actions. Finalized SAIRs are submitted to both the Facility Head and the PCM to ensure leadership is fully informed and involved in follow-through.

### **Incident Review Team (IRT)**

Members of the Incident Review Team reported that they conduct reviews using a standardized and policy-driven approach, guided by the criteria laid out in PREA

Standard §115.86(d). The team includes staff from a diverse range of roles and departments to ensure a comprehensive evaluation of each case. The team utilizes ADOC Form 454-E to document findings and action steps, which are then submitted to facility leadership. Each review examines key factors that could contribute to future risk and identifies specific measures to strengthen facility operations and culture.

### **Provisions**

#### **Provision (a): Incident Review Requirement**

The PAQ confirmed, and interviews validated, that the facility conducts Sexual Abuse Incident Reviews following every sexual abuse investigation—administrative or criminal—unless the allegation is clearly determined to be unfounded. Per ADOC Administrative Regulation #454, Section H.1.k, these reviews must be completed within 30 days and must involve a multidisciplinary team.

According to the PAQ and the facility's PREA Incident Tracking Chart, three allegations of sexual abuse were reported during the past 12-month period:

One inmate-on-inmate allegation was referred for criminal investigation. The allegation was found to be unsubstantiated, and the case was closed without prosecution.

Two staff-on-inmate allegations were also investigated through criminal channels. One was determined to be unfounded, and the other was found to be unsubstantiated. In both cases, prosecution was declined by the appropriate authority.

These incidents were tracked appropriately, and all applicable SAIRs were completed in accordance with policy.

#### **Provision (b): Timely Completion of Reviews**

The facility reported that all applicable sexual abuse incident reviews are completed within the 30-day timeframe following the close of each investigation, as required. Documentation and interviews confirmed that in the past year, 27 investigations met the criteria for a SAIR and were reviewed in a timely and policy-compliant manner. This demonstrates consistent adherence to ADOC AR #454, Section H.1.k.

#### **Provision (c): Composition of the Review Team**

Interviews with facility staff confirmed that the Incident Review Team is made up of a well-rounded group of upper-level management and representatives from security, mental health, medical services, and investigations. This multidisciplinary composition is consistent with the intent of the PREA standard and ensures that a broad and balanced perspective is brought to each review.

#### **Provision (d): Scope of Review and Reporting**

	<p>The Sexual Abuse Incident Review Report, documented on ADOC Form 454-E, includes the following components for each qualifying investigation:</p> <ul style="list-style-type: none"> <li>• Identification of any policy or procedural gaps</li> <li>• Examination of potential motivating factors for the incident, such as bias related to race, gender identity, gang affiliation, or other dynamics</li> <li>• Review of physical plant vulnerabilities and specific incident locations</li> <li>• Analysis of staffing adequacy and staff presence at the time of the incident</li> <li>• Assessment of staff training and preparedness</li> <li>• Evaluation of the effectiveness of monitoring technologies</li> </ul> <p>These comprehensive reviews ensure that each incident is leveraged as a learning opportunity, informing future prevention efforts and strengthening facility-wide safeguards.</p> <p><b>Provision (e): Implementation of Recommendations</b></p> <p>The Facility Head and PCM confirmed that recommendations arising from SAIRs are tracked and acted upon promptly. If any recommendations are not implemented, the justification for non-action is documented. This structured and transparent process ensures that valuable insights from each review are not overlooked and reflects the facility’s overall commitment to a culture of continuous improvement and proactive risk management.</p> <p><b><u>Conclusion</u></b></p> <p>Following an extensive review of documentation, staff interviews, and analysis of the facility’s sexual abuse incident review procedures, the Auditor finds the facility to be in full compliance with PREA Standard §115.86 – Sexual Abuse Incident Reviews.</p> <p>The facility has developed and maintained a thorough, timely, and multidisciplinary approach to incident reviews. These reviews are not merely administrative tasks—they are leveraged as powerful tools for systemic improvement. The facility’s commitment to investigating the root causes of incidents, addressing vulnerabilities, and implementing corrective actions reflects a strong, proactive stance on inmate safety, staff accountability, and institutional transparency.</p>
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<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Documentation Review</u></b></p> <p>To determine the Alabama Department of Corrections’ (ADOC) compliance with PREA</p>

Standard §115.87 – Data Collection, the Auditor undertook a comprehensive and methodical review of agency policies, records, and data systems related to the reporting and analysis of sexual abuse and harassment incidents. This review encompassed the ADOC’s internal policies, operational procedures, and reporting mechanisms, as well as its public-facing commitments to transparency and accountability.

The following core documents and resources were examined:

- Pre-Audit Questionnaire (PAQ): This instrument offered detailed insights into the agency’s procedures for capturing, organizing, and analyzing sexual abuse data across all ADOC-managed and contracted correctional facilities.
- ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (Effective January 4, 2016): Serving as the foundational policy for sexual abuse prevention, response, and data reporting, AR #454 outlines specific responsibilities for documentation, quality control, and compliance oversight.
- Most Recent Survey of Sexual Victimization (SSV-2): This federally mandated annual report, submitted to the U.S. Department of Justice’s Bureau of Justice Statistics (BJS), details the number and types of sexual victimization allegations reported statewide.
- Annual PREA Data Report: ADOC’s published analysis aggregates sexual abuse data from across the system, offering insight into trends and documenting the agency’s responses and corrective actions.
- ADOC PREA Website (<http://www.doc.state.al.us/PREA>): This publicly accessible platform serves as a repository for PREA-related content, including annual data reports, agency policies, audit results, and educational materials.

Collectively, these materials reflect ADOC’s strategic and operational commitment to maintaining a transparent, standardized, and data-informed approach to monitoring, reporting, and reducing incidents of sexual abuse in custody.

## **Interviews**

### **Agency Contract Administrator:**

The Auditor conducted an interview with the Agency Contract Administrator, who confirmed that all inmate housing contracts under ADOC authority include specific language requiring full compliance with PREA standards. These contractual provisions are thoroughly reviewed and approved by the ADOC Office of General Counsel prior to implementation. The Administrator further emphasized that data—both incident-based and aggregate—are consistently collected from contracted facilities and incorporated into ADOC’s central data systems. This ensures a unified and comprehensive picture of sexual abuse allegations and responses, regardless of whether the facility is state-run or privately operated.

## **Provisions**

**Provision (a): Collection of Accurate and Uniform Data**

As stated in AR #454, Section L.1 (p. 24), ADOC is required to collect detailed and standardized data for each allegation of sexual abuse and harassment. This includes both substantiated and unsubstantiated claims. The agency's approach to data collection is multifaceted and pulls from various sources, including:

- Inmate surveys, written complaints, and interviews
- Formal grievances and informal communication logs
- Incident reports and investigative records
- Documentation from supervisory and leadership rounds—both scheduled and unscheduled

To promote consistency across facilities, ADOC uses standardized definitions and reporting formats. The agency also implements internal quality control checks to ensure the completeness, accuracy, and reliability of the data prior to aggregation or publication.

**Provision (b): Annual Submission to the Bureau of Justice Statistics**

ADOC is responsible for submitting the annual Survey of Sexual Victimization (SSV-2) to the U.S. Department of Justice's Bureau of Justice Statistics. Upon review of the most recent submission, the Auditor verified the following:

- The report was submitted in a timely manner, adhering to the federal deadline.
- All required data fields were accurately completed.
- The reported information was consistent with ADOC's internal documentation and data tracking systems.

This confirms the agency's full compliance with federal reporting mandates under the PREA standard.

**Provision (c): Capacity to Respond to SSV-2 Requirements**

ADOC has developed systems to ensure it can respond completely and accurately to every question posed on the SSV-2. AR #454 mandates that incident-based documentation—such as investigation summaries, Sexual Abuse Incident Review (SAIR) findings, and facility-level communications—be maintained and used to support these responses.

The Auditor confirmed that the annual PREA data report utilizes this incident-based documentation to provide an accurate and transparent account of sexual abuse allegations across the system, in alignment with U.S. Department of Justice definitions and methodology.

**Provision (d): Data Analysis and Trend Identification**

ADOC not only collects and compiles data but also conducts a comprehensive

analysis of reported incidents to identify patterns, problem areas, and opportunities for systemic improvement. The agency's annual PREA data report includes:

Facility-specific breakdowns of allegations by type, outcome, and frequency

Trend analyses that identify recurring themes or areas of concern

Documentation of the agency's response to trends, including staff retraining, policy revisions, or enhanced supervision measures

This data-driven approach allows ADOC to proactively address issues and enhance institutional safety across the correctional system.

**Provision (e): Contract Facilities and PREA Compliance**

AR #454 (Section D, p. 7) clearly mandates that any contract for housing incarcerated individuals must include enforceable PREA compliance requirements. The ADOC Office of General Counsel is tasked with ensuring the integrity and enforceability of these contract terms.

A specific example is the Alabama Therapeutic Education Facility (ATEF), which is operated by The GEO Group, Inc. under Contract #CD170051713. Section 3.39 of this contract requires:

- Adherence to Alabama Code §14-11-31 and 28 C.F.R. Part 115
- Enforcement of a zero-tolerance policy for sexual misconduct
- Mandatory reporting of all incidents or suspicions of sexual abuse
- Full cooperation with ADOC's PREA Contract Monitor
- Participation in PREA audits and compliance reviews
- PREA training for all contract staff and volunteers

These requirements ensure that contracted facilities are held to the same PREA standards as state-operated institutions.

**Provision (f): Timely Submission of Annual Data**

PREA requires that each agency submit its annual aggregated sexual abuse data to the U.S. Department of Justice by June 30 for the preceding calendar year. The Auditor verified that ADOC met this deadline and confirmed the following:

- The most recent SSV-2 was submitted before June 30
- The data was complete, accurate, and inclusive of all reportable incidents
- The agency consistently adheres to PREA's timeline and reporting expectations

**CONCLUSION**

Following a comprehensive review of agency policies, documentation, staff interviews, and federal submissions, the Auditor concludes that the Alabama Department of Corrections is in full compliance with PREA Standard §115.87 – Data Collection.



	<p>ADOC has developed and implemented a thorough, transparent, and system-wide approach to data collection, aggregation, and reporting. The agency’s use of standardized processes, quality assurance mechanisms, and strategic trend analysis reflects its commitment to accountability and continuous improvement. These practices support a data-informed culture that enhances safety, informs policy development, and ensures the responsible stewardship of information related to the prevention, detection, and response to sexual abuse within correctional environments.</p>
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<b>115.88</b>	<b>Data review for corrective action</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>Documentation Review</u></b></p> <p>To determine the Alabama Department of Corrections’ (ADOC) compliance with PREA Standard §115.88 – Data Review for Corrective Action, the Auditor conducted a thorough review of essential documents and publicly available resources that demonstrate how the agency evaluates its data and takes informed steps toward enhancing safety and accountability.</p> <p>The following documents were reviewed as part of the evaluation process:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ): Offered a detailed overview of the department’s methods for reviewing sexual abuse data, assessing system-wide performance, and using that data to drive change.</li> <li>• ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (Effective January 4, 2016): This core policy defines the agency’s procedures for data review, trend analysis, corrective action planning, and the development and publication of annual PREA reports.</li> <li>• 2023 Survey of Sexual Victimization (SSV-2): ADOC’s most recent federally required submission to the Bureau of Justice Statistics, detailing reported sexual victimization within its correctional facilities.</li> <li>• 2024 Annual PREA Data Report: A comprehensive analysis of allegations, trends, and agency responses. This document compares data across years and outlines corrective actions initiated to address any concerns.</li> <li>• ADOC PREA Website (<a href="http://www.doc.state.al.us/PREA">http://www.doc.state.al.us/PREA</a>): The department’s publicly accessible online platform, which hosts a full archive of annual PREA data reports dating back to 2013, along with related compliance and education materials.</li> </ul> <p>Together, these documents reflect ADOC’s structured, transparent, and data-informed approach to identifying systemic issues and implementing improvements to prevent and respond to sexual abuse in its institutions.</p>

## **Interviews**

### **Agency Head or Designee:**

The Auditor interviewed the designee of the Agency Head, who affirmed that ADOC publishes a comprehensive annual report that includes a comparison of current-year data and corrective actions against previous years. The designee emphasized that these reports are not only archived on the department's public website but are also used internally to drive meaningful improvements in facility safety and sexual abuse prevention practices.

### **Facility Head or Designee:**

At the facility level, the Auditor spoke with the Facility Head's designee, who confirmed that each institution has an active PREA Committee. These committees are responsible for reviewing all reported sexual abuse incidents and forwarding their findings and recommendations to the agency-wide PREA Coordinator. These localized assessments play an important role in shaping the department's broader annual data review process.

### **PREA Director (PD):**

The PREA Director confirmed that ADOC performs a comprehensive analysis of data collected under Standard §115.87. This analysis evaluates the overall effectiveness of the department's policies, training, and operational practices in preventing, detecting, and responding to sexual abuse. The Director also confirmed that the department publishes an annual statewide report that is made publicly available, with any redactions limited solely to personally identifiable information.

### **PREA Compliance Manager (PCM):**

The PREA Compliance Manager reiterated the agency's commitment to public transparency. The PCM stated that all annual PREA data reports are accessible via the agency's website and are regularly reviewed for accuracy, completeness, and clarity. The availability of these reports is viewed as an important component of ADOC's effort to remain accountable to the public and to stakeholders.

## **Provision**

### **Provision (a): Data Review for Effectiveness and Improvement**

As confirmed through the PAQ and interview with the PREA Director, ADOC actively reviews the data collected under §115.87 to evaluate the effectiveness of its current policies, protocols, and staff training in addressing sexual abuse and harassment. This review process is used to:

- Identify areas of concern at both the facility and system levels;
- Recommend and implement targeted corrective actions;
- Develop an annual agency-wide report that summarizes findings, evaluates progress, and provides a snapshot of both improvements made and challenges faced.

- Administrative Regulation #454, Section L.1.c, formalizes these responsibilities, directing the PREA Director to compile an annual review that evaluates systemic performance, identifies trends, and proposes policy or procedural changes, all while providing year-over-year comparisons.

**Provision (b): Year-over-Year Comparisons**

The Auditor confirmed, through the review of the 2024 Annual PREA Report and discussions with the Agency Head's designee, that ADOC incorporates year-over-year comparisons in its annual reporting. This comparative analysis includes both the frequency and type of allegations, as well as the scope and effectiveness of corrective actions taken in response.

These comparisons are used as a strategic tool to assess the agency's progress in addressing emerging or recurring issues, ensuring that meaningful improvements are tracked and sustained over time. The data is presented in a structured, accessible format within the annual report.

**Provision (c): Public Availability of Reports**

ADOC fulfills the public transparency requirement by posting its annual PREA data reports on the agency's official website. The Auditor independently accessed the ADOC PREA webpage and verified that all annual reports from 2013 to the present are publicly available in downloadable format.

Interviews with PREA staff confirmed that maintaining public access to these reports is viewed as a core component of the department's commitment to openness and accountability. This practice also supports public awareness and encourages stakeholder engagement.

**Provision (d): Redaction of Personally Identifiable Information Only**

As verified through interviews and documentation, ADOC takes care to ensure that redactions within its annual reports are limited exclusively to personally identifiable information. The PREA Director emphasized that all other information is included in the public version of the report. This limited and targeted redaction process ensures transparency while protecting the privacy and safety of individuals involved.

**Conclusion**

Based on a detailed examination of agency policy, data submissions, annual reports, and interviews with key personnel, the Auditor finds that the Alabama Department of Corrections is in full compliance with PREA Standard §115.88 - Data Review for Corrective Action.

The agency demonstrates a thorough, strategic, and transparent approach to reviewing sexual abuse data, identifying systemic issues, and taking corrective action. ADOC's annual reporting process reflects its commitment to accountability,

	informed decision-making, and the continuous improvement of conditions and practices aimed at preventing and responding to sexual abuse in custody. By making these reports publicly available and ensuring they are complete, comparative, and actionable, the department reinforces its dedication to a culture of safety, integrity, and public trust.
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<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>Documentation Review</u></b></p> <p>To assess the Alabama Department of Corrections' (ADOC) adherence to PREA Standard §115.89 – Data Storage, Publication, and Destruction, the Auditor conducted a comprehensive review of the agency's policies, procedures, and published data. This review aimed to verify that ADOC maintains, protects, and publishes sexual abuse data in accordance with federal regulations, while also safeguarding the privacy of those involved.</p> <p>The following key documents and resources were examined:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ): Outlined the agency's data retention strategies, redaction protocols, publication timelines, and methods for safeguarding sensitive information.</li> <li>• ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (Effective January 4, 2016): Established the framework for data retention, confidentiality protections, publication standards, and long-term storage of incident records.</li> <li>• ADOC PREA Website (<a href="http://www.doc.state.al.us/PREA">http://www.doc.state.al.us/PREA</a>): Serves as the department's public platform for publishing annual reports, data summaries, and historical trends related to PREA compliance. Reports accessed and reviewed during the audit confirmed the agency's compliance with publication requirements and adherence to redaction standards.</li> </ul> <p>Together, these documents demonstrate that ADOC has developed and implemented a data management system that prioritizes both transparency and confidentiality while supporting continuous improvement and federal reporting requirements.</p> <p><b><u>Interviews</u></b></p> <p><b>PREA Director (PD):</b></p> <p>In an interview with the PREA Director, the Auditor received an in-depth explanation of ADOC's practices related to data storage, publication, and destruction. The Director highlighted several key points:</p>

**Facility-Level Data Storage:** Each ADOC facility maintains PREA-related incident data within its internal Risk Management System. Access to this system is highly restricted and granted only to authorized personnel based on operational necessity, ensuring the integrity and confidentiality of sensitive records.

**Agency-Level Aggregation and Retention:** Aggregated sexual abuse data is compiled and maintained at the state level to support internal analysis and federal reporting requirements, including the Survey of Sexual Victimization (SSV-2) submitted to the U.S. Department of Justice's Bureau of Justice Statistics.

**Annual Publication:** ADOC compiles and publishes aggregated sexual abuse data annually on its public-facing PREA webpage. Prior to release, all personally identifiable information is carefully redacted in accordance with privacy laws and PREA standards.

**Data Review and Utility:** The Director emphasized that PREA-related data is not only stored securely, but also regularly analyzed to identify trends, evaluate policy effectiveness, and inform agency-wide decision-making. Retention of historical data enables longitudinal assessments and strengthens ADOC's capacity for continuous improvement.

### **Provisions**

#### **Provision (a): Secure Retention and Annual Publication of Aggregated Data**

As specified in both the PAQ and ADOC Administrative Regulation #454, the agency retains detailed records of each allegation of sexual abuse or harassment, including both individual incident data and aggregate summaries. This applies to all ADOC-operated and contracted facilities.

ADOC publishes this data at least once per year, in compliance with PREA requirements. These annual reports are available to the public via the department's official PREA website, ensuring accessibility and transparency.

#### **Provision (b): Public Accessibility of Aggregated Data**

The agency meets its obligation to make sexual abuse data publicly available by posting its annual reports online. The Auditor confirmed that numerous years of comprehensive PREA reports are readily accessible at <http://www.doc.state.al.us/PRE-A>. These reports include:

- Aggregated data by facility;
- Breakdown of allegations and case outcomes;
- Metrics that demonstrate the agency's performance over time in addressing sexual abuse.

This practice reflects ADOC's ongoing commitment to transparency, public accountability, and compliance with federal regulations.

#### **Provision (c): Protection of Personal Information and Long-Term Data Retention**

The PAQ and the interview with the PREA Director confirmed the following safeguards

and practices:

- **Redaction Standards:** Prior to the public release of any PREA data, all personally identifiable information (PII) is systematically removed to protect the privacy and safety of individuals involved in investigations.
- **Retention Requirements:** ADOC retains all PREA-related data collected under Standard §115.87 for a minimum of 10 years, unless a longer retention period is required by state or federal law. This ensures the availability of records for internal analysis, audit preparation, and compliance monitoring over time.

These safeguards underscore ADOC's dual commitment to transparency and the responsible management of sensitive information.

**Provision (d): Retention of Investigative Records**

Administrative Regulation #454, Sections L.1.d and L.1.e, clearly articulate ADOC's obligations concerning investigative data retention. Specifically:

- All incident-based and aggregate PREA data must be securely retained for no fewer than 10 years.
- Records related to criminal or administrative investigations must be maintained for the duration of the alleged abuser's incarceration or employment with the department, plus five additional years.

The Auditor reviewed archived data and supporting documentation, including records extending as far back as August 20, 2012. These records confirmed that the agency complies with long-term retention standards and preserves documentation in accordance with policy.

**Conclusion**

Following an extensive review of policy documents, interviews with agency leadership, and analysis of published and archived records, the Auditor concludes that the Alabama Department of Corrections is in full compliance with PREA Standard §115.89 – Data Storage, Publication, and Destruction.

The agency has implemented a well-structured, secure, and policy-aligned approach to the retention and publication of PREA-related data. Through rigorous data controls, routine publication of aggregated information, and adherence to clearly defined retention schedules, ADOC demonstrates a strong commitment to privacy protection, accountability, and transparency in its ongoing efforts to eliminate sexual abuse within its facilities.

**Auditor Overall Determination:** Meets Standard**Auditor Discussion****Documentation Review**

The Alabama Department of Corrections (ADOC) maintains a publicly accessible and comprehensive Prison Rape Elimination Act (PREA) webpage at <http://www.doc.state.al.us/PREA>. This platform serves as the department's centralized source for transparency in PREA-related matters. The site includes complete PREA audit reports for all ADOC-operated facilities and also features annual aggregated data reports detailing incidents of sexual abuse and sexual harassment across the department. This online resource reflects ADOC's ongoing commitment to compliance with the federal PREA standards and to maintaining open access to critical information for the public.

**Interviews****Agency Head or Designee**

During the on-site audit, the Auditor interviewed the Agency Head's designee, who verified that every correctional facility operated under the ADOC's jurisdiction had been audited during the most recent three-year PREA audit cycle. In accordance with PREA requirements, all final audit reports are posted publicly on the ADOC PREA webpage. This practice demonstrates the department's dedication to transparency, accountability, and continuous improvement in preventing, detecting, and responding to sexual abuse and sexual harassment within its facilities.

**PREA Director**

The PREA Director confirmed that the current facility audit was taking place during the second year of the fourth nationwide PREA audit cycle, aligning with PREA's audit frequency requirements. The Director expressed the agency's intent to remain compliant with all audit timelines and emphasized the importance of routine oversight and third-party review to sustain a culture of safety.

**Provisions****Provision (a)**

The Agency Head's designee affirmed that all facilities under ADOC's management were audited in the previous three-year cycle, consistent with PREA's established timeline. These audit reports are readily available for public review on the agency's PREA website. The webpage also houses annual statistical data reports documenting incidents of sexual abuse and harassment, fulfilling PREA's data transparency obligations.

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

**Provision (b)**

The Auditor verified that the ADOC PREA webpage contains facility-specific audit reports as well as department-wide, aggregated data summaries. These resources are updated regularly and meet PREA's data publication standards, ensuring both completeness and accessibility.

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

**Provisions (c) - (g)**

These provisions are not applicable to the current audit.

**Provision (h)**

During the on-site portion of the audit, the Auditor was granted unrestricted access to every area of the facility, including housing units, administrative offices, program areas, and support services. The Institutional PREA Compliance Manager (IPCM) remained readily available throughout the audit to escort the Auditor, provide requested information, and coordinate access to areas or individuals as needed. The IPCM's consistent presence helped ensure that all observations and documentation were gathered without delay.

**Provision (i)**

Throughout the audit process, the Auditor received full cooperation from ADOC headquarters staff, the facility's leadership team, and all involved personnel. All documentation, interview arrangements, and other requests were fulfilled promptly and thoroughly. The agency demonstrated a strong commitment to facilitating the audit and to maintaining compliance with the PREA standards.

**Provisions (j) - (l)**

These provisions were deemed not applicable for this review.

**Provision (m)**

The facility ensured that the Auditor had a secure, private space to conduct confidential interviews with staff and incarcerated individuals. This arrangement supported the integrity of the interview process, allowing participants to speak freely without fear of retaliation or being overheard.

**Provision (n)**

Interviews with incarcerated individuals confirmed that they were informed of their ability to correspond confidentially with the Auditor. Mail protocols consistent with legal correspondence procedures were followed to ensure privacy and confidentiality in communication.

**Provision (o)**



	<p>This provision is not applicable to the facility or current audit cycle.</p> <p><b><u>Conclusion</u></b></p> <p>Following a comprehensive review of all available documentation, staff and incarcerated individual interviews, and thorough on-site observations, the Auditor has determined that the agency and facility are in full compliance with PREA Standard §115.401, which governs the frequency and scope of PREA audits. All applicable elements of the standard have been met, and the agency’s transparent and cooperative approach throughout the audit process is commendable.</p>
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115.403	Audit contents and findings
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documentation Review</b></p> <p>The Alabama Department of Corrections (ADOC) maintains a publicly accessible Prison Rape Elimination Act (PREA) webpage at <a href="http://www.doc.state.al.us/PREA">http://www.doc.state.al.us/PREA</a>. This webpage serves as a centralized platform for publishing critical PREA-related materials and data. It includes facility-specific audit reports, annual aggregated sexual abuse data, and other relevant PREA documentation. The site reflects ADOC’s commitment to transparency, accountability, and compliance with all applicable PREA standards.</p> <p><b><u>PROVISIONS</u></b></p> <p><b>Provisions (a) through (e):</b> These provisions are not applicable to the current audit review.</p> <p><b>Provision (f):</b> The Auditor confirmed that the ADOC’s PREA webpage provides access to multiple reports related to sexual abuse data across all correctional facilities operated by the department. These reports are consistent with the data publication and reporting requirements outlined in PREA standards. The webpage includes previously published audit findings for every facility, ensuring transparency and ease of access for the public, stakeholders, and oversight bodies.</p> <p>Website: <a href="http://www.doc.state.al.us/PREA">http://www.doc.state.al.us/PREA</a></p> <p><b><u>Conclusion</u></b></p> <p>Following a detailed review of documentation and available public resources, the</p>

	Auditor concludes that the agency/facility fully complies with the requirements of PREA Standard §115.403 concerning audit contents and findings. The ADOC's efforts to publish relevant reports and data in a centralized and accessible manner support a culture of transparency and uphold the intent of the PREA standards.
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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.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	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
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	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	yes

	facility does not have female inmates.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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)?	yes
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	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
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

	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
<b>115.22 (b) Policies to ensure referrals of allegations for investigations</b>		
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	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
<b>115.22 (c) Policies to ensure referrals of allegations for investigations</b>		
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
<b>115.31 (a) Employee training</b>		
	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
<b>115.31 (b)</b>	<b>Employee training</b>	
	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
<b>115.31 (c)</b>	<b>Employee training</b>	
	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
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	

	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	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
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	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
<b>115.33 (c)</b>	<b>Inmate education</b>	
	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
<b>115.33 (d)</b>	<b>Inmate education</b>	
	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
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	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
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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)	no

	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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?	
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	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?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	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.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	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
<b>115.43 (c)</b>	<b>Protective Custody</b>	



	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
<b>115.43 (d) Protective Custody</b>		
	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
<b>115.43 (e) Protective Custody</b>		
	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
<b>115.51 (a) Inmate reporting</b>		
	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
<b>115.51 (b) Inmate reporting</b>		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	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
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	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
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	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
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	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,	na

	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
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	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
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	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?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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).	na
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	



	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	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
<b>115.87 (f)</b>	<b>Data collection</b>	
	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
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403</b>	<b>Audit contents and findings</b>	

(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>