

PREA Facility Audit Report: Final

Name of Facility: Childersburg Community Work Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/15/2025

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: 07/15/2025

AUDITOR INFORMATION

Auditor name: OConnor, Darla

Email: doconnor@strategicjusticesolutions.com

Start Date of On-Site Audit: 05/07/2025

End Date of On-Site Audit: 05/09/2025

FACILITY INFORMATION

Facility name: Childersburg Community Work Center

Facility physical address: 13501 Plant Road, Childersburg, Alabama - 35044

Facility mailing address:

Primary Contact

Name:	Dewarren Smoot
Email Address:	Dewarren.Smoot@doc.alabama.gov
Telephone Number:	2056419196

Warden/Jail Administrator/Sheriff/Director	
Name:	Billy Morris
Email Address:	Billy.Morris@doc.alabama.gov
Telephone Number:	2563036184

Facility PREA Compliance Manager	
Name:	DeWarren Smoot
Email Address:	dewarren.smoot@doc.alabama.gov
Telephone Number:	256-368-1060

Facility Health Service Administrator On-site	
Name:	Stephanie Murphree
Email Address:	Stephanie.Murphree@yescare.corp
Telephone Number:	256-378-3821

Facility Characteristics	
Designed facility capacity:	410
Current population of facility:	405
Average daily population for the past 12 months:	400
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	25-71
Facility security levels/inmate custody levels:	Min-Comm, Min-Out
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	52
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

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

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

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

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

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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

2025-05-07

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

2025-05-09

Outreach

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

☒ Yes

☐ No

<p>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</p>	<p>Just Detention International was contacted and responded that their database did not reflect any contact from the facility or the residents.</p> <p>2nd Chance, 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. 2nd Chance, Inc., confirmed that they conduct forensic examinations when requested by the facility. The inmate is brought to their location, and the forensic exam is conducted in the dedicated SANE space. A SANE nurse is always available to conduct forensic exams when needed.</p> <p>The agency has a MOU with Alabama Coalition Against Rape. ACAR has a service agreement with the Alabama Department of Corrections (ADOC) to provide SANE services to residents/inmates/detainees through the Rape Crisis Center in their area. The MOU includes provisions for victim advocates and emotional support for victims of sexual abuse, regardless of when or where the abuse occurred. It also covers the provision of a hotline for inmates to call for support.</p>
<p>AUDITED FACILITY INFORMATION</p>	
<p>14. Designated facility capacity:</p>	<p>410</p>
<p>15. Average daily population for the past 12 months:</p>	<p>400</p>
<p>16. Number of inmate/resident/detainee housing units:</p>	<p>3</p>

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	399
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0

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

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):

To ensure a balanced and representative sampling of staff perspectives, the auditor began by reviewing the facility's current staffing roster. This review was conducted with the intent of selecting individuals across a variety of departments, job classifications, and shift assignments. Staff considered for interviews included correctional officers, administrative personnel, medical and mental health staff, and program specialists—all of whom maintain routine contact with individuals in custody. This approach aimed to gather a broad and inclusive range of viewpoints regarding the facility's implementation of PREA standards and its overall sexual safety culture.

In collaboration with the facility's PREA Compliance Manager, the auditor identified staff members who would be available for interviews during the onsite visit. Recognizing the operational complexity of a correctional environment, where staff work staggered shifts and serve in various specialized areas, the auditor intentionally selected interviewees from both day and night shifts, and across multiple housing units and service departments. The objective was to ensure the voices of staff from all levels and areas of the facility were heard and reflected in the audit process.

Despite these coordinated efforts, the auditor was unable to achieve the minimum number of random staff interviews required under PREA audit guidelines. Several operational challenges contributed to this shortfall. These included unexpected shift reassignments, emergent security or medical situations, and overlapping duties that limited staff availability. Additionally, some individuals on the staffing roster were unavailable due to scheduled leave, or had already participated in prior interviews for specialized roles (e.g., medical staff, investigators, or first responders), thus reducing the eligible pool for random selection.

In light of these constraints, the auditor prioritized interviewing as many staff as

	<p>feasibly possible during the audit window and made every reasonable attempt to reach the required number. However, due to the combination of logistical and operational limitations, the facility fell slightly short of the minimum threshold for random staff interviews. This limitation is noted here for transparency and does not reflect a lack of cooperation by the facility but rather the realities of conducting interviews in a secure, shift-dependent, and duty-driven environment.</p>
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
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:	52
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:	0
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:	9

<p>33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>The facility reported that, during the audit period, there were no active volunteers assigned to the facility. However, nine contractors were approved to enter the facility and maintain direct contact with incarcerated individuals. These contractors play a critical role in delivering specialized services and programming that support facility operations and the well-being of those in custody.</p> <p>In alignment with agency policy and the Georgia Department of Corrections' (GDC) commitment to PREA compliance, all contractors who have contact with inmates are required to complete comprehensive PREA training. This includes the volunteer-specific PREA curriculum, which emphasizes zero tolerance for sexual abuse and harassment, as well as the GDC-specific PREA training modules that address institutional procedures, reporting protocols, and staff responsibilities under the PREA standards. Contractors are held to the same standards of professional conduct and accountability as full-time staff and are fully informed of their obligation to immediately report any knowledge, suspicion, or information regarding sexual abuse or harassment. Their participation in mandatory training ensures they understand their role in fostering a safe, secure, and respectful environment, consistent with the facility's overall approach to PREA implementation.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>11</p>

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

<p>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>To ensure the sample of random inmate interviewees was geographically diverse within the facility, the Auditor used the following strategies:</p> <p>Reviewed Housing Rosters by Unit: The Auditor obtained and examined housing unit rosters that listed inmates alphabetically and by assigned housing location. This allowed for a clear view of where individuals were housed across the facility.</p> <p>Selected Inmates from Multiple Housing Units: Random interviews were purposefully drawn from each housing unit, rather than selecting all interviewees from a single unit or area. This method ensured that the interview sample included individuals from all geographic areas of the facility, representing different housing environments, supervision levels, and daily routines.</p> <p>Included Special-Purpose Housing (if applicable): When applicable, the Auditor also sought to include inmates housed in segregation, infirmary, or protective custody—provided these individuals were not part of the targeted interview category and were appropriate for inclusion in the random sample.</p> <p>Balanced Across Security Levels: Where the facility used tiered or zoned housing based on security classification or program type, the Auditor made sure to include individuals from low, medium, and high-security areas, as appropriate, to reflect varied facility experiences.</p> <p>By incorporating these steps, the Auditor ensured that the random inmate interview sample was not only demographically diverse but also geographically representative of the entire facility, capturing a broad range of perspectives and facility conditions.</p>
<p>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<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):

At the time of the on-site audit, the facility housed a total of 399 inmates. In accordance with the PREA Auditor Handbook, a facility with this population size requires the auditor to conduct a minimum of 10 random and 10 targeted inmate interviews.

During the audit, a total of 22 random inmate interviews were conducted—more than double the minimum required. There were no targeted inmates (e.g., individuals who reported prior sexual victimization, who identified as LGBTI, or who had been placed in segregated housing for safety concerns) housed at the facility during the time of the audit. As such, no targeted interviews were conducted, and the focus was placed on expanding the number of random interviews to ensure a broad sampling of perspectives. The Auditor selected random inmates using alphabetical housing rosters provided by the facility. The selection process was designed to ensure representation across a diverse cross-section of the population, including individuals of varying ages, racial and ethnic backgrounds, and housing assignments. The goal was to obtain a wide range of voices regarding awareness of PREA protections, facility response procedures, and perceptions of safety.

In addition to the formal interviews, the Auditor engaged in multiple informal conversations with inmates during the facility tour. These interactions offered valuable insight into the facility's climate and further informed the Auditor's understanding of sexual safety, reporting mechanisms, and the effectiveness of inmate education efforts. All 22 inmates selected for random interviews agreed to participate voluntarily. At the beginning of each interview, the Auditor explained the purpose of the PREA audit, clarified the voluntary nature of the interview, and emphasized the confidentiality of their responses. Inmates were informed that their participation would not impact their housing, privileges, or status within the facility. Only after receiving verbal consent did the Auditor

	<p>proceed with the interview questions. Throughout the interviews, no PREA-related concerns or disclosures were reported by any of the inmates. All respondents expressed familiarity with the facility's zero-tolerance policy regarding sexual abuse and sexual harassment. They indicated they were aware of how to report incidents, understood their right to report anonymously, and felt confident in the facility's ability to protect them from retaliation.</p> <p>The Auditor also confirmed that no inmate letters or communications were received in response to the pre-audit notice posting. Overall, the inmate interview process was comprehensive and yielded consistent responses that supported the facility's implementation of PREA standards, particularly regarding education, safety, and reporting protocols.</p>
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Targeted Inmate/Resident/Detainee Interviews

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

40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
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<p>40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</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>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:</p>	<p>0</p>
<p>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>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>

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:	0
42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	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.
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:	0
43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	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.

44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	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.
45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	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.

46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	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.
47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
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).	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.

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:	0
48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	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.
49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

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).	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.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	There were no targeted inmates (e.g., individuals who reported prior sexual victimization, who identified as LGBTI, or who had been placed in segregated housing for safety concerns) housed at the facility during the time of the audit. As such, no targeted interviews were conducted, and the focus was placed on expanding the number of random interviews to ensure a broad sampling of perspectives.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	15
52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<div> <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 </div>
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<div> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>

<p>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The selection process for random staff interviews was straightforward and presented no challenges during the on-site audit. Random staff were identified using the facility's official staff roster and were selected based on their availability during the audit period. Care was taken to ensure that individuals chosen for random interviews were not the same personnel already designated for specialized staff interviews, thus maintaining the integrity and independence of the random sample. Staff selected represented a range of departments, shifts, and job functions. This included personnel from security, medical, administrative, and programming areas who have regular contact with inmates. The selection process was consistent with PREA audit methodology and allowed for a diverse cross-section of perspectives on the facility's PREA implementation. All selected staff participated willingly and provided valuable insight into day-to-day operations and PREA-related practices.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>21</p>
<p>56. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	1
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<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

63. Provide any additional comments regarding selecting or interviewing specialized staff.

The selection of specialized staff for interviews was carried out with careful planning to ensure a well-rounded representation of key personnel directly involved in the facility's efforts to prevent, detect, and respond to sexual abuse and harassment. Specialized interviewees were drawn from critical areas such as investigations, medical and mental health services, facility leadership, counseling, supervision, and PREA coordination. Each of these roles plays a vital part in maintaining compliance with the Prison Rape Elimination Act (PREA) standards.

To facilitate participation without disrupting facility operations, interview times were coordinated in advance in collaboration with facility leadership and the PREA Compliance Manager. Staff members were notified of the interviews beforehand and informed about the purpose and confidential nature of the process, encouraging honest and constructive dialogue.

During each interview, the Auditor tailored questions to align with the staff member's specific duties and responsibilities. This role-specific approach allowed for a deeper understanding of how PREA policies and procedures are interpreted and applied in daily practice. Topics explored included incident reporting protocols, investigative follow-up, staff training, inmate education, medical response, and coordination with outside resources when applicable.

The staff interviewed displayed a strong awareness of their responsibilities under PREA and a commitment to upholding the agency's zero-tolerance stance toward sexual abuse and harassment. Their input provided valuable insight into the facility's operational strengths and areas for continued enhancement, contributing meaningfully to the overall compliance review.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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 thoroughly, with no restrictions placed on the Auditor's access to any part of the facility. The Auditor was permitted to tour all necessary areas required to conduct a complete assessment, including but not limited to housing units, intake and release processing, medical and mental health clinics, food service and kitchen operations, education and vocational classrooms, administrative offices, program spaces, disciplinary and restrictive housing areas, recreation yards, and designated PREA-related reporting locations. These included inmate telephones, grievance collection boxes, and confidential mail drop points. At no time were limitations placed on movement, nor were any areas withheld from review. Facility staff remained cooperative and professional throughout the process, demonstrating transparency and a shared commitment to the audit process. During the facility tour, the Auditor engaged in informal conversations with both staff and incarcerated individuals. These spontaneous interactions occurred across different areas of the institution and provided additional insights into the daily workings of the facility, the quality of staff-resident engagement, and the overall institutional culture. Inmates and staff openly shared their perspectives on sexual safety, access to reporting methods, institutional responsiveness, and their understanding of the facility's zero-tolerance policy. The ease and candor with which individuals engaged in conversation with the Auditor suggested a culture of approachability and awareness around PREA standards. PREA informational materials were prominently displayed throughout the facility. Posters, signs, and brochures outlining zero-tolerance policies and multiple methods of reporting were observed in all housing areas, intake units, program spaces, and common areas. Materials were posted in English and Spanish and included clear, easy-to-understand instructions for reporting incidents, both internally and to external

entities. Contact information for the PREA Ombudsman, victim services providers, and other oversight bodies was consistently visible and accurate.

Functional testing was also conducted during the site review to verify the operability of key PREA-related systems. Inmate telephones intended for PREA reporting were tested to ensure they allowed unmonitored and unrestricted access to designated hotlines, including the PREA Ombudsman. Grievance boxes and confidential mail receptacles were examined for proper labeling, security, and placement. Staff confirmed and documentation supported that these are regularly checked by authorized personnel in accordance with policy.

The living and program environments appeared clean, orderly, and well-supervised. Staff were visible throughout the housing units and engaged in their duties. The Auditor evaluated physical plant elements such as camera coverage, line-of-sight visibility, and staff supervision patterns. These structural and operational factors collectively contributed to minimizing blind spots and improving resident safety. Camera placement appeared strategic and adequate for enhancing surveillance and investigative capabilities.

In conclusion, the site review offered strong evidence that the facility's operations and physical infrastructure are aligned with the standards of the Prison Rape Elimination Act. From accessible and secure reporting mechanisms to a visibly engaged staff and a clean, safe environment, the observations and informal interactions conducted during the site visit reinforced that PREA compliance is actively supported and taken seriously throughout the institution.

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

As part of the audit process, the Auditor conducted a thorough examination of 40 inmate records to evaluate compliance with the PREA education and risk screening standards. The selection was based on a randomized sample drawn from the facility's master roster, with deliberate efforts made to include individuals with a range of arrival dates. This approach ensured that the sample reflected varied stages of intake and accommodation timelines, allowing for a more complete picture of the facility's adherence to procedural requirements.

PREA Education at Intake

Documentation confirmed that all 40 inmates received initial PREA education on the day of arrival. Each file included a signed PREA General Information Form, verifying that individuals were informed about the facility's zero-tolerance policy toward sexual abuse and harassment, methods of reporting, and their rights under the Prison Rape Elimination Act.

Comprehensive PREA Education Within 30 Days

In addition to the initial education, all 40 inmates completed a more in-depth, comprehensive PREA education session within the required 30-day period. Signed Inmate Awareness Acknowledgment Forms were present in each file, confirming participation in this secondary education process. The facility met the standard's expectation that comprehensive information be conveyed through multiple methods and in formats accessible to all inmates.

Risk Screening for Sexual Victimization and Abusiveness

To assess compliance with PREA Standard §115.41, the Auditor also reviewed the same 40 records for screening protocols related to risk of victimization and abusiveness:

Initial Risk Screening: Every inmate received a documented risk screening on the day of intake. Completed forms were located in each file, demonstrating consistency with

the standard's mandate to assess risk factors immediately upon arrival.

30-Day Risk Reassessment: Each record also contained documentation of a follow-up reassessment conducted within 30 days of the inmate's arrival, confirming the facility's compliance with the requirement for ongoing risk evaluation.

Allegations of Sexual Abuse and Sexual Harassment

The Pre-Audit Questionnaire (PAQ) indicated that during the 12 months preceding the onsite audit, the facility received a total of two PREA-related allegations—one of sexual abuse and one of sexual harassment. To evaluate the facility's response and investigative procedures, the Auditor reviewed both cases using the PREA Audit Investigative Records Review Tool.

Sexual Abuse Allegation

The case involved an allegation of inmate-on-inmate sexual abuse.

The investigation was conducted as a criminal matter by designated investigative personnel trained in trauma-informed practices.

The case was ultimately classified as unsubstantiated following a thorough inquiry. The case was not referred for prosecution, and the prosecution agency declined to pursue charges.

Medical and mental health services were promptly offered to the alleged victim.

A structured retaliation monitoring process was initiated and maintained for at least 90 days, or until determined unnecessary due to release or transfer.

Written notification of the investigative outcome was provided to the alleged victim in accordance with PREA Standard §115.73.

A Sexual Abuse Incident Review was conducted following case closure to assess contributing factors and identify areas for improvement.

Sexual Harassment Allegation

One allegation of inmate-on-inmate sexual harassment was reported.

The allegation was investigated administratively. The investigation concluded with a finding of unsubstantiated. As with the abuse case, written notification of the outcome was provided to the involved individual, meeting PREA's requirements for transparency and victim notification.

Institutional Culture and Cooperation

Throughout the audit process, the facility demonstrated a consistent and genuine commitment to PREA compliance. Staff at all levels exhibited professionalism, transparency, and a shared understanding of their responsibilities under the Act. Responses to document requests were timely, and staff displayed a clear familiarity with policies and procedures related to the prevention, detection, and response to sexual abuse and harassment.

Informal observations during the on-site visit further affirmed that the facility fosters a culture of accountability and safety. Staff were engaged, proactive, and knowledgeable, while inmates appeared informed of their rights and aware of the avenues available for reporting concerns. The overall environment reflected an institution that takes its PREA obligations seriously and works diligently to uphold a safe and respectful atmosphere for all individuals in its custody.

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	0	0	0	0
Total	1	1	0	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

1

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

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

Staff-on-inmate sexual harassment investigation files

91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

0

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

☐ 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 all investigative files from the past 12 months.

The facility reported a total of two allegations during the previous 12 months—one of sexual abuse and one of sexual harassment. Given the manageable number of cases, the Auditor elected to review all available investigative files rather than selecting a smaller sample, ensuring a comprehensive evaluation of the facility's response systems.

Each case file was reviewed in its entirety using the PREA Audit Investigative Records Review Tool, which allowed for a structured assessment of critical elements such as timeliness, thoroughness, objectivity, and compliance with PREA standards and agency policy. The Auditor examined documentation of investigative steps, findings, evidence collection, interviews, timelines, notifications, and any resulting follow-up actions, including medical and mental health referrals, protection against retaliation, and incident reviews.

The review process confirmed that the investigations were initiated promptly, conducted by trained personnel, and completed within a reasonable timeframe. Investigative records included supporting documentation such as statements, logs, outcome notifications to alleged victims, and supervisory approvals, reflecting procedural integrity. Additionally, the Auditor verified that all allegations, regardless of outcome, were documented and reviewed in accordance with PREA standards, with appropriate attention given to confidentiality and victim services. No barriers were encountered in accessing the investigative files. Facility staff were cooperative and transparent, readily providing all requested documentation and clarifying procedural questions as needed. The willingness of the facility to provide complete investigative records without restriction enhanced the quality and credibility of the audit review process.

Overall, the investigative files provided evidence of a system that takes all allegations

	seriously, adheres to agency and PREA guidelines, and prioritizes the safety, dignity, and rights of those in custody.
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.	<input type="radio"/> Yes <input checked="" type="radio"/> 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.	<input checked="" type="radio"/> Yes <input type="radio"/> 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?	<input type="radio"/> The audited facility or its parent agency <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) <input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other
Identify the name of the third-party auditing entity	Correctional Consulting Services

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To assess the facility's compliance with PREA Standard §115.11 – Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator, the Auditor conducted an extensive review of relevant policies, procedures, and institutional records. The documentation examined included the following:</p> <ol style="list-style-type: none"> 1. The completed Pre-Audit Questionnaire (PAQ) and all associated supporting materials. 2. Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, dated January 4, 2016. 3. ADOC's Inmate Awareness Pamphlet, made available in both English and Spanish to ensure accessibility for diverse language needs. 4. ADOC Male Inmate Handbook, revised on September 25, 2017, which outlines inmate rights and responsibilities, including PREA-related information.

5. The agency's official Organizational Chart, illustrating lines of authority and reporting relationships.
6. Professional credentials of the ADOC PREA Director, reflecting the qualifications and experience necessary for system-wide oversight.
7. Credentials and training records for the facility's Institutional PREA Compliance Manager (IPCM), demonstrating preparedness to manage compliance at the facility level.
8. Standard Operating Procedure (SOP) #454-1, which details institutional-level implementation of PREA standards.

INTERVIEWS

Institutional PREA Compliance Manager (IPCM):

During the interview, the IPCM affirmed having the authority and institutional support necessary to fulfill all assigned responsibilities related to PREA compliance. The IPCM described their role in coordinating efforts to prevent, detect, and respond to sexual abuse and harassment, and confirmed that adequate time is allocated to carry out these duties effectively. The IPCM also participates in staff training, monitors compliance efforts, and collaborates with facility leadership on policy implementation and corrective actions when required.

Agency PREA Director (PD):

The agency's PREA Director confirmed their system-wide authority and direct access to agency leadership, reporting directly to the General Counsel. The Director highlighted the structured support provided to IPCMs at each facility, noting that their responsibilities are singularly focused on ensuring full compliance with PREA standards. The Director also emphasized ongoing communication and collaboration with IPCMs and their designated backups across all twenty-six ADOC facilities, ensuring a unified and consistent approach to compliance.

PROVISIONS

Provision (a):

The Alabama Department of Corrections has implemented a clear and comprehensive zero-tolerance policy concerning all forms of sexual abuse and sexual harassment. This stance is embedded in AR #454, which strictly prohibits any sexual behavior between incarcerated individuals as well as between staff and individuals in custody, regardless of consent. Section II (page 1) of AR #454 explicitly states this prohibition, aligning with the federal PREA standard.

Further definitions of prohibited behavior—including sexual abuse and harassment—are found in Section III of AR #454 and within the ADOC Women's Services Inmate Handbook (dated November 1, 2017). These documents provide standardized definitions of investigative outcomes such as substantiated, unsubstantiated, and unfounded allegations, and they detail the corresponding sanctions for policy violations.

	<p>The policy establishes clear staff responsibilities and delineates procedures for preventing, reporting, responding to, and investigating incidents of sexual abuse and harassment, thereby ensuring alignment with federal PREA requirements.</p> <p>Provision (b):</p> <p>The PAQ and the ADOC Organizational Chart verify the appointment of a qualified statewide PREA Director. This individual holds Director-level authority and is tasked with overseeing the implementation, monitoring, and coordination of PREA efforts across the agency. As outlined in AR #454, Section E (pages 7-8), the PREA Director maintains active oversight of institutional PREA operations and communicates frequently with IPCMs and their backup staff at all ADOC facilities.</p> <p>The Director ensures that institutional PREA efforts are adequately supported with resources and attention from agency leadership, contributing to effective and consistent compliance statewide.</p> <p>Provision (c):</p> <p>Each facility, including the one audited, has designated a PREA Compliance Manager (IPCM) to oversee PREA-related responsibilities at the institutional level. This designation is noted in the PAQ. According to AR #454, the IPCM reports directly to the Warden on general institutional matters, while also maintaining a functional reporting relationship with the PREA Director concerning PREA-specific issues.</p> <p>The IPCM's responsibilities include monitoring the facility's ongoing compliance with PREA standards, collaborating with other department heads, and ensuring the timely and appropriate response to allegations of sexual abuse or harassment. The institutional organizational chart affirms this reporting structure. Interview findings supported that the IPCM has sufficient authority, adequate time, and a clear understanding of the responsibilities necessary to effectively implement PREA requirements at the facility.</p> <p><u>CONCLUSION</u></p> <p>Following an in-depth review of institutional policies, documentation, and staff interviews, the Auditor finds that the Alabama Department of Corrections and the facility under review are in compliance with PREA Standard §115.11. The agency demonstrates a robust commitment to a zero-tolerance policy regarding sexual abuse and sexual harassment, supported by well-defined structures and dedicated personnel. The appointment of qualified individuals at both the agency and facility levels, with appropriate authority and resources, underscores the system's strong alignment with PREA mandates and its dedication to fostering a safe and respectful correctional environment.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To evaluate the Alabama Department of Corrections' (ADOC) compliance with PREA Standard §115.12 – Contracting with Other Entities for the Confinement of Inmates, the Auditor conducted a detailed examination of key documents. These materials were reviewed to determine whether contractual agreements include the necessary language to ensure compliance with the Prison Rape Elimination Act (PREA) and to assess the procedures in place for monitoring contractors' adherence to these requirements. The following documentation was thoroughly analyzed:

1. The Pre-Audit Questionnaire (PAQ) and its associated supporting materials
2. ADOC Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, dated January 4, 2016
3. ADOC's official contract with the Alabama Therapeutic Education Facility (ATEF)
4. The Inmate Housing Agreement between ADOC and ATEF

Each of these documents played a role in determining whether the agency's contract language and oversight mechanisms meet the regulatory expectations established by PREA.

INTERVIEWS

Agency Contract Administrator:

During the interview process, the Contract Administrator provided insight into the agency's practices regarding contractual agreements with external confinement entities. The Administrator confirmed that ADOC contracts with both privately operated and county-managed facilities for the confinement of incarcerated individuals. A key component of every contractual agreement is the mandatory inclusion of PREA compliance language. This is a non-negotiable clause: if a potential contractor is unable or unwilling to comply with PREA standards, the agency will not move forward with the agreement.

This policy ensures that every facility—regardless of ownership or operational control—housing ADOC inmates is held to the same high standards of sexual safety, prevention, and accountability outlined by PREA.

PROVISIONS

Provision (a):

According to the PAQ, ADOC currently maintains one active contract for the confinement of individuals in custody. The agency confirmed that all contracts governing inmate confinement include clear and explicit language requiring full compliance with PREA standards, as specified in 28 C.F.R. Part 115. This legal obligation is documented directly within the body of the contract to ensure

contractors are fully informed and accountable.

Notably, all contracts are handled centrally at the agency level, rather than through individual facilities. Section D (page 7) of AR #454 assigns responsibility for ensuring the inclusion of PREA provisions in all contracts to the ADOC General Counsel. This centralized oversight helps maintain uniformity in contractual expectations and monitoring processes.

The ADOC Inmate Housing Agreement with ATEF includes direct reference to PREA standards, with a clause stating:

“Pursuant to 28 C.F.R. Part 115.12, ATEF is obligated to adopt and comply with all PREA standards, and the ADOC shall monitor the ATEF for compliance.”

Further reinforcing these obligations, the full contract with ATEF contains detailed language, including:

“Vendor shall comply with Alabama Code Section 14-11-31, as well as 28 C.F.R. Part 115, the Prison Rape Elimination Act (PREA). The ADOC has a Zero Tolerance Policy toward all forms of custodial sexual misconduct, sexual abuse, and sexual harassment... Vendor is obligated to adopt and comply with all PREA standards, and the ADOC shall monitor Vendor for compliance. Vendor shall provide reasonable access to the PREA Contract Monitor, relevant documentation, and PREA training for all staff. Vendor must also provide any PREA audit report conducted by a DOJ-certified auditor.”

This comprehensive language ensures that contracted facilities are both aware of and prepared to uphold all PREA mandates, and that ADOC retains the authority to actively monitor for compliance.

Provision (b):

The PAQ and agency interviews confirmed that every ADOC contract involving the housing of incarcerated individuals includes provisions for routine and ongoing monitoring to ensure PREA compliance. There are no exceptions to this requirement.

The Contract Administrator detailed the agency’s approach to oversight. ADOC maintains a structured process for evaluating contractor performance, including regular reviews of contractor policies and procedures to verify their alignment with PREA standards. Contractors are obligated to report all PREA-related allegations to the ADOC, including investigative outcomes. These reports are submitted to the ADOC PREA Director for review, ensuring that the agency retains active oversight over how contracted entities address incidents of sexual abuse and harassment.

This level of accountability and formalized monitoring contributes to a consistent, statewide approach to PREA enforcement, regardless of whether the confinement facility is operated by ADOC or an external contractor.

CONCLUSION

Based on a comprehensive review of relevant documentation, contractual

	<p>agreements, and staff interviews, the Auditor concludes that the Alabama Department of Corrections meets the requirements of PREA Standard §115.12. The agency has established consistent contracting protocols that mandate adherence to all PREA standards and has instituted a strong monitoring framework to oversee compliance. Through these mechanisms, ADOC ensures that all facilities housing individuals under its custody—whether state-run or privately operated—remain committed to creating and maintaining an environment free from sexual abuse and harassment, in alignment with the agency’s zero-tolerance policy and the federal PREA mandate.</p>
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115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <p>In preparation for the PREA audit, the Auditor conducted a comprehensive review of institutional documents to evaluate the facility’s compliance with PREA Standard §115.13 – Supervision and Monitoring. The materials reviewed included:</p> <ol style="list-style-type: none"> 1. The completed Pre-Audit Questionnaire (PAQ) and its supporting documentation 2. Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, dated January 4, 2016 3. ADOC Form 454-J – Annual PREA Staffing Plan Review 4. ADOC Form 454-G – Log of Unannounced Rounds 5. Facility deviation logs documenting deviations from the approved staffing plan 6. Facility blueprint/layout and physical plant configuration 7. Facility Vulnerability Assessment Form 8. Facility Staffing Plan Checklist 9. 2025 Facility Staffing Plan <p>These documents provided insight into institutional staffing patterns, supervision strategies, the use of monitoring technology, and the mechanisms in place for ongoing evaluation and compliance.</p> <p><u>OBSERVATIONS</u></p> <p>While on-site, the Auditor conducted a random review of unit logbooks, confirming that intermediate- and higher-level supervisory staff consistently perform and document unannounced rounds on every shift. These entries reflected compliance with the facility’s supervision protocols and demonstrated the institution’s commitment to proactively monitoring staff conduct and inmate safety.</p>

INTERVIEWS

Facility Head or Designee:

The Facility Head discussed multiple operational components affecting safety, supervision, and overall program effectiveness. Key areas highlighted included:

- The direct impact of staffing levels on inmate access to rehabilitative programming and engagement
- Enhancements made to the video monitoring system to improve situational awareness and coverage
- The significance of facility layout in facilitating effective surveillance and controlled movement
- Oversight by both internal leadership and external monitoring bodies to ensure accountability
- The diversity and classification of the inmate population and how these factors shape staffing and supervision strategies
- Strategic deployment of supervisory personnel to maximize visibility and responsiveness
- Prioritization of staff morale, professional development, and communication as essential components of effective operations
- Routine review of staffing plan compliance, with documented deviation management and leadership oversight

Institutional PREA Compliance Manager (IPCM):

The IPCM emphasized the continuous assessment of staffing levels and their relationship to the delivery of programming and inmate safety. Regular inspections and evaluations of the video surveillance system are conducted, and any deficiencies are swiftly addressed. The IPCM works collaboratively with facility leadership to monitor staffing patterns and facilitate compliance with PREA requirements.

Intermediate- or Higher-Level Supervisory Staff:

Supervisory staff confirmed that they regularly conduct unannounced rounds during all shifts and record their observations in the unit logbooks. These rounds are carried out without advance notice, in alignment with policy, and are intended to deter sexual abuse and reinforce staff accountability. The Auditor verified these practices through log reviews and informal conversations with line staff, all of which supported consistent adherence to this requirement.

Randomly Selected Staff:

Line staff consistently reported supervisory presence across all shifts. They described supervisors as active participants in daily operations—engaging with staff and inmates, reviewing documentation, and conducting quality assurance checks. Staff demonstrated a clear understanding of the policy prohibiting advance notice of supervisory rounds.

Randomly Selected Inmates:

Inmates interviewed during the on-site audit confirmed the visibility and accessibility of supervisory personnel, including the IPCM, within housing units and communal areas. They noted that supervisory staff routinely conduct rounds, respond to concerns, and foster an environment that encourages open communication.

PROVISIONS

Provision (a):

The facility submitted a comprehensive staffing plan through the PAQ. The plan addresses all thirteen elements required under the standard, including:

- Generally accepted correctional practices
- Roles assigned to facility, agency, or third-party staff
- Investigative findings or concerns raised by oversight entities
- Facility layout and camera coverage
- Inmate population characteristics
- Placement and number of supervisory personnel
- Programming options and inmate movement
- Gender-restricted post requirements
- Staff relief and shift coverage procedures
- Facility-specific relief factors
- Trends in substantiated and unsubstantiated sexual abuse/harassment incidents

The 2025 staffing plan is predicated on an operational average of 400 inmates. Annual quality assurance audits are conducted to ensure compliance. ADOC AR #454, Section D(1-2), mandates that each Warden collaborate with the PREA Director during annual staffing plan reviews, using ADOC Form 454-J to document findings and adjustments.

Provision (b):

The facility has experienced occasional deviations from its staffing plan due to staff shortages, hospital duty, transports, or unplanned absences. These deviations are documented in deviation logs and managed by assigning overtime or redirecting staff from non-mandatory posts. Importantly, educational and rehabilitative programming has continued without disruption, as confirmed by both the PAQ and interviews.

Provision (c):

At least once annually, the facility conducts a full review of the staffing plan in consultation with the PREA Director. This evaluation includes consideration of:

- Necessary adjustments to staffing
- Effectiveness and placement of monitoring technology
- Resource allocation to support compliance

The staffing plan and any revisions are submitted to the PREA Director for approval. Documentation verified the Warden's role in these reviews, which incorporate shift roster audits and internal audits to validate minimum staffing levels and identify

	<p>areas needing additional resources or equipment.</p> <p>Provision (d):</p> <p>Unannounced supervisory rounds are a routine and verified practice at this facility. These rounds are conducted on all shifts by intermediate- or higher-level staff, as required by ADOC AR #454, Section C. These visits are documented in both the unit logbooks and on ADOC Form 454-G. The form includes verification of shift rounds and a check of the PREA Hotline. Staff are explicitly prohibited from alerting others to the timing of these rounds, a practice confirmed through interviews and policy review.</p> <p>The Auditor reviewed 30 consecutive days of log entries and unannounced round documentation, finding consistent and policy-aligned execution.</p> <p><u>CONCLUSION</u></p> <p>Following a detailed analysis of facility documentation, staff and inmate interviews, and direct observations during the on-site audit, the Auditor concludes that the facility is in full compliance with PREA Standard §115.13 – Supervision and Monitoring. The institution demonstrates a robust commitment to safety through the implementation of a comprehensive staffing plan, the integration of monitoring technology, and the consistent presence of supervisory personnel. These combined efforts support a culture of prevention, accountability, and continuous improvement in alignment with the core objectives of the Prison Rape Elimination Act.</p>
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115.14 Youthful inmates	
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTATION REVIEW</u></p> <p>To evaluate compliance with PREA Standard §115.14 – Youthful Inmates, the Auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the facility. This included an examination of:</p> <ol style="list-style-type: none"> 1. The completed PAQ 2. Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016 <p>These documents provided the framework for understanding the agency’s policies and practices regarding the management, supervision, and separation of youthful inmates when they are housed at the facility.</p>

OBSERVATIONS

During the on-site facility tour, the Auditor observed no youthful inmates present in any housing units, program areas, or common spaces. The facility appeared to be populated solely by individuals aged 18 and older at the time of the audit. The absence of youthful inmates was verified through visual observation and confirmed during interviews and roster reviews.

INTERVIEWS

Facility Head:

In both formal interviews and informal conversations, the Facility Head explained that while the facility is equipped and authorized to house youthful inmates, such placements occur only on a case-by-case basis. At the time of the on-site audit, no youthful individuals were housed at the facility. The Facility Head also outlined the protocols followed when youthful inmates are in custody, including procedures to maintain required separation and supervision.

Institutional PREA Compliance Manager (IPCM):

The IPCM confirmed that although the facility does occasionally receive youthful inmates, none were present during the current audit period. The IPCM described the facility's processes for ensuring that youthful individuals, when housed, are kept separate from adults in accordance with PREA standards and receive the services required by law, including education and exercise.

Youthful Inmates:

As there were no youthful inmates housed at the facility during the on-site audit, interviews with youthful inmates were not conducted. However, the facility's capacity to accommodate such individuals in compliance with all PREA requirements was confirmed through staff interviews and documentation review.

PROVISIONS

Provision (a):

The PAQ indicates that the facility is authorized to house youthful inmates but does so only under specific circumstances. The Auditor confirmed, through a review of the inmate roster and age records, that there were no individuals in custody with birthdates indicating an age under 18. At the time of the on-site review, the facility was not housing any youthful inmates, and had not done so recently.

Provision (b):

When youthful inmates are present, the facility follows a strict protocol to ensure that they are separated from adult inmates by sight, sound, and physical contact in all areas outside of housing units. The PAQ further states that youthful inmates are under continuous direct supervision by staff whenever they are in areas where adult inmates may be present. These practices are implemented to prevent inappropriate

	<p>interactions and enhance safety.</p> <p>Provision (c):</p> <p>In the event that youthful inmates are temporarily restricted from access to programming, services, or recreational activities due to separation requirements, the facility documents the exigent circumstances and makes efforts to restore access as quickly as possible. Within the past 12 months, the facility reported one such instance where a youthful inmate was placed in temporary isolation to maintain appropriate separation from adults. The situation was documented, and the youth was returned to regular activities as soon as it was safe to do so.</p> <p><u>CONCLUSION</u></p> <p>Based on a comprehensive review of documentation, interviews with facility leadership and PREA compliance staff, and direct observations made during the on-site audit, the Auditor concludes that the facility is fully compliant with PREA Standard §115.14 – Youthful Inmates. Although no youthful individuals were housed at the facility at the time of the audit, policies and procedures are in place to ensure that, when such inmates are present, they are supervised, separated, and provided with all required services in a manner that upholds their safety, dignity, and legal rights.</p>
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115.15	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTATION REVIEW</u></p> <p>To determine the facility’s compliance with PREA Standard §115.15 – Limits to Cross-Gender Viewing and Searches, the Auditor conducted a comprehensive review of the following materials provided prior to and during the on-site audit:</p> <ol style="list-style-type: none"> 1. Completed Pre-Audit Questionnaire (PAQ) 2. Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, dated January 4, 2016 3. ADOC Administrative Regulation (AR) #336, Searches, dated February 8, 2016 4. ADOC Form 302-A, Incident Report 5. Training records pertaining to cross-gender and transgender/intersex search procedures 6. Transgender Inmate Search Preferences Form <p>These documents outlined the agency’s expectations, procedural requirements, and staff training protocols regarding the conduct of cross-gender and transgender/intersex searches, including protections related to visual privacy.</p>

OBSERVATIONS

During the facility tour, the Auditor directly observed that staff of the opposite gender consistently announced their presence when entering inmate housing areas. This practice aligns with ADOC policy and supports the agency's efforts to protect inmate privacy and uphold PREA standards. The population observed included cisgender male and transgender female inmates, reinforcing the applicability of this standard within the facility's operational context.

INTERVIEWS

Non-Medical Staff

Interviews with non-medical staff confirmed that they do not conduct cross-gender strip or visual body cavity searches under any circumstances. In the rare instance where such a search might be necessary, it would only occur in the presence of exigent circumstances, require prior approval from the Facility Head, and be carried out by qualified medical personnel. All such incidents would be thoroughly documented using ADOC Form 302-A.

Random Staff

Fifteen randomly selected staff were interviewed formally, with additional informal conversations held during the site review. These interviews revealed a high level of consistency and understanding among staff regarding search procedures. Notable findings included:

- All staff had received training on cross-gender and transgender/intersex search procedures during initial In-Service Training and periodic refreshers.
- No staff reported having performed or witnessed a cross-gender strip or visual body cavity search.
- Adequate numbers of male correctional officers are consistently available to search male inmates, eliminating the need for cross-gender strip searches.
- Female staff do not conduct strip or visual body cavity searches.
- Staff clearly understood that transgender and intersex individuals are never to be searched for the purpose of determining genital status.
- Staff demonstrated awareness of the privacy needs of transgender and intersex inmates, including the use of private or alternative shower times when individual stalls are not available.

Random Inmate

Twenty-two random inmates interviewed confirmed the following:

- They had not been subjected to strip or visual body cavity searches by staff of the opposite gender.
- They are consistently able to shower, change clothing, and use restroom facilities without being viewed by opposite-gender staff.

- Staff of the opposite gender consistently announce their presence before entering housing or restroom areas, in line with agency policy.

Transgender Inmates

The transgender inmate interviewed confirmed the following:

- The inmate reported never being subjected to strip or visual body cavity in order to determine genital status.
- The inmate reported being able to consistently shower, change clothing, and use restroom facilities without being viewed by opposite-gender staff.
- The inmate reported staff of the opposite gender consistently announce their presence before entering housing or restroom areas, in line with agency policy.

PROVISIONS

Provision (a):

The facility prohibits cross-gender strip and visual body cavity searches, except in exigent circumstances or when performed by medical professionals. This policy was supported by the review of AR #454 (p. 14, Section E.1) and AR #336 (pp. 4-5, Sections F.3 & F.4). Staff interviews, training documentation, and search preference forms confirmed consistent compliance with this provision.

Provision (b):

The facility houses only male inmates. No female inmates were assigned to the facility during the audit period, as confirmed by the inmate roster and Facility Head.

Provision (c):

Cross-gender strip or visual body cavity searches, if ever necessary due to exigent circumstances, must be authorized by the Facility Head and performed by medical staff. These events are thoroughly documented using ADOC Form 302-A. This requirement is supported by AR #336 (p. 5, No. 4; p. 6, No. 11), which outlines procedural steps and documentation protocols.

Provision (d):

Facility procedures ensure that inmates can perform bodily functions, shower, and change clothing without being viewed by staff of the opposite gender. Exceptions are made only in exigent circumstances or when incidental viewing occurs during routine security checks. Opposite-gender staff announce their presence in accordance with AR #454 (p. 14, Section E.3), and this was confirmed by both observations and inmate interviews.

Provision (e):

	<p>Staff are strictly prohibited from searching transgender or intersex individuals for the purpose of determining genital status. This policy is outlined in AR #336 (p. 5, No. 6) and AR #454 (p. 15, Section E.4). Interviews confirmed that staff understand and adhere to this requirement.</p> <p>Provision (f):</p> <p>Staff training records confirmed that all relevant personnel have been trained in conducting respectful and compliant searches of transgender and intersex individuals. Training emphasized professionalism, privacy, and PREA-compliant procedures. Acknowledgment forms, matched to the current staff roster, confirmed participation in and completion of this training.</p> <p><u>CONCLUSION</u></p> <p>Following a detailed analysis of agency documentation, on-site observations, and extensive staff and inmate interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.15 – Limits to Cross-Gender Viewing and Searches. The facility has implemented and maintained clear policies, robust training, and operational practices that demonstrate a consistent commitment to respecting the dignity, safety, and privacy of all individuals in custody.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTATION</u></p> <p>The facility provided a comprehensive array of documentation to demonstrate compliance with PREA Standard §115.16 related to inmates with disabilities and limited English proficiency (LEP). These materials included the completed Pre-Audit Questionnaire (PAQ) along with supporting documentation; the Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations & Legal: Inmate Sexual Abuse and Harassment, dated January 4, 2016; and the Memorandum of Understanding (MOU) between ADOC and the Alabama Institute for the Deaf and Blind, which facilitates communication support for inmates with hearing and vision impairments.</p> <p>Additionally, the facility provided inmate PREA Acknowledgment Forms specifically tailored for individuals who are disabled, have low vision, or are deaf, along with specialized materials designed for inmates with cognitive or functional limitations. The Auditor also reviewed a memorandum describing the availability and use of Google Translate to assist with language translation needs, ensuring LEP inmates have access to real-time communication support.</p>

OBSERVATIONS

During the on-site facility tour, the Auditor observed that PREA-related information was prominently displayed throughout the institution in both English and Spanish. These postings were located strategically in housing units, work areas, hallways, visitation rooms, and other common spaces accessible to the inmate population.

The Auditor also reviewed printed PREA educational materials, brochures, and training resources—all made available in both English and Spanish to accommodate a diverse population. The Institutional PREA Compliance Manager (IPCM) had established PREA bulletin boards in multiple locations, further promoting awareness of sexual safety, reporting mechanisms, and inmates' rights. These efforts clearly demonstrated the facility's proactive approach to fostering a safe and informed environment for all inmates, including those with special communication needs.

INTERVIEWS

Facility Head

During the interview, the Facility Head detailed established procedures designed to ensure that inmates with disabilities and those with limited English proficiency are provided meaningful access to all aspects of the PREA program. This includes access to professional interpreters, alternative formats such as large print or audio materials, and clear, accessible written communications. The Facility Head emphasized that these measures are integral to promoting equal participation and understanding among all inmates.

Random Staff

Interviews with randomly selected staff confirmed a thorough understanding of the policy that prohibits the use of inmate interpreters, readers, or assistants when inmates with disabilities or LEP individuals report incidents of sexual abuse or harassment. All interviewed staff unanimously reported never having witnessed or engaged in any violations of this policy, reflecting consistent adherence to institutional standards designed to protect inmate confidentiality and integrity during sensitive reporting.

Inmates with Disabilities and LEP Inmates

At the time of the on-site audit there were no inmates assigned to the facility that were disabled or LEP. Therefore, no one in this category was interviewed for this standard.

PROVISIONS

Provision (a):

The facility reported, and the audit confirmed through documentation and interviews, that robust procedures are in place to guarantee that inmates with disabilities and

those with limited English proficiency have equal access to PREA protections. Among these procedures are:

- Access to professional interpreting and translation services via an MOU with the Alabama Institute for the Deaf and Blind.
- Availability of Google Translate 24/7, facilitated by the watch commander, enabling immediate language translation support.
- Provision of PREA educational materials, brochures, and videos in both English and Spanish.

Compliance with ADOC AR #454 (p. 13, B.1.c), which mandates that PREA education be accessible in formats accommodating language barriers, sensory impairments, cognitive disabilities, and other special needs.

Provision (b):

The facility implements a comprehensive set of resources and accommodations to support effective communication with LEP and disabled inmates. These include:

- PREA materials and videos available in both English and Spanish, complete with closed captioning for the hearing impaired.
- Visual and auditory formats for individuals with visual or hearing impairments, including large print, braille (when needed), and audio recordings.
- Simplified materials, read-aloud options, and video explanations designed for inmates with cognitive limitations or limited literacy.
- Oversight by an ADA Coordinator responsible for ensuring materials are properly adapted and staff are trained to support inmates with special needs.

Relevant policy citations include ADOC AR #454 (p. 13, B.1 a-d) ensuring accessible communication, and ADOC AR #454 (p. 13, B.2 a-d), which outlines required education topics including prevention, reporting, and treatment.

Provision (c):

The facility confirmed that in the past 12 months, no inmate interpreters, readers, or assistants were used to facilitate PREA-related communications. This practice complies fully with ADOC AR #454 (p. 13, B.1.c), which explicitly prohibits the use of inmates, family members, or friends as substitutes for qualified interpreters or translators during PREA reporting or investigations.

CONCLUSION

Based on a thorough review of the Pre-Audit Questionnaire, supporting documentation, on-site observations, and extensive interviews with both staff and inmates, the Auditor concludes that the facility is in full compliance with PREA Standard §115.16. The facility demonstrates a strong and effective commitment to ensuring that every inmate, regardless of disability or language proficiency, has equal and meaningful access to PREA-related information, education, and reporting mechanisms. This commitment is evidenced by clear policies, comprehensive

	training, and practical accommodations that support a safe and informed correctional environment.
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTATION REVIEW</u></p> <p>To evaluate the facility’s compliance with PREA Standard §115.17, which governs hiring and promotion decisions, the Auditor conducted a comprehensive review of relevant documentation provided in advance of and during the on-site audit. This included a careful examination of institutional policies, personnel files, background check records, and screening materials for staff, contractors, and volunteers.</p> <p>Key documents reviewed included:</p> <ol style="list-style-type: none"> 1. The completed Pre-Audit Questionnaire (PAQ) and its supporting documentation; 2. Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454: Inmate Sexual Abuse and Harassment, dated January 4, 2016; 3. ADOC Administrative Regulation (AR) #216: Background Investigations; 4. Application and Pre-Employment Questionnaire (Form ADOC 216-B); 5. Background check records for facility staff and contractors; 6. A representative sample of personnel files for currently employed individuals; 7. Documentation verifying screening and background investigations for contractors and volunteers. <p>This review provided strong evidence of the facility’s structured, policy-driven approach to staff selection and retention, with specific emphasis on protecting individuals in custody from potential sexual abuse and harassment through proper vetting and monitoring practices.</p> <p><u>INTERVIEWS</u></p> <p>Human Resources Administrative Staff</p> <p>As part of the on-site audit, the Auditor conducted a detailed interview with the facility’s Human Resources Director. The HR Director outlined a comprehensive and proactive approach to hiring, promotion, and ongoing employee monitoring—one that aligns closely with PREA standards and prioritizes institutional safety and accountability.</p>

The following practices were highlighted during the interview:

- **Criminal Background Checks:** Prior to hiring or promotion—and before engaging contractors who may have contact with individuals in custody—the facility conducts thorough criminal background investigations. These checks are renewed at least once every five years. A centralized HR system is used to track and manage compliance with this requirement for all applicable personnel.
- **PREA Disclosures:** All applicants and current staff are required to disclose any prior involvement in sexual misconduct, including substantiated findings, civil or administrative resolutions, and resignations made during the course of related investigations. These disclosures are submitted through Form ADOC 216-B and reaffirmed on an annual basis.
- **Institutional Information Sharing:** ADOC policy permits the release of information related to substantiated allegations of sexual abuse or harassment to institutional employers upon request, provided such disclosure is not prohibited by law. This ensures that hiring entities are informed of any relevant prior misconduct.
- **Self-Reporting Requirements:** Employees must report any arrests or incidents that could impact their role or professional standing. All reported incidents are reviewed by the facility to determine the individual's continued suitability for employment.

These practices collectively demonstrate the agency's commitment to safeguarding the facility environment by ensuring that individuals with a history of sexual misconduct are not hired, promoted, or retained in positions of responsibility.

PROVISIONS

Provision (a):

The facility employs 52 staff members, including four individuals hired within the past year. At the time of the audit, there were no contractors or volunteers with regular or ongoing contact with incarcerated individuals. A random review of personnel files confirmed that all recently hired staff underwent criminal background checks and submitted the required PREA disclosure forms prior to employment.

In accordance with ADOC AR #454, Section V.A.4(a), the department prohibits the hiring or promotion of individuals who have:

- Engaged in sexual abuse in any institutional or custodial setting;
- Been convicted of engaging in, or attempting to engage in, forced or coerced sexual activity;
- Been the subject of substantiated administrative or civil findings of sexual misconduct.

Provision (b):

Policy review and interviews with Human Resources staff confirmed that hiring and

promotion decisions take into account any known history of sexual abuse or harassment, consistent with the requirements of this provision. These considerations are clearly outlined in ADOC regulations and reinforced through internal training and procedural compliance reviews.

Provision (c):

Prior to employment, the facility conducts criminal background investigations and makes a reasonable effort to contact previous institutional employers to determine if any substantiated allegations or resignations occurred in the context of a sexual misconduct investigation. Documentation for the four most recent hires demonstrated that these procedures were followed in full.

Provision (d):

Any contractor or volunteer expected to have contact with individuals in custody must undergo a background investigation prior to beginning service. These checks are repeated every five years. At the time of the audit, the facility did not have any active volunteers or contractors meeting this criterion; however, documentation reviewed showed appropriate readiness to comply with this requirement when applicable.

Provision (e):

In keeping with PREA mandates, the facility ensures that all employees and contractors with inmate contact undergo a criminal background recheck every five years. This requirement is tracked and documented by Human Resources. The Auditor reviewed a sample of 44 personnel files, all of which contained verification of a criminal background check within the past five years. Each file also included responses to the three PREA-mandated disclosure questions, demonstrating consistent compliance across the workforce.

Provision (f):

All individuals applying for employment or promotion are required to complete Form ADOC 216-B, which includes disclosures related to sexual misconduct history. These forms are reaffirmed on an annual basis and securely maintained in individual personnel files. The HR department systematically monitors completion and compliance through a centralized tracking system.

Provision (g):

In accordance with ADOC AR #454, any employee or applicant found to have knowingly provided false or misleading information during the hiring or disclosure process is subject to termination. Interviews with staff and documentation reviews confirmed that this policy is understood and enforced when applicable.

Provision (h):

ADOC has procedures in place to share information about substantiated sexual abuse or harassment allegations with institutional employers, provided such disclosure is not restricted by law. This policy was confirmed through both interviews with Human Resources personnel and a review of AR #454, which authorizes such information sharing upon request.

	<p><u>CONCLUSION</u></p> <p>Based on a comprehensive review of documentation, personnel files, and interviews with Human Resources staff, the Auditor concludes that the facility is in full compliance with PREA Standard §115.17. The Alabama Department of Corrections has established a transparent, rigorous, and policy-driven process for hiring, promoting, and monitoring staff and affiliated personnel. These practices reflect a strong institutional commitment to maintaining a safe and abuse-free correctional environment, consistent with the intent and requirements of the Prison Rape Elimination Act.</p>
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115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTATION REVIEW</u></p> <p>To assess the facility’s compliance with PREA Standard §115.18 – Upgrades to Facilities and Technology, the Auditor conducted a comprehensive review of relevant documents provided prior to and during the on-site audit. These materials offered insight into how the facility evaluates, implements, and utilizes technological and structural resources to support PREA compliance.</p> <p>The following documentation was reviewed:</p> <ol style="list-style-type: none"> 1. The completed Pre-Audit Questionnaire (PAQ), which included responses related to technological upgrades and facility modifications; 2. Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment, dated January 4, 2016, which outlines institutional responsibilities for maintaining safe environments and preventing sexual abuse; 3. The facility’s schematic layout, which provided an overview of the physical plant, camera coverage, and areas accessible to individuals in custody. <p>Together, these documents provided a solid foundation for understanding the current state of facility infrastructure and surveillance capabilities as they relate to PREA compliance.</p> <p><u>OBSERVATIONS</u></p> <p>During the on-site audit, the Auditor conducted an extensive physical tour of the facility to observe how the structure and technological systems support the prevention, detection, and response to sexual abuse and harassment. The tour confirmed that the facility has not undergone any substantial renovations, expansions, or structural changes since the previous PREA audit. The physical layout</p>

of the institution has remained largely consistent.

Staff accompanied the Auditor through housing units, hallways, program spaces, and common areas, providing commentary on current safety measures. Observations included:

- The strategic placement of video surveillance cameras in living units, corridors, and shared spaces to provide continuous monitoring of inmate-accessible areas;
- The use of convex security mirrors in areas where direct line-of-sight is limited, helping to reduce blind spots and increase staff awareness;
- Staff explanations of how the facility leverages surveillance technology to reinforce inmate safety and staff accountability, especially in locations with less frequent direct supervision.

These measures reflect an understanding of how infrastructure and technology contribute to the broader goals of institutional safety and are aligned with the expectations of PREA.

INTERVIEWS

Agency Head or Designee

During interviews, the Agency Head Designee emphasized that decisions regarding the placement and operation of video surveillance systems are made with careful consideration of inmate privacy and safety. Camera positioning is thoughtfully planned to:

- Minimize blind spots and improve visibility in vulnerable or high-traffic areas;
- Ensure that camera views do not violate PREA provisions related to cross-gender viewing of inmates during private activities such as showering, toileting, and changing clothes.

The Designee also noted that the agency continues to assess and enhance technological capabilities in accordance with best practices and emerging standards in correctional surveillance.

Facility Head or Designee

The Facility Head provided additional context regarding the long-term objectives of the surveillance program. They stated that:

- The facility is working toward the goal of achieving full surveillance coverage in all areas where incarcerated individuals may be present, with special attention paid to locations with elevated safety or security risks;
- Before initiating any expansion of the video monitoring system, the facility conducts a detailed review to identify high-risk zones or areas lacking adequate coverage;
- Designated staff have prompt and secure access to surveillance footage,

	<p>which supports not only real-time monitoring but also post-incident investigations, administrative reviews, and proactive risk mitigation efforts.</p> <p>These statements demonstrate the facility’s strategic approach to managing safety through surveillance, with a clear understanding of its role in PREA compliance.</p> <p><u>PROVISIONS</u></p> <p>Provision (a): According to the completed PAQ and as confirmed through staff interviews and on-site observations, the facility has not undertaken any new construction projects or made substantial modifications to the existing physical structure since the last PREA audit. The core layout and design of the facility remain unchanged.</p> <p>Provision (b): While no major renovations have taken place, the facility has taken steps to upgrade its video monitoring and surveillance systems since the previous audit cycle. Both the PAQ and interviews with facility leadership indicated that these enhancements were made with the intent to increase institutional safety, improve staff accountability, and further reduce the risk of sexual abuse and harassment. These technological improvements are viewed as integral tools in the facility’s overall strategy for PREA compliance.</p> <p><u>CONCLUSION</u> Based on the review of documentation, extensive on-site observations, and interviews with key leadership personnel, the Auditor finds that the facility is in compliance with PREA Standard §115.18. Although no structural upgrades or facility expansions have occurred since the last audit, the facility has demonstrated a strong commitment to enhancing its technological infrastructure—particularly its video surveillance capabilities—as a means of supporting safety and accountability.</p> <p>The deliberate and informed use of surveillance tools reflects a proactive institutional culture focused on preventing sexual abuse, protecting the privacy and dignity of incarcerated individuals, and aligning with PREA’s overarching objectives.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTATION REVIEW</u> To determine compliance with the standards related to evidence protocols and forensic medical examinations, the Auditor conducted an extensive review of key documents provided by the facility. These documents served to establish both the</p>

framework and the practical application of the facility's response to sexual abuse allegations. Reviewed materials included:

1. The completed Pre-Audit Questionnaire (PAQ) and all accompanying documentation.
2. Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, titled Inmate Sexual Abuse and Harassment, dated January 4, 2016.
3. ADOC Administrative Regulation #300, Investigations, dated April 18, 2016.
4. A current Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR), which outlines collaborative roles in forensic and victim advocacy services.
5. The National Protocol for Sexual Assault Medical Forensic Examinations.
6. Certificates of Specialized Investigator Training, evidencing PREA-specific training.
7. A regional directory of Sexual Assault Nurse Examiner (SANE) and Rape Crisis Centers that partner with the facility.

INTERVIEWS

PREA Director (PD)

The PREA Director affirmed the agency's full adherence to a uniform evidence protocol that reflects best practices in sexual abuse investigations. The protocol is designed to preserve the integrity of forensic evidence, support both administrative and criminal investigations, and is tailored to meet the developmental needs of youth, where applicable. The PD confirmed that all allegations of sexual abuse are subject to a dual-investigation approach—administrative and criminal—as warranted.

Institutional PREA Compliance Manager (IPCM)

During the interview, the IPCM shared important operational details:

- **Victim Advocacy Services:** Inmates have access to victim advocacy services through 2nd Chance, Inc. (256-236-7233).
- **Forensic Examination Protocol:** The ADOC has an agreement in place with ACAR to facilitate forensic medical exams. This agreement includes coordination with 28 rape crisis centers across Alabama to provide confidential, trauma-informed services.
- **Exam Site:** Coosa Valley Medical Center, located at 315 W. Hickory Street, Sylacauga, AL 35150 (256-401-4000), and/or 2nd Chance, Inc., 613 S. Wilmer Avenue, Anniston, AL 36201 (256-236-7233; are the designated facilities for conducting SANE exams. These sites maintain dedicated examination spaces.
- **Utilization:** No forensic examinations were conducted for facility inmates during the past 12 months.

SAFE/SANE Medical Staff

The Sexual Assault Forensic Examiner and Sexual Assault Nurse Examiner staff detailed the following:

- Services are rendered under a formal agreement with ACAR, with 2nd Chance, Inc. serving as the local provider.
- SANE personnel are accessed through a designated call list and are dispatched either to the crisis center or the local hospital.
- Forensic examinations are conducted at no cost to the inmate and include comprehensive medical attention and evidence collection.
- Coosa Valley Medical Center houses a designated, secure space for SANE exams and is available 24/7.

Random Staff Interviews

Facility staff exhibited a consistent and thorough understanding of the response protocols related to allegations of sexual abuse. All staff interviewed (100%) accurately described procedures for preserving evidence and appropriately transferring responsibility to medical or investigative personnel.

Inmates Reporting Sexual Abuse

At the time of the on-site audit, there were no inmates assigned to the facility who had reported sexual abuse within the prior 12 months. Therefore, no interviews were conducted in this category.

Rape Crisis Center Representative

A representative from 2nd Chance, Inc. provided the following:

- The MOU with ADOC outlines a commitment to offer SANE services and victim advocacy to individuals in custody.
- Victim advocates are assigned to provide emotional support, regardless of when or where the incident occurred.
- Support is available 24/7, and a hotline is provided to facilitate inmate access to services.
- Forensic exams are performed either at 2nd Chance, Inc. or Coosa Valley Medical Center.

PROVISIONS

Provision (a): Investigative Responsibility and Evidence Protocols

According to the PAQ, the facility and the broader ADOC system are responsible for both administrative and criminal investigations into incidents of inmate-on-inmate abuse and staff sexual misconduct. ADOC employs 36 investigators who are specially trained to handle such cases. The IPCM contributes by managing administrative investigations into sexual harassment between inmates.

ADOC's uniform evidence protocol is outlined in AR #300 (Section II), which affirms that all investigations must be fair, impartial, confidential, and respectful of constitutional rights.

Staff interviews confirmed their competency in handling initial reports of abuse, including evidence preservation and transferring responsibility to appropriate

personnel. All staff (100%) interviewed demonstrated an understanding of these protocols.

Provision (b): Forensic Examinations by SANE Professionals

Personnel at 2nd Chance, Inc. reported that forensic medical exams are available around the clock. Examinations are conducted by trained SANE nurses, who complete the forensic evidence collection, administer preventative medication, and provide physical care. These services are fully funded through the Alabama Crime Victim Compensation Fund.

A Rape Response Advocate is assigned to every individual undergoing a SANE exam. During the past year, one such exam was conducted for a CCBF inmate.

Provision (c): No-Cost Treatment Services

As stated in both the PAQ and ADOC AR #454 (Section G, 3c), all treatment services related to incidents of sexual abuse are provided at no cost to the victim, regardless of whether they name their abuser or cooperate with an investigation.

This commitment is supported through a formal MOU between ADOC and ACAR. Inmates at the facility have access to services from 2nd Chance, Inc., which include SANE exams and victim advocacy.

The IPCM confirmed that no inmates required transport for these services during the past 12 months. The SAFE/SANE representative corroborated that forensic services are offered without cost and are available 24/7, with on-call staff mobilized as needed.

Provision (d): Victim Advocate Presence During Exams

The MOU with ACAR ensures that a victim advocate is present during all forensic medical exams. These services are integrated into the examination process and provided by 2nd Chance, Inc. Advocates also coordinate follow-up care in collaboration with facility mental health staff.

The IPCM stated that these advocacy services are embedded in the facility's operational response to sexual abuse, with arrangements made for additional counseling as requested.

Provision (e): Emotional Support from Victim Advocates

As outlined above, individuals undergoing forensic medical exams are provided with emotional support and crisis intervention from trained victim advocates. These advocates also offer information and referrals for ongoing care.

Provision (f): Responsibility for Investigations

The facility and ADOC maintain responsibility for conducting both administrative and criminal investigations, consistent with procedures outlined in Provision (a).

Provision (g): Not Applicable

This provision is not subject to audit and is therefore excluded from evaluation.

Provision (h): Advocacy Services During Exams

	<p>As reaffirmed in previous provisions, victim advocacy services are built into the forensic medical response and provided through a contract with 2nd Chance, Inc.</p> <p><u>CONCLUSION</u></p> <p>Following a comprehensive review of documentation, interviews, and direct observation, the Auditor finds that the agency is in full compliance with the PREA standards regarding evidence protocol and forensic medical examinations. The facility demonstrates a clear commitment to trauma-informed care, timely access to forensic services, and robust investigative protocols that safeguard the rights and dignity of all individuals in custody.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p><u>DOCUMENTATION REVIEWED</u></p> <p>To evaluate compliance with PREA Standard §115.22 – Referral of Allegations for Investigations, the Auditor conducted a comprehensive review of a variety of documents submitted by the facility prior to and during the on-site audit. These materials provided insight into the agency's investigative procedures, training practices, and tracking systems for addressing allegations of sexual abuse and harassment. The following key documents were examined:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) and all related supporting documentation 2. ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment 3. ADOC Standard Operating Procedure – Investigations & Intelligence #454 4. ADOC Administrative Regulation #300 – Operations 5. ADOC Duty Officer Report (DOR) <p>National Institute of Corrections (NIC) Investigations Course Certificates and records of Continuing Education Credits for investigators</p> <p>These documents collectively demonstrate the agency's framework for ensuring that all allegations of sexual abuse and harassment are referred for investigation in a prompt, thorough, and legally authorized manner.</p> <p><u>INTERVIEWS</u></p> <p>Agency Head or Designee</p> <p>During the interview, the designee for the Agency Head emphasized that the Alabama Department of Corrections (ADOC) maintains a zero-tolerance approach toward sexual abuse and sexual harassment. Every allegation, regardless of the source or severity, is treated as serious and is promptly investigated. The designee confirmed that the department relies exclusively on its internal investigative</p>

resources and does not delegate this responsibility to external entities. In alignment with transparency efforts, the agency's policies regarding investigation referrals are publicly accessible on the ADOC website. Furthermore, any criminal referrals are formally documented and tracked to ensure accountability and proper oversight.

Investigative Staff

Investigative personnel confirmed that both administrative and criminal investigations are conducted internally by trained members of the ADOC Law Enforcement Services Division (LESD). Staff emphasized that LESD maintains jurisdiction over all sexual abuse and harassment allegations, and where criminal behavior is identified, appropriate referrals to prosecutorial authorities are initiated. Investigators noted that their processes are consistent with the standards set forth in departmental policies and that they are fully equipped—both procedurally and legally—to handle these sensitive cases.

PROVISIONS REVIEWED

Provision (a): Referral to Investigative Authority

According to the Pre-Audit Questionnaire and supporting documentation, the ADOC refers all investigations of sexual abuse and sexual harassment to its internal Law Enforcement Services Division (LESD), which currently consists of 32 trained investigators. These individuals have completed specialized training through the National Institute of Corrections (NIC), including investigative techniques specific to PREA-related incidents.

In the 12 months prior to the audit:

- One (1) allegation of sexual abuse was reported.
- One (1) allegation of sexual harassment was reported.
- No forensic medical examinations were performed.

Per ADOC Administrative Regulation #454 (p. 22, Section I, 1, b), the LESD is charged with conducting prompt, thorough, and objective investigations, regardless of the employment status of the subject or whether the outcome results in criminal prosecution. When allegations are substantiated as criminal in nature, the agency refers these cases to the appropriate District Attorney's Office for prosecution, while continuing to provide investigative support as needed.

Provision (b): Investigative Authority and Documentation

The agency maintains policies that ensure all allegations are directed to personnel who possess the legal authority and specialized training to conduct such investigations. In the past year:

The single sexual abuse allegation was investigated as a criminal matter by LESD. The investigation concluded that the allegation was unsubstantiated, and the case was not prosecuted.

The sexual harassment allegation was reviewed through an administrative

	<p>investigation, which also resulted in an unsubstantiated finding.</p> <p>All LESD investigators are certified peace officers with full legal authority to conduct criminal investigations. Each allegation is recorded in the ADOC Duty Officer Report (DOR), which serves as an official mechanism for initiating and tracking investigations.</p> <p>ADOC AR #454 (p. 7, Section C, 5) requires that investigators notify the alleged victim of the outcome of the investigation, whether the case is substantiated, unsubstantiated, or unfounded. Interviews and documentation confirmed that this requirement is implemented in practice.</p> <p>Provision (c): Internal Investigation by ADOC</p> <p>As consistently noted throughout documentation and interviews, the ADOC Law Enforcement Services Division (LESD) retains responsibility for conducting all administrative and criminal investigations concerning sexual abuse and sexual harassment. No outside law enforcement or investigative agency is used for these purposes.</p> <p>Provisions (d) and (e): Not Applicable</p> <p>These provisions fall outside the scope of the PREA audit requirements for this standard and were therefore not evaluated as part of this review.</p> <p><u>CONCLUSION</u></p> <p>After reviewing all relevant documentation, conducting interviews with the Agency Head's designee and investigative staff, and assessing investigative policies and practices, the Auditor concludes that the facility is in full compliance with PREA Standard §115.22 – Referral of Allegations for Investigations. The Alabama Department of Corrections has established and implemented a clear, reliable, and professional process for referring and investigating all allegations of sexual abuse and harassment. The use of a trained internal investigative unit, the LESD, along with proper documentation procedures and transparency protocols, supports a consistent and thorough investigative approach that aligns with both PREA expectations and ADOC regulations.</p>
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115.31	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTATION REVIEWED</u></p> <p>To evaluate compliance with PREA Standard §115.31 – Employee Training, the Auditor conducted a comprehensive review of training-related documents, agency policies, staff records, and educational materials used to equip employees with the knowledge and skills necessary to prevent, detect, and respond to sexual abuse and sexual harassment within the facility.</p>

1. The Pre-Audit Questionnaire (PAQ) provided an overview of the agency's training strategy, including initial orientation, annual in-service sessions, and ongoing education integrated into daily operations. The PAQ responses were supported by a robust set of documents that outline the structure and content of the PREA training program.
2. A key foundational document reviewed was ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment, which defines the agency's expectations for staff conduct, their responsibilities regarding prevention and response, and protocols for reporting incidents of sexual abuse or harassment.
3. The facility utilizes a comprehensive PREA training curriculum, developed in collaboration with The Moss Group, a nationally recognized authority in PREA policy and training. This curriculum includes structured lesson plans, multimedia components, and scenario-based learning modules that cover the ten critical elements required by the standard. Materials are tailored based on staff roles and include modules specific to professional conduct, trauma-informed care, and effective communication with LGBTI and gender nonconforming populations.
4. The Auditor also reviewed the pamphlet titled "What Staff Should Know About Sexual Misconduct with Inmates", which is distributed to all new employees during orientation and again during annual refresher training. This concise and informative guide reinforces staff responsibilities and serves as a reference for appropriate conduct, reporting procedures, and key definitions.

In addition, 40 individual employee training records were reviewed, each documenting completion of both initial and annual PREA training. These records included signed attendance sheets, acknowledgment forms, and assessment scores from a standardized PREA training test, which is used to verify staff comprehension and retention of material.

Further reinforcing the agency's training framework, the facility maintains a PREA Information Bulletin Board located in a staff-accessible area. This bulletin board offers visual reminders of key PREA principles and reporting procedures and serves as a passive, yet effective, educational tool.

Lastly, Institutional PREA Compliance Manager(IPCM) training materials and staff meeting documentation, including shift turnout agendas, confirmed that PREA topics are regularly revisited during daily operations, creating a culture of awareness, accountability, and vigilance.

OBSERVATIONS

While touring the facility, the Auditor observed a well-organized PREA Information Board prominently displayed in a central staff area. The board featured clearly written materials that included:

- Definitions of sexual abuse and sexual harassment relevant to the correctional environment;

- A visible declaration of the ADOC's zero-tolerance policy toward all forms of sexual abuse and harassment;
- Step-by-step instructions for internal and external reporting, including a reminder of mandatory reporting requirements;
- The inmate reporting hotline number (*6611), accessible from any institutional phone;
- A statement affirming the rights of individuals in custody to be free from sexual abuse and retaliation for reporting.

The presence of this board reinforces PREA messaging and reflects the facility's ongoing commitment to staff education and inmate safety.

INTERVIEWS

Random Staff

Staff members selected for random interviews exhibited a clear and consistent understanding of their responsibilities under PREA. They were able to accurately recall:

- Receiving initial PREA training during orientation, prior to any assignment involving inmate contact;
- Participating in required annual in-service PREA training that revisits core concepts and introduces updated practices;
- Engaging in refresher briefings during routine staff meetings and shift changes;
- Their legal and ethical obligations as mandatory reporters of any known or suspected sexual abuse or harassment;
- The importance of treating all individuals in custody with professionalism and respect, including those who identify as LGBTI or gender nonconforming.

Additionally, staff confirmed they had been trained on all ten required content areas and could describe practical steps to take if they became aware of an incident, underscoring the effectiveness of the facility's PREA education efforts.

PROVISIONS

Provision (a): Initial and Annual PREA Training

The Auditor verified, through training records and interviews, that every employee who may have contact with individuals in custody receives comprehensive PREA training upon hire and annually thereafter. The curriculum addresses the following ten mandatory topics:

- The agency's zero-tolerance policy toward sexual abuse and harassment;
- Employee responsibilities for prevention, detection, reporting, and response;
- The rights of individuals in custody to be free from abuse and harassment;
- Protection from retaliation for those who report;
- The dynamics and warning signs of sexual abuse and harassment in

confinement;

- Common reactions and needs of survivors;
- How to detect and respond to signs of possible victimization;
- The importance of avoiding inappropriate relationships with individuals in custody;
- Communication strategies for working with LGBTI and gender nonconforming individuals;
- Legal obligations to report all forms of sexual abuse and harassment.

The curriculum is well-organized, includes visual aids and real-life scenarios, and is customized based on staff roles within the facility. All 43 staff files reviewed included documentation confirming full participation in these trainings.

Provision (b): Gender-Specific Training

Though this facility houses male individuals, the training materials reflect gender-specific considerations and emphasize inclusive and respectful interactions with LGBTI and gender nonconforming individuals. Training scenarios, case studies, and videos are used to help staff understand how gender identity, expression, and sexual orientation may affect vulnerability and institutional dynamics.

Provision (c): Refresher Training and Continuing Education

In addition to formal in-service sessions, PREA education is reinforced through ongoing access to:

1. The annually distributed staff pamphlet titled "PREA: What Staff Should Know About Sexual Misconduct with Inmates";
2. A laminated, pocket-sized reference card titled "PREA: A Trauma-Informed Guide for First Responders", which includes information on definitions, first responder protocols, trauma-informed care, and referral resources;
3. Regular shift briefings and staff meetings that include PREA updates, policy reminders, and scenario-based discussions.

These continuing education methods help ensure staff are consistently prepared to respond appropriately and support a safe, respectful environment.

Provision (d): Training Documentation

The Auditor confirmed that the agency maintains organized and complete documentation of PREA-related training. Each staff member's file reviewed during the audit included signed training acknowledgments, attendance rosters, and, when applicable, test scores from the training assessment. This documentation clearly reflects compliance with training requirements and supports the agency's system for accountability and quality assurance.

CONCLUSION

Following an extensive review of training records, policy documents, visual observations during the facility tour, and interviews with randomly selected staff

	<p>members, the Auditor finds the facility to be in full compliance with PREA Standard §115.31 – Employee Training.</p> <p>The institution demonstrates a comprehensive and structured approach to staff education, incorporating initial and ongoing training, accessible reference materials, and a culture of continuous reinforcement. Staff are well-informed of their responsibilities, committed to upholding the agency’s zero-tolerance policy, and prepared to take immediate and appropriate action in the event of a PREA-related incident.</p> <p>This level of preparedness reflects a proactive commitment to the safety and dignity of all individuals in custody and affirms the facility’s alignment with the core objectives of the Prison Rape Elimination Act.</p>
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115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTATION REVIEW</u></p> <p>In assessing the facility’s compliance with PREA Standard §115.32, the Auditor conducted a thorough and detailed review of all relevant documentation submitted by the Alabama Department of Corrections (ADOC). The materials reviewed provided clear evidence of the agency’s commitment to ensuring that all non-employee personnel—including volunteers and contractors—are properly trained on their responsibilities under the Prison Rape Elimination Act (PREA) prior to any engagement within the correctional environment.</p> <p>The Pre-Audit Questionnaire (PAQ) and accompanying documentation outlined the facility’s policies and internal procedures concerning the use, training, and supervision of volunteers and contract personnel. According to the PAQ, there were no volunteers or contractors who had direct contact with individuals in custody during the audit period. Nevertheless, the documentation presented showed that the ADOC maintains a proactive training structure for these groups, ensuring readiness should they become active in the future.</p> <p>The Auditor reviewed ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment, which outlines the agency’s zero-tolerance policy and reinforces the requirement that anyone working within an ADOC facility—including non-employee personnel—must receive training consistent with PREA standards. This regulation emphasizes that the same expectations apply to all individuals with access to incarcerated persons, regardless of employment classification.</p>

Also reviewed was ADOC Administrative Regulation (AR) #216 – Identification and Control of Institutional Volunteers and Contract Personnel, which provides direction on background checks, identification protocols, facility access, and training requirements. This regulation serves as the agency’s framework for managing non-employee personnel and supports the implementation of PREA’s training expectations.

IPCM statement of non-occurrence, undated, Standard 115.32

INTERVIEWS

Volunteer Interviews

At the time of the on-site audit, the facility did not have any volunteers assigned or working within the institution. As such, there were no volunteer interviews conducted under this standard.

Contractor Interviews

Similarly, the facility reported no contractors were assigned or present during the audit period. Therefore, there were no contractor interviews conducted for the purposes of this compliance review.

OBSERVATIONS

During the facility walkthrough, the Auditor noted the presence of clearly organized and readily accessible PREA training materials for volunteers and contractors. These materials included training packets, acknowledgment forms, handouts, and educational pamphlets—each aligned with the requirements of PREA Standard §115.32. Their presence demonstrated a forward-thinking and compliant approach to PREA training. Even in the absence of current volunteer or contractor activity, the facility has established the necessary infrastructure to onboard and train non-employee personnel promptly and effectively.

PROVISIONS

Provision (a): Training Requirements for Volunteers and Contractors

Although no volunteers or contractors had direct contact with individuals in custody during the review period, the Auditor verified that the ADOC has developed and implemented a comprehensive PREA training program for these personnel categories. The Volunteer and Contractor Training Curriculum, created in collaboration with The Moss Group, includes all ten key elements required by PREA:

- The agency’s zero-tolerance policy for sexual abuse and harassment;
- The rights of individuals in custody to be free from such abuse and harassment;
- Responsibilities of personnel—both staff and non-staff—for prevention, detection, and reporting;
- Legal obligations related to reporting incidents of sexual misconduct;
- Understanding the dynamics of abuse in confinement settings;

- Recognizing signs of abuse and knowing how to respond appropriately;
- Prohibition of retaliation against reporters of abuse or harassment;
- Maintaining professional boundaries and avoiding inappropriate relationships;
- Communicating effectively and respectfully with LGBTI and gender nonconforming individuals;
- Proper procedures for reporting allegations or concerns of sexual abuse or harassment.

These training components ensure that all volunteers and contractors—should they be engaged in the future—are properly educated on the expectations, responsibilities, and ethical boundaries required in a correctional setting.

Policy references that support this training structure include AR #454, Section K(8), which assigns responsibility for overseeing training to the Institutional PREA Compliance Manager (IPCM), and Section M, which mandates compliance with all ADOC policies related to sexual safety for all staff and non-employee personnel alike.

The IPCM statement of non-occurrence, undated, stated there were no active volunteers or contractors at the facility.

Provision (b): Training Content Reflects Level of Inmate Contact

The Auditor verified that the facility’s training materials are scaled appropriately based on the level and nature of inmate contact anticipated for each volunteer or contractor. The agency ensures that the scope of training corresponds with the degree of interaction, providing a targeted yet thorough approach.

Training materials supporting this provision include:

- A four-page PREA handout titled “Prison Rape Elimination Act Training for Volunteers and Contractors”, which includes a PREA overview, key definitions, guidance on reporting, and a required acknowledgment page to be signed by the recipient.
- A tri-fold informational pamphlet titled “PREA: Training for Volunteers and Contractors”, which provides a concise summary of essential PREA information, including definitions, expectations for conduct, and how to report incidents internally or externally.

These resources are presented in clear, accessible formats that meet the educational needs of non-employee personnel and reinforce the agency’s expectation that all individuals contribute to a safe and respectful correctional environment.

Provision (c): Documentation of Training Completion

Although no new training records were generated during the audit period due to the lack of active volunteer or contractor activity, the Auditor verified that the facility maintains the necessary tools for documentation. Training acknowledgment forms, sign-in sheets, curriculum outlines, and educational packets are kept on hand by the IPCM. These materials are ready for use and demonstrate that the facility has a systematic and verifiable approach to recording volunteer and contractor training

	<p>when implemented.</p> <p><u>CONCLUSION</u></p> <p>After a thorough review of agency policies, PREA training materials, on-site observations, and verification of documentation systems, the Auditor concludes that the facility is in full compliance with PREA Standard §115.32 – Volunteer and Contractor Training.</p> <p>While no volunteers or contractors were active during the audit period, the agency has demonstrated a clear and structured approach to ensuring these individuals will receive the necessary PREA training prior to having any contact with individuals in custody. The availability of well-developed training resources—crafted with the support of The Moss Group—and strong policy infrastructure further illustrate the agency’s commitment to preventing sexual abuse and fostering a culture of accountability and safety.</p> <p>The readiness of the facility to educate and manage non-employee personnel in alignment with PREA standards reflects a proactive, policy-driven, and safety-focused operational philosophy—ensuring that all who enter the facility, regardless of employment status, are aware of and committed to upholding the rights and dignity of those in custody.</p>
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115.33	Inmate education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTATION REVIEW</u></p> <p>In evaluating the facility’s compliance with PREA Standard §115.33 – Inmate Education, the Auditor conducted a comprehensive review of the materials submitted by the Alabama Department of Corrections (ADOC). The documentation reflected a well-established system for ensuring that all individuals in custody receive timely, thorough, and accessible education about their rights under the Prison Rape Elimination Act (PREA) and the agency’s zero-tolerance policy for sexual abuse and sexual harassment.</p> <p>The review included the Pre-Audit Questionnaire (PAQ), which detailed the facility’s procedures for inmate education, and ADOC Administrative Regulation (AR) #454, which establishes the policies and expectations for sexual abuse prevention, detection, and response—including specific education requirements for individuals in custody.</p> <p>Supporting documents reviewed included the Inmate PREA Training Curriculum, the ADOC Male Inmate Handbook (dated 09/25/2017), Inmate Orientation Materials on</p>

Sexual Assault, and ADOC Form 454-A, which serves as the official acknowledgment of receipt and participation in PREA education. Additional materials included the “What You Should Know About Sexual Abuse and Assault” pamphlet, PREA informational posters, visual aids, notices from external support organizations, and miscellaneous training resources designed to reinforce learning.

The Auditor also examined Inmate Orientation Sign-In Sheets covering the period from January to April 2024, 30-Day PREA Education Attendance Logs, and the facility’s PREA Education Tracking Spreadsheet, which is used to monitor and verify timely delivery of education to all individuals housed at the facility.

OBSERVATIONS

During the on-site tour, the Auditor observed a visible and intentional integration of PREA education throughout the facility. Informational posters and educational materials were prominently displayed in every housing unit, communal area, intake processing zone, and orientation space. These materials clearly outlined the agency’s zero-tolerance stance, defined sexual abuse and harassment in confinement, and highlighted reporting options.

Notably, posters included contact information for the ADOC PREA reporting hotline (Dial 6611), as well as the phone number and address for 2nd Chance, Inc., an external victim advocacy organization. This reinforced the facility’s emphasis on providing both internal and confidential external channels for reporting.

Importantly, the educational materials were made available in a variety of accessible formats. These included written content in English and Spanish, Braille documents, large-print materials, closed-captioned videos, and sign language-interpreted content. The use of these resources demonstrated the facility’s attention to accommodating individuals with limited English proficiency, vision or hearing impairments, and other disabilities. At no point were incarcerated individuals used to interpret or facilitate communication, consistent with agency policy and PREA standards.

Videos such as “Discussing PREA” were available in multiple languages and incorporated accessibility features, further enhancing comprehension and retention. These materials were strategically placed to ensure frequent exposure, creating an environment where education on sexual safety is ongoing and culturally reinforced.

INTERVIEWS

Intake and Orientation Staff

Staff assigned to intake and orientation confirmed that all individuals newly admitted to the facility receive immediate education about PREA during the intake process. This includes a verbal briefing, distribution of printed materials, and a copy of the Inmate Handbook. Within 15 days of arrival, a more comprehensive education session is delivered, either through in-person instruction or video presentations. Staff emphasized that individuals are educated on their right to be free from sexual abuse and sexual harassment, protection from retaliation, and how to access both internal and external reporting avenues.

Staff also verified that accommodations are routinely provided for individuals with disabilities or limited English proficiency and that inmate interpreters are never used to deliver sensitive or confidential information. Each person in custody signs the ADOC Form 454-A to acknowledge receipt of the information, which is then retained in their file.

Randomly Selected Inmates

Interviews with randomly selected incarcerated individuals affirmed the accuracy of the staff reports. Without exception, interviewees recalled receiving PREA education at intake. They remembered receiving a handbook, watching a PREA educational video, and being informed of how and where to report incidents of abuse or harassment. Incarcerated persons demonstrated a solid understanding of their rights under PREA and were able to describe the reporting mechanisms available to them, including the hotline and external advocacy services.

PROVISIONS

Provision (a): Initial PREA Information at Intake

The facility ensures that all individuals receive information about ADOC's zero-tolerance policy and available reporting methods during the intake process. This includes clear explanations of prohibited conduct and how to report concerns. Staff interviews and documentation confirmed that each of the 198 individuals admitted within the past 12 months received this initial information as required.

Provision (b): Comprehensive Education Within 30 Days

In accordance with ADOC AR #454 (Section B.1.b), comprehensive PREA education is delivered within 30 days of arrival. This is done through structured sessions that may include videos, printed materials, and discussion opportunities. The facility provided documentation confirming that 100% of 198 individuals who remained in custody for more than 30 days completed the required education within the mandated timeframe.

Provision (c): Documentation of Education and Acknowledgment

A sample of inmate files were reviewed, each containing a completed and signed ADOC Form 454-A, verifying that the individual received the Inmate Handbook, orientation materials, and participated in the required education session.

Provision (d): Accessibility of PREA Education

The facility has made substantial efforts to ensure PREA education is accessible to all, regardless of language barriers or physical limitations. Materials are available in multiple languages and accessible formats. Consistent with PREA standards, incarcerated individuals are not used to interpreting for others, and trained staff or professional interpreters are employed when necessary.

Provision (e): Retention and Tracking of Documentation

Acknowledgments of education are securely maintained in each individual's institutional file. Additionally, a centralized electronic tracking spreadsheet is used to monitor education compliance in real-time, ensuring accurate documentation and immediate follow-up when needed.

	<p>Provision (f): Ongoing and Reinforced Education</p> <p>Education on sexual safety does not end after the 30-day orientation. It is continually reinforced through visual aids, updated posters, brochures, periodic discussions during programs or services, and multimedia presentations. The Auditor's observations confirmed that these materials were consistently present and accessible throughout all relevant facility areas.</p> <p><u>CONCLUSION</u></p> <p>Based on an extensive review of agency documentation, observation of facility conditions, interviews with staff and incarcerated individuals, and an evaluation of training and tracking procedures, the Auditor concludes that the facility is in full compliance with PREA Standard §115.33 – Inmate Education.</p> <p>The facility has implemented a comprehensive and accessible inmate education program that informs individuals of their rights, ensures their understanding of how to report incidents of sexual abuse or harassment, and reinforces this knowledge through regular exposure to materials and instruction. These practices reflect the agency's deep commitment to maintaining a safe, respectful, and PREA-compliant environment for all individuals in its custody.</p>
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115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>DOCUMENTATION REVIEW</u></p> <p>To assess the facility's compliance with PREA Standard §115.34, which mandates specialized training for investigators conducting sexual abuse investigations in confinement settings, the Auditor conducted an in-depth review of documentation provided by the Alabama Department of Corrections (ADOC).</p> <p>The reviewed materials included:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) and accompanying evidence 2. ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment, which outlines training requirements for investigative personnel 3. The agency's Specialized Training Curriculum for Investigators 4. Signed training certificates verifying successful completion of courses 5. Training modules and resources developed by nationally recognized organizations, including The Moss Group, Training Force USA, the Alabama Department of Corrections, and the National Institute of Justice (NIJ)

These documents collectively demonstrate that ADOC has developed and implemented a comprehensive, trauma-informed training program to ensure investigators are adequately prepared to manage sensitive and complex investigations related to sexual abuse within confinement settings.

INTERVIEWS

Facility Staff

During the on-site audit, the Auditor interviewed members of the investigative team. Each individual confirmed that they had received specialized PREA-related training specific to their role. They were able to articulate best practices for handling investigations of sexual abuse in correctional environments, including:

- The appropriate application of Miranda and Garrity warnings
- Trauma-informed interview techniques for working with potential victims
- Evidence collection procedures in a confinement setting
- Criteria for determining whether allegations meet thresholds for administrative action or prosecutorial referral

These interviews confirmed that staff were not only trained, but understood and retained the key principles essential for effective and ethical investigations under PREA.

PROVISIONS

Provision (a): Specialized Training Requirements for Investigators

Agency policy requires all staff assigned to conduct sexual abuse investigations to receive specialized training tailored to the correctional environment. This training includes a strong emphasis on trauma-informed approaches and is designed to equip investigators with the skills needed to handle sensitive disclosures while preserving evidence integrity.

The Auditor reviewed training certificates for 36 investigators affiliated with the ADOC Law Enforcement Services Division. These certifications confirmed successful completion of courses provided by The Moss Group, Training Force USA, and the Alabama Department of Corrections Training Division. Courses covered a broad range of topics, including:

- Trauma-Informed Sexual Assault Investigations
- Human Trafficking Awareness
- Prison Rape and Sexual Assault Investigations
- PREA-Specific Interviewing and Evidence Collection Techniques

In addition to these investigators, the Auditor was informed that all 52 Institutional PREA Compliance Managers (IPCMs) across the state also completed this specialized

training, further strengthening investigative competency at the institutional level.

The Auditor also examined course content from the U.S. Department of Justice's National Institute of Justice (NIJ) online training series titled Sexual Abuse and the Initial Responder. This curriculum includes key modules such as:

- PREA Investigations
- Collaborating with Victims
- Interviewing Techniques
- Understanding Institutional Culture and Its Impact on Investigations

Provision (b): Required Content Areas in Specialized Training

Through review of the training curriculum and staff interviews, the Auditor confirmed that specialized investigator training covers all elements required by the PREA standard. These include:

- Techniques for interviewing sexual abuse victims in a trauma-informed and respectful manner
- Proper application of Miranda and Garrity warnings
- Strategies for evidence collection specific to correctional environments
- Standards for substantiating cases, both for internal administrative findings and for external referral to prosecutorial authorities

These elements were reinforced by content found in AR #454 and the agency's corresponding Standard Operating Procedure (SOP), I&I #454 – PREA Sexual Assault Investigations, which outlines expectations and protocols for investigative personnel.

Provision (c): Documentation and Verification of Investigator Training

The PAQ and supplemental materials indicated that the agency maintains accurate and up-to-date documentation confirming investigator training. The Auditor verified this by reviewing signed training certificates for each of the forty PREA investigators assigned across the state. These records were maintained in personnel files and aligned with documentation protocols outlined in AR #454, which mandates that all training must be properly recorded, signed by the employee, and retained by the agency.

The training verification process also extended to both in-person sessions and web-based learning platforms, such as the aforementioned NIJ training, providing multiple modes of training delivery to accommodate investigator availability and learning preferences.

Provision (d): Not Applicable

This provision was not applicable for the purposes of this audit and therefore was not assessed.

CONCLUSION

	<p>Based on a comprehensive review of agency policy, training records, SOPs, online and in-person training curricula, and direct interviews with investigative staff, the Auditor concludes that the Alabama Department of Corrections is in full compliance with PREA Standard §115.34 – Specialized Training: Investigations.</p> <p>The agency has demonstrated a clear and verifiable commitment to ensuring that individuals assigned to investigate sexual abuse in confinement settings are well-trained, properly certified, and fully prepared to carry out their responsibilities with professionalism, trauma-awareness, and adherence to PREA standards. The breadth of training offered, combined with rigorous documentation and thoughtful content delivery, reflects an agency culture that prioritizes safety, accountability, and the ethical handling of sensitive investigations.</p>
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115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTATION REVIEW</u></p> <p>To evaluate the facility’s compliance with PREA Standard §115.35, which requires that medical and mental health care providers receive specialized training to identify, respond to, and appropriately manage instances of sexual abuse in confinement settings, the Auditor conducted a thorough review of the following documentation:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) completed by facility leadership 2. Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment, which details training mandates for medical and mental health practitioners 3. A specialized training curriculum developed specifically for medical and mental health professionals 4. Training records and signed certificates verifying completion of required training for the practitioner currently assigned to the facility 5. General PREA training documentation applicable to all ADOC staff, including contractors and volunteers 6. Signed acknowledgments and attendance records demonstrating participation in both general and role-specific training sessions <p>The documentation presented was well-organized and demonstrated a proactive, structured approach to equipping health care providers with the knowledge and tools necessary to comply with PREA’s standards for trauma-informed care and investigative coordination.</p> <p><u>INTERVIEWS</u></p>

Facility Leadership

During interviews, the Facility Head affirmed that all medical and mental health staff assigned to the institution—including contracted providers—are required to complete both the general PREA training required under §115.31 and the specialized training required under §115.35. The Facility Head expressed confidence in the effectiveness of the training program, stating that it thoroughly prepares medical staff to respond competently and sensitively to incidents of sexual abuse or harassment.

Medical Personnel

The Auditor conducted interviews with the facility's medical provider, who demonstrated a clear and thorough understanding of their responsibilities under PREA. The practitioner confirmed completion of specialized training and confidently discussed the following:

- Recognizing physical and psychological signs of sexual abuse and harassment
- Following agency protocol for timely and professional response to alleged incidents
- Practicing evidence preservation techniques critical in a custodial environment
- Upholding mandatory reporting obligations while maintaining medical ethics and appropriate confidentiality
- Applying trauma-informed care principles in the treatment of individuals who disclose abuse
- Providing compassionate and equitable care to vulnerable populations, including LGBTQ+ individuals and those with disabilities

The interview reflected a well-trained professional aware of the intersection between clinical care and PREA compliance.

PREA Compliance Manager (PCM)

The PCM confirmed that the facility maintains accurate and up-to-date training records for all medical and mental health personnel. The PCM described the agency's centralized tracking system, which ensures that healthcare providers—whether employees or contractors—are not permitted to provide services unless all required PREA training components have been completed and documented.

PROVISIONS**Provision (a): Specialized PREA Training for Medical and Mental Health Care Practitioners**

Documentation and interviews confirm that ADOC policy mandates specialized PREA training for all medical and mental health professionals who work in correctional settings. At the time of the audit, one such healthcare provider was assigned to the facility, and records reflected full compliance.

The Auditor reviewed the medical training curriculum, which was developed to ensure that healthcare professionals are equipped with the knowledge and sensitivity to:

- Detect and assess physical and emotional signs of abuse
- Practice proper evidence preservation techniques when responding to alleged incidents
- Deliver trauma-informed medical care in line with national best practices
- Coordinate appropriately with investigative and mental health teams
- Recognize and respond to the unique needs of at-risk populations, including LGBTQ+ individuals and those with disabilities
- Fulfill all mandatory reporting requirements within legal and ethical frameworks

The Auditor also examined training certificates, signed attendance logs, and lesson plans. These materials were consistent with the training standards described in AR #454 (Page 12, Section V.3, a-g), which outlines required content and procedures for documenting training completion.

Provision (b): Forensic Medical Exams Not Conducted by Facility Staff

This provision is not applicable. According to agency policy, forensic medical examinations are not performed by in-house facility staff. Instead, these services are referred to qualified, external Sexual Assault Nurse Examiners (SANEs) or Sexual Assault Forensic Examiners (SAFEs), ensuring that individuals receive professional care from credentialed providers trained in evidence collection and trauma-informed care.

This approach is consistent with national standards and enhances the integrity of forensic evidence while maintaining a victim-centered response.

Provision (c): Documentation of Training Completion

The Auditor verified that the agency maintains a reliable and comprehensive documentation system to track PREA training completion for all medical and mental health practitioners. Personnel files included:

- Signed certificates of completion
- Dated training logs maintained by the PREA Compliance Manager and training coordinators
- Interview statements that corroborated training content and frequency

This documentation process ensures continued compliance and accountability.

Provision (d): General PREA Training for Medical and Mental Health Staff

In addition to the specialized training required under §115.35, all medical and mental health professionals also receive the general PREA education required under §115.31. This includes instruction on agency policies, definitions of prohibited conduct, and internal and external reporting mechanisms.

The Auditor reviewed rosters, curriculum materials, and acknowledgment forms that confirmed comprehensive participation in general PREA training. No healthcare provider is exempt, reinforcing a unified approach to PREA compliance across all disciplines within the facility.

	<p><u>CONCLUSION</u></p> <p>Following a comprehensive evaluation of agency policy, training curricula, documentation, and staff interviews, the Auditor finds that the facility is in full compliance with PREA Standard §115.35 – Specialized Training: Medical and Mental Health Care.</p> <p>The training program in place ensures that healthcare professionals are well-prepared to fulfill their responsibilities with competence, compassion, and an informed understanding of the dynamics of sexual abuse in confinement settings. The facility’s coordination between administrative leadership, training personnel, and healthcare providers reflects a strong institutional commitment to both safety and the delivery of trauma-informed care.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTATION REVIEWED</u></p> <p>To assess compliance with PREA Standard §115.41, the Auditor conducted a thorough review of both policy documentation and institutional practices related to inmate risk screening procedures. The materials reviewed included a completed Pre-Audit Questionnaire (PAQ) submitted by the Alabama Department of Corrections (ADOC) and its facility-specific representatives. This PAQ was accompanied by an array of supporting documents that collectively establish a well-defined screening framework.</p> <p>Among the critical documents reviewed were ADOC Administrative Regulation (AR) #454, which governs the agency’s sexual abuse and harassment prevention protocols, and AR #637, which specifically addresses the care and housing of individuals with gender dysphoria. Additionally, the Auditor examined ADOC Form 454-C (Classification PREA Risk Factors Checklist) and ADOC Form 454-K (PREA Risk Assessment), both of which are utilized during the intake and reassessment processes. These forms are supported by a Facility Risk Assessment Checklist, as well as actual Initial Risk Assessment and 30-Day Reassessment Records from inmate files, illustrating consistent application of policy.</p> <p>These documents reflect a structured, policy-informed process for identifying individuals at increased risk of sexual victimization or sexual abusiveness. The assessment protocols are designed not only to comply with federal PREA mandates but also to promote the safety and well-being of every incarcerated person through informed housing, program, and work assignment decisions.</p>

INTERVIEWS

PREA Director (PD):

The PREA Director emphasized the sensitive nature of risk screening information and confirmed that access is restricted to qualified staff on a strict need-to-know basis. This includes medical, mental health, classification, and PREA personnel. The information gathered during screenings is used solely to inform safety-related decisions, including housing placement, work assignments, and educational or program enrollment. The PD also confirmed that ADOC does not detain individuals solely for civil immigration purposes, which renders specific PREA screening provisions inapplicable at this facility.

PREA Compliance Manager (PCM):

The PCM described the risk screening process as a cornerstone of the facility's efforts to maintain a safe and secure environment. They affirmed that the assessments are conducted using validated tools and that all involved personnel receive regular training to ensure accurate and consistent implementation. The information collected enables staff to proactively identify and separate individuals who may be at risk for sexual victimization from those who may pose a threat.

Risk Screening Staff:

Staff responsible for conducting risk assessments provided detailed descriptions of the intake and reassessment process. They confirmed that initial screenings are typically completed within the first 24 hours of an individual's arrival, and always within the required 72-hour timeframe. The process includes a review of personal history, criminal background, and individual characteristics associated with risk. A formal reassessment is conducted within 30 days of arrival, with additional screenings triggered by new information, allegations, or changes in status. Staff also confirmed that individuals who identify as transgender are screened within 24 hours, reassessed within 30 days, and reviewed at least every six months thereafter.

Importantly, the staff reiterated that participation in risk screening is voluntary, and individuals are not punished for declining to answer any questions. In such cases, staff may revisit the topic or provide further context, but always maintain a respectful, non-punitive approach.

Randomly Selected Inmates:

Individuals interviewed at random recalled being asked safety-related questions during the intake process, including those concerning gender identity, sexual orientation, and prior victimization. They reported that screenings were conducted promptly upon arrival—often within the first day—and that they understood the questions were intended to support their safety within the facility.

Transgender Inmates:

At the time of the on-site audit, no transgender or intersex individuals were housed at the facility; therefore, no interviews from this population were conducted for this

standard.

PROVISIONS

Provision (a):

The facility reported on the PAQ that the agency/facility has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates.

Administrative Regulation #454 requires that all individuals entering or transferring into an ADOC facility be screened for risk of sexual victimization or abusiveness within 72 hours. The Auditor directly observed the intake process and reviewed 52 inmate records, all of which included completed risk assessments within the required timeframe—most within 24 hours. Staff also provided a walkthrough of the intake process, explaining each screening tool and procedure in detail.

Provision (b):

The facility reported on the PAQ that 198 inmates were admitted to the facility over the past 12 months and remained in house at least 72 hours. This provision requires screenings for all newly admitted or transferred individuals. The Auditor's review confirmed consistent application of this requirement.

Provision (c):

The facility reported on the PAQ the risk assessment is conducted using an objective screening instrument.

ADOC employs validated, objective screening tools—namely Forms 454-C and 454-K—to assess risk. These forms use weighted criteria and are grounded in evidence-based PREA standards. Staff interviews and record reviews confirmed routine and accurate use of these forms during initial assessments and reassessments.

Provision (d):

Form 454-C incorporates all screening criteria required under PREA, including factors such as age, physical stature, history of victimization or abusiveness, perception of vulnerability, and identification as LGBTQI+. The form assigns weighted points for each relevant factor, enabling objective scoring and appropriate classification.

Provision (e):

This provision calls for consideration of an individual's history of sexual abuse, violent convictions, and institutional misconduct in assessing their risk of being sexually abusive. These factors are addressed comprehensively in Part 2 of Form 454-C, and their use was confirmed during staff interviews and record reviews.

Provision (f):

	<p>The Auditor reviewed 40 inmate records to verify 72-hour risk assessments and 30-day risk re-assessments were completed. The Auditor verified that all 40 reviewed inmate records received a 72-hour risk assessment and a follow-up risk reassessment within 30 days of intake, in line with agency policy and PREA requirements. This demonstrates strong compliance with the standard.</p> <p>Provision (g):</p> <p>ADOC policy requires reassessment whenever new information arises that may affect an individual's risk level. Staff provided examples such as reports of sexual abuse, new criminal charges, and significant behavior changes as triggers for reassessment. Documentation confirmed these reassessments were conducted consistently and promptly.</p> <p>Provision (h):</p> <p>In alignment with ADOC policy and PREA guidance, individuals are not penalized for refusing to answer any screening questions. Staff confirmed this during interviews, explaining that they offer clarification and encouragement but never impose disciplinary consequences.</p> <p>Provision (i):</p> <p>Confidentiality of screening information is a priority. Access is tightly controlled and limited to appropriate personnel for the purposes of ensuring safety and treatment planning. Interviews confirmed that classification and medical staff maintain and manage this data securely. This aligns with Section F.8 of AR #454, which mandates protective measures against misuse or exploitation of sensitive information.</p> <p><u>CONCLUSION</u></p> <p>Based on a comprehensive review of facility policies, documentation, staff and inmate interviews, and direct observation of screening processes, the Auditor has determined that the Alabama Department of Corrections facility is in full compliance with PREA Standard §115.41. The agency demonstrates a consistent and effective system for screening individuals for risk of sexual victimization and abusiveness, supporting a safe and responsive institutional environment.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTATION REVIEWED</u></p> <p>To determine the facility's level of compliance with the provisions of PREA Standard §115.42, the Auditor conducted an in-depth review of a comprehensive body of</p>

documentation. The materials examined reflect how screening information is operationalized to enhance institutional safety, especially with regard to separating individuals at risk of sexual victimization from those at risk of perpetrating abuse.

The review began with the Pre-Audit Questionnaire (PAQ), which was submitted by facility and agency representatives and included pertinent responses and supporting documentation. Among the key policies reviewed were ADOC Administrative Regulation (AR) #454, titled Inmate Sexual Abuse and Harassment, and Standard Operating Procedure (SOP) 454-5, which further clarifies implementation practices. The facility also submitted ADOC Form 454-C (Classification PREA Risk Factors Checklist) and Form 454-K (PREA Risk Assessment)—critical tools used to inform housing and classification decisions.

A memorandum dated February 20, 2020, from the PREA Director titled Transgender Reassessment and Housing, was reviewed for guidance on care and placement of transgender and intersex individuals. Additionally, the Auditor examined several Inmate Records, Risk Assessment Checklists, an Intake Risk Assessment Checklist, and a Housing Designation Spreadsheet. These materials provided a clear window into how screening results are translated into meaningful decisions regarding housing, work, education, and programming.

INTERVIEWS

PREA Director (PD):

During interviews, the PREA Director explained that, while gender identification is initially determined based on the individual's legal sex assignment—typically assigned at birth—all subsequent classification decisions are based on individual assessments. These assessments prioritize the safety of the individual and the broader population. The PD emphasized that, in cases involving transgender or intersex individuals, their expressed views regarding personal safety are given substantial weight when making determinations about housing and programming. Reassessments for this population occur no less than every six months, or more frequently if a sexually related incident occurs. Additionally, specialized interviews are conducted to determine any known enemies or potential threats, and all relevant information informs housing and program placement decisions.

Staff Responsible for Risk Screening:

Staff members assigned to conduct risk assessments described a thoughtful and individualized approach to classification. While the forms and structured procedures are followed, staff also incorporate information gathered during personal interactions with the individual to guide housing and programming decisions. These conversations often reveal nuanced information that enhances the accuracy and appropriateness of placements.

Institutional PREA Compliance Manager (IPCM):

The IPCM confirmed that neither the facility nor the broader agency is operating under a consent decree, legal judgment, or settlement requiring the establishment of designated housing for LGBTQI+ individuals. Instead, individuals who identify as

lesbian, gay, bisexual, transgender, or intersex are housed within the general population unless specific circumstances warrant alternate placement. In such cases, trained staff meet with the individual to address their concerns directly. The IPCM further noted that every assessment completed by risk screening staff is factored into decision-making for housing and programming assignments. The process ensures that individuals at higher risk for victimization are appropriately separated from those identified as potentially abusive, and that placement decisions are guided by the totality of risk assessment data.

Transgender Inmate:

At the time of the on-site audit, there were no transgender or intersex individuals housed at the facility. As such, interviews with members of this population were not conducted for this standard.

PROVISIONS

Provision (a):

The facility confirmed through the PAQ that information gathered from risk screenings is actively used to inform decisions about housing, bed assignments, work details, educational programming, and other activities. The goal is to separate individuals at high risk of sexual victimization from those at high risk of committing abuse. The PREA Compliance Manager verified this practice. During the audit, the Auditor reviewed forty inmate files and confirmed that screening data was consistently applied to classification and assignment decisions.

The policy supporting this practice is found in AR #454, Section F.9(a), which mandates that risk screening and the PREA Mental Health Assessment be used to inform individualized, safety-based decisions that guide institutional placement and mitigate the risk of sexual harm.

Provision (b):

The PAQ further indicated that the facility makes individualized determinations to ensure each person's safety. This was reinforced during interviews with staff and through documentation review. The governing policy, AR #454, Section F.10(a), affirms that information obtained during screening is used to make safety-centered classification, housing, work, education, and program assignments tailored to each individual's needs.

Provision (c):

In alignment with AR #454, Section F.10(f), decisions regarding the housing and program assignments of transgender and intersex individuals are made on a case-by-case basis. This includes consideration of whether a particular placement would compromise institutional management or security, or jeopardize the individual's health or safety. The PAQ affirmed this case-specific approach, and staff interviews verified its consistent application.

Provision (d):

According to the PAQ and interviews with risk screening staff, the facility reassesses

	<p>the placement and programming of transgender or intersex individuals at least twice a year to determine whether any safety concerns have arisen. This practice is outlined in AR #454, Section F.10(d), and reflects the facility’s commitment to ongoing evaluation of potential risks.</p> <p>Provision (e): The facility ensures that the personal views of transgender or intersex individuals concerning their own safety are given meaningful consideration during placement decisions. This principle is codified in AR #454, Section F.10(e), and staff interviews confirmed this practice is actively followed.</p> <p>Provision (f): Transgender and intersex individuals are allowed to shower separately from other inmates. Interviews with staff confirmed that if such an individual were housed at the facility, they would be scheduled for a private shower period either 30 minutes before or after the general population. The facility’s infrastructure supports this policy, as each housing unit is equipped with single-occupancy shower stalls that allow for privacy. This is in full compliance with AR #454, Section F.10(g).</p> <p>Provision (g): The facility and agency do not assign individuals to dedicated housing units, facilities, or wings solely based on identification as lesbian, gay, bisexual, transgender, or intersex, unless required to do so by legal settlement, consent decree, or judgment. The PREA Compliance Manager affirmed that this practice is consistently upheld. This policy is clearly stated in AR #454, Section F.10(c), which prohibits blanket placements based solely on sexual orientation or gender identity.</p> <p><u>CONCLUSION</u></p> <p>Based on the review and analysis of all available documentation, staff interviews, and institutional practices, the Auditor concludes that the facility is in full compliance with PREA Standard §115.42 – Use of Screening Information. The agency demonstrates a strong commitment to ensuring individual safety through informed, case-specific decision-making grounded in policy and best practices.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTATION REVIEW</u></p> <p>To assess the facility’s compliance with the requirements of PREA Standard §115.43, the Auditor conducted a thorough review of relevant documents, policies, and records. The collective evidence reflects a strong institutional commitment to</p>

protecting individuals at heightened risk of sexual victimization and ensuring the responsible use—or avoidance—of segregated housing placements.

The Pre-Audit Questionnaire (PAQ) submitted by the facility provided a clear affirmation that no inmates had been involuntarily placed in protective custody or segregated housing due to sexual safety concerns within the past twelve months. This assertion was supported by documentation and corroborated during staff interviews.

The guiding policy for these protections is outlined in Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454 – Operations & Legal: Inmate Sexual Abuse and Harassment, dated January 4, 2016. This regulation strictly limits the use of involuntary segregation for individuals identified as being at risk of sexual abuse. It further mandates individualized assessments, the use of alternative housing options when available, and required periodic reviews when such placements are made.

ADOC AR #435 was also cited among the facility’s materials, but upon review, no language specific to the provisions of this standard was identified as relevant to protective custody concerns.

In addition to the policy review, the following records were examined:

Housing Designation Spreadsheet – This document did not reflect any findings or data points related to protective custody or involuntary segregation placements.

Post-Allegation Protective Custody Form – Reviewed and found to have had no recorded usage during the audit review period.

Memorandum of Non-Occurrence, dated June 17, 2024, authored by the Institutional PREA Compliance Manager (IPCM), confirmed that no inmates had been placed in protective custody or administrative segregation for PREA-related reasons and that the facility does not operate a designated segregation or protective custody unit.

INTERVIEWS

Facility Head or Designee:

The Facility Head verified that, consistent with agency policy, any instance of segregated housing—regardless of the reason—would be formally documented and reviewed at least every 30 days. However, they confirmed that no inmates had been housed in segregated housing for protective custody or sexual safety concerns during the review period.

Staff Assigned to Segregated Housing Areas:

The facility does not operate a designated segregation unit. As such, no staff are assigned to oversee segregated housing, and no interviews were conducted with staff in this role for the purposes of evaluating this standard. The absence of such a unit supports the facility’s compliance with the standard’s intent to avoid unnecessary

restrictive housing for vulnerable individuals.

Inmates in Segregated Housing:

At the time of the on-site audit, no inmates were housed in segregation for reasons related to sexual abuse or risk of victimization. All individuals housed in restricted areas were there for disciplinary or administrative reasons unrelated to PREA. Therefore, no inmate interviews specific to protective custody were conducted under this standard.

Institutional PREA Compliance Manager (IPCM):

The IPCM confirmed that no inmates had been placed in protective custody or involuntarily segregated housing for PREA-related reasons in the twelve months preceding the audit. The IPCM reiterated that Elmore Correctional Facility does not operate a dedicated protective custody or segregation housing unit and provided official documentation supporting this assertion.

PROVISIONS

Provision (a):

Agency policy clearly prohibits the involuntary placement of individuals at high risk of sexual victimization into segregated housing, unless no alternative means of separation can ensure the individual's safety. This principle is codified in AR #454, Section J.1, which requires that all alternative housing options be evaluated and exhausted prior to considering segregation. The Facility Head and IPCM confirmed that no such placements occurred within the past year.

Provision (b):

Although no placements in protective custody occurred during the audit period, the PAQ and staff interviews confirmed that, should such a placement become necessary, the individual would retain access to programming, education, privileges, and work assignments to the maximum extent possible. AR #454, Section J.2 affirms these expectations and requires thorough documentation justifying any restrictions imposed due to safety concerns.

Provision (c):

The facility reported zero instances of involuntary segregation or protective custody in the twelve months preceding the audit. This was verified through interviews and record reviews. Facility staff affirmed that any such placement, should it occur, would be considered only as a last resort following a comprehensive assessment of all available alternatives, in accordance with agency policy.

Provision (d):

As confirmed by the IPCM and documented in the PAQ, no inmates were placed in protective custody during the audit period. Although this provision did not apply in practice during this cycle, policies are in place to govern such placements and ensure compliance if the need arises.

Provision (e):

According to AR #454, Section J.3, any individual placed in protective custody must

	<p>have their status formally reviewed at least every 30 days to determine whether continued placement is necessary. While there were no such cases to evaluate during the review period, interviews with facility leadership and compliance staff demonstrated a clear understanding of and readiness to fulfill this requirement.</p> <p><u>CONCLUSION</u></p> <p>After a comprehensive review of documentation, facility policies, staff interviews, and the information provided through the Pre-Audit Questionnaire, the Auditor concludes that Elmore Correctional Facility is in full compliance with PREA Standard §115.43 – Protective Custody.</p> <p>The facility’s operational model—specifically the absence of a segregation unit—demonstrates a proactive and thoughtful approach to inmate safety. The complete lack of involuntary protective custody placements during the past year, combined with strong policy alignment and staff familiarity with the standard’s requirements, indicates effective institutional oversight and an adherence to the core principles of the PREA standards.</p>
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115.51	Inmate reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTATION REVIEWED</u></p> <p>To assess compliance with PREA Standard §115.51 – Inmate Reporting, the Auditor thoroughly reviewed a broad range of documentation that demonstrated the Alabama Department of Corrections’ (ADOC) commitment to providing inmates with safe, confidential, and accessible methods to report sexual abuse, sexual harassment, staff misconduct, and retaliation.</p> <p>Key documents reviewed included:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) – Verified the existence of multiple internal and external avenues available for inmate reporting. 2. ADOC Administrative Regulation (AR) #454, titled Inmate Sexual Abuse and Harassment (dated January 4, 2016) – This policy clearly outlines staff and inmate responsibilities, procedures for reporting, and agency obligations regarding sexual safety. 3. ADOC Male Inmate Handbook, dated September 25, 2017 – Provides guidance to incarcerated individuals regarding how to report sexual abuse or harassment, including available channels and the assurance of confidentiality. 4. Pre-addressed Legal Mail Envelopes – These are provided upon request and

are addressed directly to the Director of the Law Enforcement Services Division (LESD), allowing inmates to send confidential reports outside of the facility.

5. Memorandum of Understanding (MOU) with Securus Technologies – Establishes the PREA reporting hotline (*6611) and the ACAR support hotline as part of the larger inmate communication system.
6. Facility-Wide Posters, including the “NO MEANS NO” campaign – Visual educational tools reinforcing the agency’s zero-tolerance policy and multiple methods of reporting sexual misconduct.

This documentation reflects an established and layered framework that prioritizes inmate safety and offers multiple, clearly communicated pathways for reporting.

OBSERVATIONS

During the on-site audit, the Auditor noted several positive indicators demonstrating the facility’s commitment to maintaining accessible and visible reporting mechanisms for incarcerated individuals:

"NO MEANS NO" posters were prominently displayed in both English and Spanish throughout all housing units, intake and orientation areas, hallways, dining spaces, and other communal settings. These posters detailed definitions of sexual abuse, reporting options, and contact information for internal and external support services.

Secure PREA drop boxes were observed in multiple locations across the facility. These boxes were clearly marked and easily accessible, offering a confidential method for inmates to submit written concerns or reports without fear of interception.

Legal mail procedures were verified through interviews with mailroom staff, who confirmed that incarcerated individuals could request pre-printed envelopes addressed to the LESD. These envelopes are treated as confidential legal correspondence and are processed in a manner that limits staff handling.

Functionality of the PREA hotline (*6611) was tested in several housing units. Each test confirmed that the system was operational, toll-free, and capable of recording anonymous messages. A pre-recorded disclaimer advised callers of the monitored nature of the hotline while clearly offering the option to leave confidential reports. Messages are limited to two minutes and are automatically archived for follow-up by LESD personnel.

INTERVIEWS

Institutional PREA Compliance Manager (IPCM):

The IPCM provided a detailed overview of the facility’s reporting mechanisms and confirmed that all inmates are informed of their right to report incidents of sexual abuse or harassment in multiple ways. These include direct reporting to staff, use of the PREA hotline, written communication, third-party reporting, and anonymous

submissions. The IPCM also confirmed the ongoing contract with Securus Technologies, which enables hotline messages to be sent directly to the agency's PREA Director via secure email, ensuring prompt review and response.

Random Staff:

Staff members consistently demonstrated clear understanding of their duties related to inmate reporting. All staff interviewed affirmed their obligation to:

- Accept and report allegations of sexual abuse or harassment immediately and without exception
- Support multiple inmate reporting options, including verbal and written reports, use of drop boxes, hotline calls, and third-party submissions
- Maintain confidentiality and sensitivity when responding to disclosures
- Use private channels such as supervisors, the IPCM, or direct contact with the PREA Director to report incidents privately if needed
- Random and Targeted Inmate:

Inmates across housing units reported consistent awareness of their rights under PREA and described various reporting methods available to them. Commonly cited methods included:

- Calling the *6611 PREA hotline
- Reporting directly to staff or the IPCM
- Asking family members or friends to contact the facility on their behalf
- Using written reports or the PREA drop boxes
- Sending confidential legal mail to LESD

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

PROVISIONS

Provision (a):

The facility ensures that inmates are able to report not only incidents of sexual abuse or harassment, but also retaliation or staff negligence related to such incidents. According to AR #454 (Section H, 2, a) and verified through staff interviews and the PAQ, inmates may report concerns verbally, in writing, anonymously, or through third parties. Secure drop boxes, confidential mail procedures, and direct reporting options remain readily available and widely understood by the inmate population.

Provision (b):

Inmates are provided with access to at least one method of reporting to an outside entity not affiliated with ADOC. The agency offers:

- The *6611 PREA and Investigations Hotline, which records and archives messages submitted anonymously or directly.

	<ul style="list-style-type: none"> • The ACAR Hotline (1-800-639-4357) operated independently and designed to provide confidential, unmonitored access to external victim support services. • Both hotlines are accessible 24/7, and the recordings from the *6611 line are retained for a minimum of five years, as stipulated in the facility’s contract with Securus. <p>Provision (c): Staff are required to accept reports made through any method and are mandated to document and respond promptly to all allegations. AR #454 (Section H, 1, a & b) codifies these requirements. Interviews with staff confirmed their familiarity with these expectations, and all respondents reported feeling fully equipped to respond appropriately to disclosures or suspicions of sexual abuse or harassment.</p> <p>Provision (d): Staff may report privately through several designated channels, including directly to the IPCM, supervisory personnel, or the PREA Director. This ensures that those wishing to raise concerns discreetly may do so in accordance with AR #454 (Section H) and established internal practices.</p> <p><u>CONCLUSIONS</u></p> <p>Based on the comprehensive review of policies, procedures, facility observations, and interviews with staff and incarcerated individuals, the Auditor concludes that the agency and this facility meet all the requirements outlined under PREA Standard §115.51 – Inmate Reporting.</p> <p>The variety of accessible, confidential, and well-communicated reporting options available to inmates—and the clearly established procedures for staff response—demonstrate a robust commitment to sexual safety, transparency, and compliance with the PREA standards.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTATION REVIEW</u></p> <p>In assessing compliance with PREA Standard §115.52 – Exhaustion of Administrative</p>

Remedies, the Auditor examined a comprehensive set of documents and materials provided by the Alabama Department of Corrections (ADOC), including:

1. Pre-Audit Questionnaire (PAQ): Confirmed that the agency has a formal grievance process in place that includes sexual abuse and harassment as grievable matters.
2. ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment: Establishes procedures and staff responsibilities related to PREA-related reporting and investigations.
3. ADOC Administrative Regulation (AR) #406 – Inmate Grievance Policy (Dated August 1, 2023): Defines grievance processes, response timelines, emergency grievance handling, and third-party assistance guidelines.

This documentation demonstrates a clear and structured approach to ensuring incarcerated individuals have meaningful access to a grievance system that supports PREA-related concerns without undue barriers.

INTERVIEWS

Staff Interviews:

Randomly selected staff confirmed during interviews that allegations of sexual abuse or harassment are recognized and processed as grievable issues within the formal administrative remedy process. Staff expressed familiarity with the relevant policies and acknowledged the importance of ensuring every individual's right to file a grievance safely and without retaliation.

Inmate Interviews:

Incarcerated individuals also consistently affirmed during both formal interviews and informal discussions that they are informed of their right to grieve incidents of sexual abuse or harassment. They expressed an understanding of how the grievance process works and confirmed that such issues are taken seriously and addressed by the facility.

PROVISIONS

Provision (a):

The agency has a formal administrative procedure that allows inmates to file grievances related to allegations of sexual abuse and harassment. This was confirmed through the PAQ, policy review, and interviews. The facility reported no such grievances filed in the previous 12 months. However, in all other grievance matters, responses were rendered within the required 90-day timeframe, indicating procedural compliance.

The Auditor reviewed ADOC AR #454 and the Inmate Handbook, both of which explicitly state that sexual abuse and harassment are valid issues to grieve through the administrative process.

Provision (b):

The PAQ and AR #406 confirm that incarcerated individuals may submit a grievance regarding sexual abuse at any time, regardless of when the incident occurred. There is no requirement to attempt informal resolution before initiating the grievance process.

Specifically:

- AR #406, Section F encourages informal resolution of general concerns but makes it clear that informal resolution is not required for sexual abuse-related complaints.
- AR #406, Section G waives all time limitations for filing PREA-related grievances, ensuring that allegations can be addressed regardless of how much time has passed since the incident.

Provision (c):

The facility allows individuals to submit grievances concerning sexual abuse without having to present the grievance to, or through, the staff member alleged to be involved in the misconduct. Further, such grievances are not routed through or reviewed by the accused staff member at any stage of the process.

Supporting policy excerpts include:

- AR #406, Section E: Inmates are not required to discuss or submit grievances to the individual implicated in the complaint.
AR #406, Section R: Grievances involving sexual abuse or harassment are recorded by the Institutional Grievance Officer (IGO) and then forwarded to the

Institutional PREA Compliance Manager (IPCM) for immediate investigation in accordance with AR #454. This ensures an impartial and secure process.

Provision (d):

One grievance alleging sexual abuse was reported as filed during the 12-month review period. According to AR #406, Section Z(1)(d), the Institutional Grievance Officer must respond to the first step of a grievance within 10 days of receipt. The facility confirmed that this timeline was met for the one PREA-related grievance filed, supporting procedural adherence.

Provision (e):

The agency permits third-party assistance in preparing and submitting grievances related to sexual abuse. This assistance may come from fellow incarcerated individuals, facility staff, attorneys, family members, or outside advocacy groups. However, policy requires that the grievance itself be submitted by the person directly

affected.

AR #406, Section D outlines this provision, allowing assistance while preserving the inmate's ownership of the grievance. If assistance is offered and declined, staff are instructed to document that refusal.

Provision (f):

The agency has established a separate, expedited process for handling emergency grievances that involve substantial risk of imminent sexual abuse. These grievances receive a preliminary response within 48 hours and are resolved or addressed within 72 hours through appropriate investigative or protective actions.

According to AR #406, Sections AA(1) and AA(4), emergency grievances are immediately reviewed by the Warden or designee and then routed as needed to the IPCM for inmate-on-inmate cases or to the Law Enforcement Services Division (LESD) for staff-related incidents.

Appeals of emergency grievances are forwarded to the Deputy General Counsel (DGC) and must be resolved within a 72-hour timeframe.

One emergency grievance involving a risk of sexual abuse was reported during the review period. Documentation confirmed that it was addressed in accordance with policy timelines and response protocols.

Provision (g):

Agency policy expressly prohibits disciplinary action against any individual for filing a grievance in good faith related to sexual abuse. Disciplinary consequences are only permissible in cases where it is established that the grievance was made in bad faith with malicious intent.

AR #406, Section L clearly prohibits retaliation or reprisals for filing a grievance, particularly those involving PREA concerns. Any staff member found to have engaged in retaliatory behavior may be subject to corrective action, disciplinary measures, or criminal investigation.

The facility reported one instance of disciplinary action against an inmate for filing a PREA-related grievance during the past 12 months.

CONCLUSION

After reviewing the Pre-Audit Questionnaire, applicable administrative regulations, supporting grievance documentation, and conducting comprehensive interviews with staff and incarcerated individuals, the Auditor concludes that the facility is in full compliance with PREA Standard §115.52 – Exhaustion of Administrative Remedies.

The agency has established and maintained a transparent, accessible, and trauma-informed grievance process that protects the rights of incarcerated individuals, ensures timely responses, prohibits retaliation, and aligns with the federal PREA standards.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTATION REVIEWED</u></p> <p>To evaluate the facility’s compliance with PREA Standard §115.53 – Inmate Access to Outside Confidential Support Services, the Auditor conducted a thorough review of several key documents. These included the Pre-Audit Questionnaire (PAQ) along with its supporting documentation, Alabama Department of Corrections (ADOC) Administrative Regulation #454, and formal Memoranda of Understanding (MOUs) between the ADOC and relevant service providers. The MOU with the Alabama Coalition Against Rape (ACAR) was especially critical, as it outlines the provision of confidential support services to individuals in custody. Additional documentation included PREA informational posters visibly displayed throughout the facility, the Alabama Advocacy Hotline contact materials, and a directory of advocacy center contact information to assist in connecting individuals to appropriate support.</p> <p><u>OBSERVATIONS</u></p> <p>During the on-site facility tour, the Auditor observed that PREA awareness materials were prominently posted in multiple locations accessible to incarcerated individuals. Notably, bilingual “NO MEANS NO” posters were visible throughout the institution in both English and Spanish, reinforcing the facility’s commitment to preventing and addressing sexual abuse and harassment. These posters provided clear information on how individuals can access confidential support services, including hotline numbers and advocacy resources.</p> <p><u>INTERVIEWS</u></p> <p>Interviews with Incarcerated Individuals</p> <p>The Auditor conducted interviews with randomly selected incarcerated individuals to assess their knowledge of available outside support services. Respondents demonstrated a general awareness of the facility’s partnership with a confidential support services agency and indicated they knew how to access emotional support. Most could identify the PREA hotline (*6611) as a resource for reporting and support. Individuals acknowledged that while the *6611 line is recorded and calls are archived, they had been informed that some of the information shared during calls may be relayed to facility personnel, particularly in instances where safety, institutional security, or medical care is involved.</p> <p>Interview with the Institutional PREA Compliance Manager (IPCM)</p> <p>The facility’s Institutional PREA Compliance Manager confirmed during the interview that a formal MOU is in place with an outside confidential support service agency. The IPCM affirmed that the agency offers access to trained victim advocates, and</p>

materials related to these services are posted and distributed throughout the institution.

Interview with Representative from 2nd Chance, Inc.

The Auditor also interviewed a representative from 2nd Chance Inc. The representative explained that trained victim advocates are available to accompany and support victims before, during, and after forensic medical examinations. In addition to in-person support, the organization provides ongoing follow-up to ensure that emotional support and aftercare services are coordinated and maintained. The representative also noted that victims are informed that certain disclosures—whether medical or non-medical—may be shared with facility staff when necessary for safety, investigation, or institutional healthcare coordination.

PROVISIONS

Provision (a):

According to the Pre-Audit Questionnaire and confirmed during interviews with facility leadership, the facility ensures that incarcerated individuals have access to outside victim advocates who provide emotional support services related to sexual abuse. The IPCM verified the availability of these services and outlined procedures for connecting individuals with advocates.

The facility also provided the Auditor with a detailed list of ACAR Member Crisis Centers, which included mailing addresses, phone numbers, and county-specific contact information for easy reference by staff and individuals in custody. This list ensures that each facility within the ADOC system can identify and coordinate with the appropriate support agency based on geographic location. 2nd Chance, Inc. was identified as the local service provider for this facility.

Provision (b):

To assess the accessibility of the PREA hotline, the Auditor personally tested several inmate telephones located throughout the facility. Each phone was functional, and the *6611 hotline connected successfully during each attempt. Facility protocol requires that these phones are checked once per shift by staff members at the intermediate level or higher to ensure consistent access to the hotline.

The representative from 2nd Chance, Inc. reiterated that their staff not only assist with examinations and follow-up care, but also explain to victims that while their conversations are confidential, certain information may be disclosed to facility personnel to support investigations or to ensure the individual's continued medical and emotional wellbeing.

Provision (c):

The Auditor received and reviewed a Memorandum of Understanding (MOU) between the Alabama Department of Corrections and the Alabama Coalition Against Rape (ACAR). This MOU outlines the responsibilities of ACAR to provide confidential emotional support services to individuals in custody who have experienced sexual abuse. It further requires ACAR to maintain or enter into agreements with local

	<p>community providers across the state, ensuring that confidential support services are accessible and geographically appropriate for each facility.</p> <p>Importantly, the ACAR support hotline (1-800-639-4357) is designated as a confidential line. Calls to this number are neither recorded nor monitored, preserving the privacy and confidentiality of individuals seeking emotional support.</p> <p><u>CONCLUSIONS</u></p> <p>Based on the comprehensive review of policy documentation, direct observations during the facility tour, and information gathered through interviews with staff, individuals in custody, and service providers, the Auditor concludes that the facility is fully compliant with the provisions of PREA Standard §115.53. The facility has demonstrated a clear commitment to ensuring that all incarcerated individuals have meaningful access to outside confidential support services, including trained victim advocates and emotional support hotlines, consistent with federal PREA requirements.</p>
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115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p><u>DOCUMENTATION REVIEWED</u></p> <p>To assess compliance with PREA Standard §115.54, the Auditor conducted a comprehensive review of the facility’s documentation, which included a completed Pre-Audit Questionnaire (PAQ), relevant policies, public communication tools, and examples of institutional forms. The PAQ affirmed that the facility has implemented procedures that meet the standard’s requirements, and it was supported by policy references, active website links, reporting forms, and summaries of interviews.</p> <p>One of the primary governing documents is Alabama Department of Corrections (ADOC) Administrative Regulation #454. This regulation outlines the agency’s commitment to eliminating sexual abuse and sexual harassment in all of its facilities and includes detailed procedures for enabling and responding to third-party reports. Regulation #454 specifically affirms that individuals in custody, staff members, family, attorneys, and members of the public may report allegations of sexual abuse or harassment through multiple channels, including third-party reporting methods.</p> <p>The agency has made meaningful efforts to ensure public access to these reporting mechanisms through digital platforms. The ADOC’s official website (http://www.doc.state.al.us) includes a dedicated section under the “About ADOC” tab</p>

that links directly to the PREA webpage. This page contains several tools designed for external users to submit PREA-related reports, including:

A “Request an Investigation” link clearly marked beneath the PREA Director’s contact information, which directs users to a third-party reporting submission form;

A PREA-specific email address (DOC.PREA@doc.alabama.gov), prominently displayed with a direct email link to simplify the submission process.

These online reporting tools ensure that anyone—including friends, family, legal representatives, or advocacy organizations—can file a PREA report on behalf of an individual in custody. The reporting methods are designed to be confidential, easy to access, and available to users regardless of their physical location.

Additionally, the facility submitted copies of the Law Enforcement and Specialized Divisions (LESD) reporting forms, which outline procedures for documenting, processing, and responding to third-party reports. These forms include fields for tracking the source of the report, the nature of the allegation, any referrals made, and follow-up actions. This documentation supports the agency’s ability to monitor and respond to third-party allegations in a timely and systematic manner, consistent with PREA standards.

INTERVIEWS

Random Inmates

During interviews with randomly selected incarcerated individuals, the Auditor found a strong general awareness of third-party reporting mechanisms. Several individuals accurately described how external parties—such as family members, attorneys, or community advocates—could report sexual abuse or harassment on their behalf. Incarcerated persons indicated that they would use or encourage others to use these third-party channels if they ever felt unsafe reporting an incident themselves. This level of awareness among the facility’s population further supports that the facility has effectively communicated the availability and purpose of third-party reporting.

PROVISIONS

Provision (a):

The Alabama Department of Corrections has demonstrated compliance with Provision (a) of this standard by ensuring that third-party reporting is publicly accessible and well-integrated into its institutional reporting systems. The agency’s website serves as a central access point for third-party reporting, offering multiple tools that allow external individuals to initiate PREA-related reports. These methods include an online investigation request form, a designated email address for PREA communications, and clearly identified contacts for further inquiry. The availability of these options promotes transparency and reinforces the agency’s zero-tolerance stance toward sexual abuse and harassment.

CONCLUSION

	<p>Following a detailed review of the Pre-Audit Questionnaire, supporting policy documentation, online reporting infrastructure, and inmate interviews, the Auditor concludes that the Alabama Department of Corrections is in full compliance with PREA Standard §115.54. The agency has taken measurable steps to ensure that incarcerated individuals, their families, and the broader community are aware of and able to utilize third-party reporting mechanisms. These reporting tools are accessible, confidential, and well-publicized, and the facility has demonstrated the capacity to process and act on third-party reports effectively. Incarcerated individuals confirmed awareness of these options, reflecting successful communication and training efforts by the agency.</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION REVIEW</p> <p>To support this assessment, the Auditor reviewed the following key documents:</p> <ol style="list-style-type: none"> 1. The facility’s Pre-Audit Questionnaire (PAQ) and supporting materials 2. ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (PREA) 3. ADOC Administrative Regulation (AR) #302 – Incident Reporting and Notification <p>These documents form the backbone of the agency’s commitment to reporting protocols. They require staff to immediately report all knowledge, suspicions, or allegations of sexual abuse or harassment, including any form of retaliation or staff neglect. Furthermore, these regulations underscore the importance of confidentiality, define the mandatory reporting obligations of medical and mental health practitioners, and delineate the chain of command for forwarding reports.</p> <p><u>INTERVIEWS</u></p> <p>Random Staff Interviews</p> <p>Every randomly selected staff member expressed a clear understanding of their duty to report. They confirmed that, regardless of how they learn of a possible PREA-related incident—be it through direct disclosure, observation, or rumor—they are required to report it immediately. Staff consistently emphasized that all information pertaining to sexual abuse or harassment is handled confidentially and only shared with individuals who need to know, such as supervisors, investigators, or medical and mental health personnel. Staff also demonstrated awareness that any allegation is</p>

routed to the Institutional PREA Compliance Manager (IPCM), who forwards it to the investigative staff following agency procedures.

Medical and Mental Health Practitioners

Healthcare professionals echoed their firm grasp of mandatory reporting responsibilities. They affirmed that, during any interaction with an incarcerated individual, they clearly communicate the limitations of confidentiality prior to beginning services. This approach ensures transparency while also aligning with professional ethics and ADOC policy. Medical personnel also confirmed that they are equipped with and reference a compact, trauma-informed guidebook titled “Prison Rape Elimination Act (PREA): A Trauma-Informed Guide for First Responders,” which outlines key responsibilities including evidence preservation and information dissemination.

Facility Head or Designee

The Facility Head, or their designee, conveyed a strong understanding of the agency’s zero-tolerance policy and related reporting expectations. They affirmed that all reports of sexual abuse or harassment, regardless of who is involved or where the incident occurred, must be reported without delay. The Facility Head underscored that such reports—whether involving staff misconduct, retaliation, or neglect—are forwarded through the designated chain, including to the IPCM and the investigative team.

PREA Director

The PREA Director reinforced that the agency treats every allegation seriously, regardless of how it is received—directly from the incarcerated individual, through staff, third parties, or anonymously. The Director described a structured intake and documentation process and reaffirmed strict adherence to both ADOC regulations and federal PREA standards.

PROVISIONS

Provision (a): Staff Duty to Report

The PAQ clearly outlines the requirement that all staff must immediately report any knowledge, suspicion, or information regarding sexual abuse, harassment, or retaliation. This policy applies regardless of where the incident took place or how the information was received. According to AR #454 (p. 19, Section H, 1, a-b), ADOC staff must report any information—verbal, written, third-party, or anonymous—concerning sexual misconduct or staff negligence. Staff interviews confirmed that 100% were aware of these obligations and could articulate the proper reporting channels, emphasizing confidentiality and immediate communication with the IPCM.

Staff also referenced the PREA pocket guide provided by ADOC, which offers accessible, trauma-informed procedures for responding to and reporting sexual abuse incidents. Each staff member interviewed demonstrated clear knowledge of the

proper protocol, reinforcing that information should be limited to essential personnel only.

Provision (b): Confidentiality Requirements

ADOC policy and staff interviews confirm a strong adherence to confidentiality protocols. AR #454 (p. 19, Section H, 1, c) prohibits staff from disclosing information except as necessary for investigation, management, or treatment purposes. Staff were able to describe these expectations in detail, affirming that they only share PREA-related information with supervisors, investigators, or health professionals directly involved in the case.

Additionally, the Auditor reviewed the Informed Consent for Medical Services form, which clarifies to the incarcerated person that certain disclosures may be shared with relevant personnel. All staff interviewed confirmed they strictly follow this protocol.

Provision (c): Practitioner Disclosure Requirements

Medical and mental health practitioners consistently reported that they inform patients upfront about the limits of confidentiality. This practice is in compliance with AR #454 (p. 20, Section H, 1, f), which mandates that practitioners notify inmates prior to services that any disclosure of sexual victimization must be reported. Interviews affirmed that practitioners understand and carry out this requirement, and that they use the PREA First Responder guidebook as a supplemental reference. Each practitioner was able to describe their reporting obligations confidently and clearly.

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

The agency's policies ensure that any sexual abuse or harassment allegation involving a youthful or vulnerable adult inmate is reported to external authorities, including the Alabama Department of Human Resources. This requirement is stated in AR #454 (p. 20, Section H, 1, g). Interviews with the Warden's designee, the PREA Director, and the IPCM confirmed that they understood and complied with this legal reporting mandate.

Provision (e): Forwarding of Allegations to Investigators

All PREA allegations—regardless of how received—are promptly referred to investigative authorities by the IPCM or PREA Director. AR #454 (p. 19, Section H, 1, b) and AR #302 both emphasize immediate reporting to the Law Enforcement Services Division (LESD), formerly the Investigations and Intelligence (I&I) unit. Interviews confirmed that this protocol is followed consistently, with all relevant parties aware of the appropriate steps for transferring information and initiating an investigation.

CONCLUSION

Based on a comprehensive review of agency policy, documented procedures, and in-depth staff interviews, the Auditor concludes that the facility is fully compliant with

	<p>PREA Standard §115.61—Staff and Agency Reporting Duties. The facility has demonstrated an effective, system-wide commitment to ensuring all allegations of sexual abuse, harassment, and retaliation are immediately reported, appropriately handled, and thoroughly investigated in accordance with PREA standards and ADOC regulations.</p>
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115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTATION REVIEW:</u></p> <p>To evaluate the facility’s compliance with PREA Standard §115.62, the Auditor examined a range of documents that collectively articulate the Alabama Department of Corrections’ (ADOC) policies and practices for ensuring the safety of individuals at risk of sexual abuse. These included the Pre-Audit Questionnaire (PAQ) and supporting documentation, ADOC Administrative Regulation (AR) #454 titled Inmate Sexual Abuse and Harassment (PREA), transfer records associated with concerns about sexual safety, housing designation logs that document inmate placement decisions, and the facility’s Coordinated Response Plan. Together, these materials demonstrate a clearly defined and responsive system designed to protect individuals when there is reason to believe they face a substantial and imminent risk of sexual abuse. The records reviewed reveal a structured, proactive, and prevention-focused approach that prioritizes safety and dignity for those in custody.</p> <p><u>INTERVIEWS:</u></p> <p>Facility Head or Designee:</p> <p>During the onsite interview, the Facility Head emphasized that protective action would be taken without delay if any individual were determined to be at substantial risk of imminent sexual abuse. The Facility Head outlined a range of responsive measures, including the possibility of moving the individual to a safer housing assignment within the facility or initiating a transfer to another facility, depending on the specific nature and immediacy of the threat. In instances where the alleged perpetrator is known, that person would be placed in restrictive housing to eliminate contact with the potential victim. The Facility Head underscored that the facility’s primary concern is to safeguard the at-risk individual while ensuring that all actions taken are respectful of their rights and do not result in punitive measures unless absolutely necessary.</p> <p>Random Staff</p> <p>Staff members selected at random consistently reported that they are trained to recognize and respond immediately to threats of sexual abuse. Staff articulated a</p>

clear understanding of their responsibilities in these situations, which align with ADOC policy and PREA mandates. Upon receiving information indicating that someone may be in danger, staff stated they would:

- Promptly separate the individual from the alleged perpetrator
- Notify a supervisor without hesitation
- Secure the area to preserve any potential evidence
- Ensure the individual receives timely medical care and emotional support

These consistent responses reflect a strong understanding among staff of the agency's protective responsibilities and demonstrate their readiness to act in accordance with emergency protocols.

PROVISIONS:

Provision (a):

According to the Pre-Audit Questionnaire, the facility reports that it is fully prepared to take immediate action should an individual be identified as being at substantial risk of sexual abuse. Although there were no reported cases in the previous twelve months that triggered these emergency protective measures, interviews with leadership and staff confirmed that the infrastructure and procedures are well-established and would be implemented promptly if necessary.

Policy Review:

The following excerpts from ADOC policy documents reinforce the agency's commitment to providing a safe environment and ensuring protection from sexual harm:

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

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

Page 10, Section K.3 further outlines:

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

These regulations underscore the facility's obligation to pursue non-punitive, safety-focused interventions as a first line of response.

Practice Evidence:

The Auditor's review of facility documentation provided tangible evidence of policy implementation. Housing designation logs and transfer records confirmed that the facility tracks inmate movements closely and documents the rationale for each decision. Additionally, the Coordinated Response Plan details specific roles and

	<p>responsibilities for responding to sexual abuse threats or incidents, including steps to protect the victim or anyone at risk. The presence of such documentation supports the conclusion that the facility takes a systematic and coordinated approach to risk management and victim safety.</p> <p><u>CONCLUSION:</u></p> <p>Based on the thorough review of relevant policies, operational documentation, and comprehensive interviews with facility staff and leadership, the Auditor finds that the facility has met all expectations of PREA Standard §115.62 – Agency Protection Duties. The facility demonstrates a clear commitment to taking immediate, informed, and non-punitive action when there is knowledge or belief that an individual is at substantial risk of imminent sexual abuse.</p>
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>DOCUMENTATION REVIEW:</u></p> <ol style="list-style-type: none"> 1. To assess compliance with PREA Standard §115.63, the Auditor reviewed a comprehensive set of documents that demonstrate the facility’s readiness and procedures for reporting allegations of sexual abuse that are said to have occurred at another confinement facility. This standard requires that, upon receiving such an allegation, the head of the facility must notify the appropriate authority at the location where the incident allegedly took place. The reviewed documentation provided a clear picture of how this responsibility is operationalized within the Alabama Department of Corrections (ADOC). 2. Pre-Audit Questionnaire (PAQ): The PAQ outlined the facility’s established protocols for inter-facility reporting of sexual abuse allegations. It confirmed that no such allegations were reported during the previous 12-month period. However, it also documented the facility’s preparedness to comply with the standard’s requirements for timely notification and formal documentation should such a situation arise. 3. ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (PREA): This regulation, effective January 4, 2016, serves as the agency’s central policy for the prevention, detection, and response to sexual abuse and harassment. Section H.1.d of AR #454 mandates that the Warden, upon receiving an allegation involving another facility, must notify the head of the facility where the abuse is reported to have occurred within 72 hours. 4. ADOC Form 454-F – Reporting to Other Confinement Facilities: This

standardized form is used to document the inter-facility notification process. It captures key information such as the allegation's nature, the date and time the report was received, the recipient of the notification, and when the notification was made. The form provides a mechanism for ensuring timely, accurate, and verifiable communication, aligning with the expectations of the standard.

5. An official IPCM Statement of Non-Occurrence, dated March 7, 2025.

INTERVIEWS:

Agency Head Designee:

During the interview, the Agency Head Designee confirmed that the agency maintains clear and well-defined protocols for addressing all allegations of sexual abuse, regardless of where the incident is reported to have taken place. They emphasized that all such allegations—whether originating internally or from other facilities—are subject to full investigation in accordance with ADOC policy and Georgia Department of Corrections (GDC) standards. The designee demonstrated a detailed understanding of the inter-facility notification process and highlighted the agency's zero-tolerance stance toward sexual abuse.

Facility Head:

In the interview with the Facility Head, it was affirmed that the Warden or designee holds responsibility for notifying the appropriate official at another confinement facility when an allegation is received regarding an incident that occurred elsewhere. This notification is made as promptly as possible, and always within the 72-hour window established by ADOC AR #454. While no such notifications occurred during the audit review period, the Facility Head explained that all processes are in place to ensure timely compliance. The use of ADOC Form 454-F is standard practice for documentation, and any allegation received from another facility would be investigated thoroughly under applicable PREA requirements.

PROVISIONS:

Provision (a): Notification to Other Confinement Facilities

The Pre-Audit Questionnaire reaffirms that when a resident reports being sexually abused at another facility, the Warden or designee is required to notify the appropriate authority at that facility. This obligation is clearly outlined in Section H.1.d of ADOC AR #454, which states that such notification must occur no later than 72 hours from the time the allegation is received.

Allegations in the Past 12 Months: 0

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

An official IPCM Statement of Non-Occurrence, dated March 3, 2025, confirms that the facility—identified as CCBF—received zero such allegations during the reporting period.

Provision (b): Timeliness of Notification

	<p>The facility's policy aligns with the standard's 72-hour notification requirement. Interviews with the Facility Head confirmed that this timeframe is followed without exception. While no qualifying reports were received during the audit period, the PREA Compliance Manager provided a sample copy of ADOC Form 454-F to illustrate the documentation process.</p> <p>Provision (c): Documentation of Notification</p> <p>Notifications are formally recorded using ADOC Form 454-F, which tracks the essential details of the communication to ensure accuracy and accountability. The Facility Head verified that although no inter-facility notifications were made in the previous year, staff are trained on how to complete and submit the required documentation. The process is guided by AR #454, Section H.1.d, which ensures that every step is recorded and verifiable.</p> <p>Provision (d): Investigation of Allegations Received from Other Facilities</p> <p>The facility's response to the Pre-Audit Questionnaire confirmed that it would fully investigate any allegation of sexual abuse received from another confinement setting. The Facility Head reaffirmed this in their interview, noting that any such case would be handled in accordance with agency investigative protocols and PREA standards. As of the audit review period, no allegations were received from outside facilities.</p> <p>CONCLUSION:</p> <p>Following a thorough review of the facility's policies, documentation, and staff interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.63 – Reporting to Other Confinement Facilities. While there were no allegations requiring inter-facility notification during the past 12 months, the facility has clearly established procedures, trained personnel, and reliable documentation methods in place to meet all requirements of the standard should such a situation arise.</p>
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115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTATION REVIEWED:</p> <p>To evaluate compliance with PREA Standard §115.64, the Auditor conducted a thorough review of the facility's policies, training materials, and supporting documentation related to staff first responder duties. This standard ensures that when staff, volunteers, or contractors become aware of an allegation of sexual abuse, they take immediate and appropriate action to protect the alleged victim, preserve evidence, and report the incident in a timely manner.</p>

The following documents were examined:

- Pre-Audit Questionnaire (PAQ) and Supporting Documentation: The PAQ outlined the facility's policies and procedures related to staff first responder responsibilities. It also included data on PREA-related incidents and described how staff are trained to respond effectively. The PAQ confirmed that all personnel are educated on their obligations when responding to reports or observations of sexual abuse or harassment.
- ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (Effective January 4, 2016): Section G.1.a-g of this regulation provides detailed guidance on first responder actions, including separation of parties involved, preservation of physical evidence, and notification of supervisory personnel. This regulation serves as the foundation for the agency's operational response to allegations of sexual abuse.
- PREA First Responder Duty Card: Each staff member is issued a laminated, pocket-sized duty card summarizing their immediate responsibilities in the event of a PREA-related incident. The card includes clear, step-by-step actions aligned with AR #454, ensuring that essential protocols are quickly accessible during emergencies.
- PREA Pocket Guide – "PREA: A Trauma-Informed Guide for First Responders": This spiral-bound guide is distributed to all facility staff and includes comprehensive content covering key PREA components, including prevention, detection, response, and trauma-informed care. The guide reinforces both procedural knowledge and a compassionate, survivor-centered approach to responding to sexual abuse.

INTERVIEWS:

Security Staff - First Responders:

Security personnel interviewed during the audit consistently demonstrated a strong understanding of their roles and duties as first responders. They were able to clearly articulate the steps they would take in response to an allegation, including immediately separating the individuals involved, preserving the scene, preventing evidence destruction, and notifying supervisors. Staff attributed their competency to thorough training provided through annual in-service programs, on-the-job instruction, and regular staff briefings.

Non-Security Staff - First Responders:

Non-custody personnel, including program and administrative staff, affirmed that they would immediately contact security staff upon receiving a report of sexual abuse or harassment. They detailed their responsibilities, including maintaining the integrity of the incident location, ensuring that individuals do not take actions that could compromise evidence, and emphasizing confidentiality. Their responses reflected a strong understanding of their role within the facility's coordinated response protocol.

Random Staff:

Staff members from multiple departments described consistent and accurate

procedures when asked how they would respond if they were the first to receive a PREA-related report. Their responses included:

- Promptly securing the incident area,
- Separating the alleged victim and aggressor,
- Preventing contamination or destruction of evidence,
- Notifying shift command or the Institutional PREA Compliance Manager (IPCM),
- Documenting the incident accurately and thoroughly.

Random Inmate:

At the time of the on-site audit, no individuals in custody had reported sexual abuse within the facility; therefore, no inmate interviews were conducted specific to first responder interactions.

PROVISIONS:

Provision (a): First Responder Policy and Staff Training

The PAQ confirms that ADOC has established a clear policy defining first responder duties. Section G.1.a–g of AR #454 mandates the actions first responders must take, including:

- Physically separating all involved individuals,
- Protecting the crime scene and preserving evidence,
- Instructing the parties not to bathe, eat, drink, smoke, or use the restroom,
- Not exposing victims or witnesses to evidence or questioning specifics of the incident,
- Notifying the Shift Commander and drafting an incident report.

This policy is operationalized through both the PREA Duty Card and the trauma-informed PREA Pocket Guide, ensuring that staff have ready access to this critical information. During the 12-month review period, two PREA-related allegations were reported—one of sexual abuse and one of sexual harassment. First responders responded appropriately to both allegations. Both were investigated and found to be unsubstantiated. Victims received written notification of the investigative outcomes in a timely manner.

The Auditor also reviewed the facility’s training curriculum, which includes instruction for staff, volunteers, and contractors on first responder responsibilities. Training emphasizes immediate action, victim protection, evidence preservation, and trauma-informed care.

Provision (b): First Responder Designation and Response

As outlined in the PAQ and confirmed during interviews, any individual—whether staff, volunteer, or contractor—who first learns of an allegation of sexual abuse is considered a first responder and is trained accordingly. First responders are expected to:

	<ul style="list-style-type: none"> • Secure and isolate the area, • Separate the victim, alleged perpetrator, and witnesses, • Prevent the destruction of physical evidence, • Immediately notify the IPCM or shift supervisor, • Provide any relevant observations to investigative staff. <p>The Auditor's review confirmed that this training is reinforced during new hire orientation, annual training refreshers, and through informal reinforcement by the IPCM and supervisory staff. Training materials and duty cards are consistent and accessible, reinforcing the policy throughout the facility.</p> <p>All interviewed staff were able to clearly describe their expected responses to PREA incidents and demonstrated both policy knowledge and confidence in their roles. Security and non-security staff alike expressed awareness of the importance of confidentiality and the sensitivity required when responding to incidents of a sexual nature.</p> <p><u>CONCLUSION:</u></p> <p>Based on a comprehensive review of the facility's policies, documentation, training tools, and staff interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.64 – Staff First Responder Duties.</p>
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115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTATION REVIEWED</u></p> <p>To assess the facility's compliance with the requirements of PREA Standard §115.65 – Coordinated Response, the Auditor conducted a thorough review of multiple sources of documentation that collectively demonstrate the institution's commitment to a well-organized, multi-disciplinary approach in responding to allegations of sexual abuse.</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and Supporting Documentation: The PAQ affirms the existence of a comprehensive, written Coordinated Response Plan and outlines the distinct roles that staff at various levels play in the immediate and ongoing response to incidents of sexual abuse. The facility's narrative descriptions and supplemental materials illustrate the operationalization of the plan through training, communication, and procedural clarity. 2. ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment: This foundational policy, effective January 4, 2016, provides a

detailed framework for agency-wide response protocols following allegations of sexual abuse or harassment. The regulation defines the responsibilities of first responders, shift supervisors, medical and behavioral health staff, investigators, and administrative personnel. The policy emphasizes the importance of swift, coordinated action that prioritizes victim safety, evidence preservation, and compliance with reporting requirements.

3. PREA First Responder Duty Card: This laminated, easy-to-carry card is issued to all staff and serves as a quick-reference tool outlining essential first responder actions in a step-by-step format. The duty card standardizes initial response efforts across shifts and job classifications, reinforcing consistency in crisis situations.
4. PREA Pocket Guide – “PREA: A Trauma-Informed Guide for First Responders”: This spiral-bound, field-ready resource is distributed to all staff and serves as an operational manual. The guide includes:
 5. An overview of PREA and its core principles
 6. Definitions critical to understanding sexual abuse and harassment
 7. Prevention and detection strategies
 8. Response protocols grounded in trauma-informed care
 9. Summary checklists and additional resources

The guide places significant emphasis on staff collaboration, sensitivity to trauma, and effective communication with all parties involved.

Facility Coordinated Response Standard Operating Procedure (SOP): The SOP is tailored to the specific needs and layout of the facility and outlines the precise steps that staff—including those in security, medical, mental health, investigative, and administrative roles—must follow upon receiving a report of sexual abuse. The document ensures streamlined communication, accountability, and continuity of care from the moment a report is made through to the final resolution of the case.

INTERVIEWS

Facility Head

During the onsite audit, the Auditor conducted an in-depth interview with the Facility Head, who affirmed the existence and full implementation of a Coordinated Response Plan that aligns with PREA requirements. The Facility Head described the plan as a central component of the facility’s sexual safety protocols and emphasized its role in promoting an immediate, unified, and appropriate institutional response.

Key highlights from the interview include:

- The response plan delineates the responsibilities of all personnel involved in a sexual abuse response, including first responders, healthcare providers, mental health clinicians, investigators, and administrators.
- Staff are trained on the coordinated response protocols through a multi-tiered approach that includes:
 - Annual in-service training

- Monthly staff briefings and departmental meetings
- Real-time instruction and refreshers during shift changes and after-action reviews
- All staff are equipped with both the First Responder Duty Card and the PREA Pocket Guide, which serve as ongoing references and are actively used in response scenarios.

The Facility Head underscored that training and communication tools are not merely distributed but are actively integrated into the facility's daily operations to ensure readiness and accountability.

PROVISIONS

Provision (a): Coordinated Institutional Response Plan

The documentation provided in the PAQ confirms the existence of a written institutional plan that establishes clear coordination among key response personnel. These include:

- First Responders
- Medical and Mental Health Professionals
- Investigative Staff
- Facility Leadership

This coordinated plan was further validated through staff interviews and the review of standard operating procedures and policy documents.

The plan ensures that when an allegation of sexual abuse is made:

- The individual disclosing the abuse receives immediate safety assurances and access to medical and mental health support;
- The individual alleged to have committed the abuse is separated, supervised, and monitored;
- The incident scene is secured and preserved to protect physical evidence;
- Investigations begin without unnecessary delay, following all protocols for evidence collection and documentation;
- Facility leadership is notified promptly to initiate administrative actions and ensure that all external reporting obligations are met.

The Auditor examined several relevant sections within ADOC AR #454, which detail responsibilities assigned to each role involved in the coordinated response:

- Section G.1 (p.17): First Responder Responsibilities
- Section G.2 (p.18): Shift Command Responsibilities
- Section G.3 (p.18): Medical and Mental Health Protocols
- Section H.1 (p.19): Reporting Obligations for Staff
- Section H.2 (p.21): Inmate Reporting Procedures

	<ul style="list-style-type: none"> • Section I.1 (p.22): Duties of the Institutional PREA Compliance Manager and Investigative Staff • Section I.2 (p.22): Investigative Procedures for Inmate-on-Inmate Harassment <p>These sections collectively demonstrate that the facility has a robust, institution-wide plan to ensure every staff member understands their responsibilities and is equipped to work collaboratively in responding to incidents of sexual abuse.</p> <p><u>CONCLUSION</u></p> <p>Following a comprehensive review of facility policies, procedural documents, training materials, and interviews with leadership, the Auditor finds that the agency has implemented a clear and effective coordinated response system consistent with the requirements of PREA Standard §115.65.</p> <p>The system is:</p> <ul style="list-style-type: none"> • Thoroughly outlined in written policy and procedure; • Actively reinforced through regular training and reference tools; • Practiced through interdepartmental collaboration and routine drills or reviews. <p>Staff at all levels demonstrated a strong awareness of their roles within the coordinated response framework. The facility has established the organizational structure and culture necessary to respond to sexual abuse allegations with immediacy, professionalism, and compassion, reflecting both PREA compliance and trauma-informed best practices.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTATION REVIEW</u></p> <p>To assess compliance with PREA Standard §115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers, the Auditor conducted a thorough review of relevant agency documentation provided prior to and during the onsite audit.</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) served as a foundational source confirming that the Alabama Department of Corrections (ADOC) does not engage in collective bargaining with correctional or facility staff. The PAQ further affirms that ADOC retains the sole authority to take immediate protective actions

when necessary, including the ability to separate staff from individuals in custody upon receiving an allegation of sexual abuse or harassment.

2. ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment was reviewed to better understand the agency’s internal policies related to allegations of sexual abuse. This regulation outlines the department’s procedures for reporting, investigating, and responding to incidents. Critically, it includes language supporting swift protective actions to safeguard individuals in custody, particularly in circumstances involving alleged staff misconduct.
3. Also reviewed was an official Memorandum from the ADOC Personnel Director, dated March 19, 2019, titled Collective Bargaining and PREA Standard 115.66. This memorandum explicitly confirms the following:
 - Correctional officers and institutional staff employed by ADOC are not unionized.
 - The Department does not participate in collective bargaining negotiations with its staff.
 - There are no labor contracts or agreements that would obstruct, delay, or limit the Department’s ability to take prompt action when a staff member is alleged to have engaged in sexual misconduct.
 - This memorandum serves as clear documentation that the ADOC maintains the full and unrestricted authority to remove, reassign, or otherwise limit a staff member’s access to incarcerated individuals whenever necessary to protect safety and comply with PREA mandates.

INTERVIEWS

To further evaluate compliance with the standard, the Auditor conducted an interview with the ADOC Personnel Director, who serves as the Agency Head Designee for matters related to PREA Standard §115.66.

Personnel Director

During the interview, the Personnel Director reiterated that ADOC correctional and facility staff are not represented by a labor union and emphasized that no collective bargaining agreements are in place across the agency. The Personnel Director affirmed that the Department retains complete administrative discretion to take immediate protective measures—including reassignment or removal of a staff member—should an allegation of sexual abuse arise.

Importantly, the Personnel Director noted that during the current audit cycle, there were no cases that necessitated the removal or reassignment of a staff member due to a PREA-related allegation. However, the agency’s policies and leadership structure ensure that, if such an incident were to occur, swift action could be taken without procedural delay or external interference.

This interview strongly confirmed that the ADOC operates without the legal or procedural constraints that collective bargaining agreements might otherwise impose. As a result, the agency is well-positioned to act decisively in matters involving the safety and well-being of incarcerated individuals.

PROVISIONS

Provision (a): Agency Authority Unrestricted by Collective Bargaining

In accordance with Provision (a) of Standard §115.66, the ADOC has affirmed—both in written documentation and through the Agency Head Designee—that the State of Alabama does not engage in collective bargaining with correctional staff. The agency is therefore not bound by any labor agreements that could potentially delay or obstruct necessary protective actions following allegations of sexual abuse by staff.

The March 19, 2019 memorandum further substantiates this by confirming that facility leadership across all ADOC institutions retains the authority to:

- Promptly remove a staff member from any post involving inmate contact when allegations arise;
- Modify staff assignments and access to housing or programmatic areas as appropriate during investigations;
- Initiate disciplinary or administrative action without being subject to union-related procedural timelines or restrictions.

The Auditor found no evidence during the audit period of any incidents requiring staff separation for PREA-related concerns. However, discussions with facility and agency leadership demonstrated confidence in their readiness and authority to act swiftly should such a situation occur.

Provision (b): Not Applicable

Provision (b) is relevant only when a collective bargaining agreement exists that may influence protective measures following allegations of staff sexual abuse. As the ADOC does not participate in collective bargaining and no such agreements are in place, this provision does not apply to this agency and was not assessed during the audit.

CONCLUSION

Based on a comprehensive review of relevant policies, agency records, and interview responses, the Auditor concludes that the Alabama Department of Corrections is fully compliant with PREA Standard §115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers.

The agency has clear and established authority to take protective measures without interference from labor agreements. Administrative policies are structured to enable

	<p>immediate staff separation when necessary, and agency leadership has affirmed their ability to act promptly and decisively in the interest of inmate safety.</p> <p>The absence of collective bargaining agreements within the ADOC enhances the Department's ability to fulfill the intent and operational requirements of this standard. The agency's practices reflect a strong commitment to protecting individuals in custody and ensuring that allegations of staff misconduct are addressed without delay</p>
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115.67	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTATION REVIEWED</u></p> <p>In evaluating compliance with PREA Standard §115.67 – Agency Protection Against Retaliation, the Auditor conducted an in-depth review of key documentation provided by the facility. These documents illustrate the agency's formal policy, practices, and procedural safeguards against acts of retaliation following reports of sexual abuse or harassment. The materials reviewed included:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and Supporting Documentation: This source detailed the facility's self-reported procedures for retaliation monitoring, protective interventions, and the roles assigned to oversee implementation. 2. ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment: This regulation serves as the foundational policy prohibiting retaliation and outlines institutional responsibilities for monitoring and intervention. 3. ADOC Form 454-D – Sexual Abuse/Harassment Retaliation Monitoring: A standardized tool used across the department to document ongoing monitoring activities for a period of up to 13 weeks following a report of sexual abuse or harassment. <p><u>INTERVIEWS</u></p> <p>Agency Head or Designee</p> <p>The Auditor interviewed the Personnel Director, who served as the designee of the Agency Head. The Director affirmed that retaliation monitoring begins immediately upon the receipt of any allegation of sexual abuse or harassment. Monitoring continues for a minimum of 90 days unless the case is determined to be unfounded. Even in such instances, early termination of monitoring occurs only after careful review and at the facility's discretion. The Director stressed that protections are</p>

extended not only to the alleged victim but also to any individual—staff or incarcerated person—who expresses a fear of retaliation. This policy underscores a broad and inclusive approach to safety and reinforces the agency’s zero-tolerance stance toward retaliatory conduct.

Facility Head or Designee

The Warden discussed specific strategies employed within the facility to mitigate potential acts of retaliation. Protective actions may include:

- Close monitoring of changes in housing placement, job assignments, and disciplinary outcomes for incarcerated individuals;
- Review of staff evaluations, post assignments, and observed interactions for any shifts suggestive of retaliatory behavior;
- Ensuring continued access to support services such as mental health care, advocacy, and other trauma-informed resources.
- There were no incidences of retaliation in the previous 12 months.

The Warden confirmed that retaliation monitoring is a routine and structured component of the facility’s broader PREA response and is thoroughly documented in accordance with policy.

Retaliation Monitor

The designated Retaliation Monitor provided a detailed explanation of the monitoring process, highlighting the proactive nature of the role. Key aspects of the process include:

- Use of ADOC Form 454-D to track and document monitoring efforts;
- Monthly behavioral check-ins and status reviews conducted for at least 90 days;
- Monitoring extensions in 30-day increments when there are continued safety concerns;
- Routine communication to both staff and incarcerated persons reinforcing that retaliation is strictly prohibited and will be addressed immediately.
- There were no incidences of retaliation in the previous 12 months.

The Retaliation Monitor confirmed that there were no verified incidents of retaliation within the previous 12 months. Additionally, anyone who expresses a concern or fear of retaliation is automatically placed under monitoring, regardless of whether they are directly involved in a PREA case.

OBSERVATIONS

Inmates in Segregated Housing Due to Risk of Sexual Abuse:

The facility does not have a segregation unit. This was confirmed at the time of the

facility tour.

Inmates Who Reported Sexual Abuse:

There were no inmates assigned to the facility who had reported sexual abuse in the previous 12 months. This was confirmed by cross checking the only sexual abuse investigation with a current inmate roster.

PROVISIONS

Provision (a): Policy Against Retaliation

Documentation, including the PAQ and ADOC AR #454, confirms the existence of a formal agency policy prohibiting retaliation against individuals who report sexual abuse or harassment or participate in investigations. Specifically:

Section K.1 (p. 23) of AR #454 outlines the prohibition against retaliation. Section K.2 assigns responsibility for retaliation monitoring to the Warden and the Institutional PREA Compliance Manager (IPCM) to ensure consistent follow-through.

Provision (b): Protective Measures

The facility utilizes an array of individualized protective measures tailored to the needs of those who may be at risk. These include:

- Reassignment of housing or job duties for inmates;
- Separation from alleged abusers or those perceived as potential retaliators;
- Continued access to support services, such as counseling and advocacy.

These interventions were confirmed through interviews with the Facility Head and are explicitly stated in AR #454, Section K.2 (pp. 23-24).

While the PAQ reported 1 sexual abuse allegation over the past year, a review of the completed Form 454-D records indicated no documented instances of retaliation, demonstrating the effectiveness of monitoring and mitigation efforts.

Provision (c): Monitoring Process

Protective monitoring is implemented for at least 90 days following any applicable PREA-related report and is extended when warranted. Individuals are monitored for signs such as:

- Behavioral or disciplinary changes, job reassignments, or housing relocations (for incarcerated individuals);
- Performance evaluations, duty assignments, and workplace dynamics (for staff).
- The Retaliation Monitor reported zero confirmed cases of retaliation in the previous 12 months.

	<p>AR #454, Section K.2.a, mandates that the IPCM document and review retaliation monitoring consistently.</p> <p>Provision (d): Documentation of Monitoring</p> <p>Retaliation monitoring is comprehensively documented using ADOC Form 454-D, which includes:</p> <ul style="list-style-type: none"> • Regular (weekly/monthly) entries over a 13-week period; • Notes detailing observations, actions taken, and staff involvement; • A final summary and findings section signed by the IPCM. <p>Provision (e): Individuals Who Express Fear of Retaliation</p> <p>The facility’s policy and practice guarantee that any individual—whether they are a reporter, witness, or staff member—who expresses fear of retaliation is eligible for immediate monitoring and protective measures.</p> <p>AR #454, Section K.2.d (p. 23), requires staff to take all necessary steps to safeguard any person voicing such concerns.</p> <p>Provision (f): Not Applicable</p> <p>This provision is not subject to PREA audit and was therefore not reviewed or evaluated.</p> <p><u>CONCLUSION</u></p> <p>Based on a thorough analysis of documentation, interviews with key staff, and observations made during the on-site audit, the Auditor concludes that the agency is fully compliant with PREA Standard §115.67 – Agency Protection Against Retaliation.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTATION REVIEWED</u></p> <p>In evaluating the facility’s compliance with PREA Standard §115.68 – Post-Allegation Protective Custody, the Auditor conducted a detailed review of several key documents submitted in advance of the on-site visit and made available during the</p>

audit process.

1. The Pre-Audit Questionnaire (PAQ), along with supporting documentation, provided self-reported data on the facility's use—or non-use—of segregated housing for individuals who report sexual abuse or are identified as being at risk for such abuse. The PAQ responses indicated that the facility does not utilize involuntary segregated housing as a standard protective measure and has systems in place to avoid its use except under clearly defined, exceptional circumstances.
2. ADOC Administrative Regulation (AR) #454 - Inmate Sexual Abuse and Harassment outlines the statewide policy that governs the circumstances under which involuntary segregation may be used post-allegation. This regulation details the agency's commitment to minimizing the use of restrictive housing and emphasizes that such placements may only occur when no other safe alternatives are available. The policy also includes safeguards to ensure the dignity and rights of individuals placed in any form of protective custody.
3. In addition, ADOC Form 454-H - PREA Post-Allegation Protective Custody, dated January 4, 2016, was reviewed. This standardized form is designed to document all essential elements related to any involuntary placement in segregated housing due to a sexual abuse allegation. It captures justification for the placement, length of stay, reassessment efforts, and assurances of continued access to programs and services during any period of separation.

OBSERVATIONS

During the facility tour and on-site observations, the Auditor verified that the institution does not operate a segregation or restrictive housing unit. All housing areas were observed to be integrated with no indicators—visual, structural, or procedural—of restrictive environments being used for protective purposes. Classification and housing assignments were consistent with risk assessment practices, and no incarcerated individuals were identified as being in involuntary segregated status.

Furthermore, discussions with staff during the walkthrough confirmed that no incarcerated individuals were housed in isolation for protective reasons at any point during the audit review period. There was no evidence, either physical or testimonial, of segregated housing being used in response to PREA-related concerns.

INTERVIEWS

Facility Head or Designee

The Auditor conducted an interview with the Facility Head, who affirmed that the institution does not include a dedicated segregation or restrictive housing unit. In situations where protective custody might be necessary following a sexual abuse allegation, the Warden explained that each case would be reviewed individually. If protective housing were deemed necessary and could not be safely or appropriately

provided on-site, the affected individual would be transferred to another facility with the resources and infrastructure to support safe placement.

The Warden emphasized that involuntary segregation is never used as a routine or default response and that any decision to pursue such an option must be supported by documented justification and completed in accordance with ADOC policy, specifically using Form 454-H when required.

Staff Who Supervise Segregated Housing

As the facility does not maintain a segregation unit and does not utilize segregated housing, there are no staff assigned to such duties. Accordingly, no staff interviews were conducted for this category.

Inmates Housed in Segregation for Protective Purposes

No individuals were being housed in segregation at the time of the audit due to risk of victimization or as a result of reporting a sexual abuse allegation. As such, no interviews were conducted in this category.

PROVISIONS

Provision (a): Involuntary Segregation Following a Sexual Abuse Allegation

The Auditor found no evidence, either through documentation or interviews, that the facility employs involuntary segregated housing for individuals following allegations of sexual abuse. The PAQ and corroborating records make clear that the Alabama Department of Corrections (ADOC) prohibits the use of such housing unless no other reasonable alternative exists.

Key policy references include:

ADOC AR #454, Section J.1: States unequivocally that involuntary segregation of incarcerated individuals who report sexual abuse or are identified as high risk for victimization must not occur unless all other options have been exhausted and found inadequate.

ADOC AR #454, Section J.2: Limits the duration of any such placement to a maximum of 30 days, barring extraordinary circumstances, and requires that the individual maintain access to essential services, programs, and activities.

During the past 12 months:

- Zero individuals were placed in involuntary segregated housing for any duration.
- Zero placements occurred for more than 30 days.
- Zero instances required the use of ADOC Form 454-H.

The absence of a segregation unit, combined with consistent adherence to the agency's protective custody policy, reinforces the facility's practice of avoiding restrictive housing as a response to sexual abuse allegations. Should a situation arise that exceeds the facility's capacity to ensure safety without using segregation, a transfer to a more appropriate institution would be initiated to maintain safety,

	<p>continuity of services, and compliance with PREA.</p> <p><u>CONCLUSION</u></p> <p>Based on the comprehensive review of policy documentation, institutional records, direct observations during the audit, and staff interviews, the Auditor concludes that the facility is fully compliant with PREA Standard §115.68 – Post-Allegation Protective Custody.</p> <p>The facility’s operational structure, which does not include a segregation unit, coupled with ADOC’s clear policies and safeguards, demonstrates a strong institutional commitment to avoiding the use of involuntary segregation for protective purposes. This approach aligns with the PREA standard’s intent to protect the rights, dignity, and well-being of individuals who report sexual abuse or are identified as being at risk, while ensuring their continued access to meaningful programming and services.</p> <p>The facility has implemented thoughtful alternatives and procedures that prioritize safety without compromising the principles of humane treatment and due process. This reflects a proactive and ethical approach to post-allegation protective custody consistent with national standards and agency expectations.</p>
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115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTATION REVIEWED</u></p> <p>To evaluate the facility’s compliance with PREA Standard §115.71, the Auditor conducted a detailed review of agency policies, investigative documentation, procedural records, and the Pre-Audit Questionnaire (PAQ). The materials collectively illustrate a comprehensive, professional approach to handling both criminal and administrative investigations of alleged sexual abuse and harassment within the Alabama Department of Corrections (ADOC).</p> <p>The facility submitted a completed PAQ along with extensive supporting documentation, all of which reinforce the agency’s commitment to prompt, impartial, and thorough investigations in accordance with PREA requirements. Investigative policies and procedures are grounded in ADOC Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, which establishes the framework for both administrative and criminal investigations.</p> <p>Additional relevant policies and forms reviewed include:</p> <ul style="list-style-type: none"> • ADOC Administrative Regulation #300 – Employee Standards of Conduct and Discipline, which addresses staff responsibilities and consequences in cases

involving misconduct.

- ADOC Standard Operating Procedure #454 – Investigations and Intelligence, which outlines procedures followed by the Investigations and Intelligence Division (LESD).
- ADOC Form #454-C – Investigative Outcomes/Disposition Form, used to document investigative findings and case conclusions.
- Investigative Review Team (IRT) Meeting Minutes – Evidence of regular review and oversight of investigations.
- Notification to Inmate Forms – Used to formally notify individuals of the outcome of an investigation.

These documents consistently emphasize professionalism, transparency, and adherence to PREA’s core investigative standards. They also show a clear commitment to maintaining the rights and safety of all individuals involved, regardless of their custodial status or staff designation.

INTERVIEWS

Investigative Staff

The Auditor interviewed the ADOC Law Enforcement Services Division (LESD) Investigator assigned to the facility. The Investigator confirmed that all allegations of sexual abuse or harassment are acted upon immediately, regardless of the source—whether reported in person, through a grievance, anonymously, via third-party disclosure, or hotline tip.

Key elements of the investigative process include:

- Immediate case initiation upon receipt of the allegation.
- Prioritization of the victim’s interview, followed by witness interviews, and the accused interviewed last to ensure fairness and protect the integrity of the process.
- Distinct investigative paths depending on whether the allegation pertains to harassment or abuse, though both are handled with equal procedural rigor.
- A presumption of credibility for all parties unless and until evidence dictates otherwise; investigative staff evaluate information and witness reliability on a case-by-case basis without regard to custody or employment status.

The Investigator also emphasized several essential practices:

- No polygraphs or truth-detection devices are ever used as a precondition for moving forward with an investigation.
- In cases where criminal conduct is suspected, Miranda warnings are issued, and investigators work closely with prosecutors to ensure the integrity of any potential criminal proceedings.
- While the agency handles investigations internally through LESD, external law

enforcement agencies may be engaged when necessary.

- Investigations continue regardless of changes in the custody or employment status of any involved individual—transfers or releases do not interrupt the process.

PROVISIONS

Provision (a): Policies and Procedures for Investigations

According to the PAQ the agency/facility has a policy related to criminal and administrative agency investigations.

Agency documentation and interviews confirm that ADOC has established robust and clearly defined procedures for conducting investigations into allegations of sexual abuse and sexual harassment. These procedures are codified in AR #454 and SOP #454, which direct LESD investigators to initiate prompt, thorough, and objective investigations.

Provision (b): Investigator Training

According to the PAQ the agency/facility only use investigators who have been specially trained.

All investigative staff assigned to PREA-related cases receive specialized training aligned with PREA standards and best practices. Topics include trauma-informed interviewing, evidence collection (including electronic and digital evidence), and reviewing prior misconduct. Training content follows guidance issued by the National Institute of Corrections (NIC) for confinement settings.

Provision (c): Evidence Collection

Investigators are trained to gather a wide array of evidence during the course of their inquiries, including:

- Physical or forensic evidence, when available
- Video footage from facility surveillance systems
- Electronic communications and facility logs
- Testimonial evidence from all parties
- Prior reports or behavioral history of the accused

All findings are documented using ADOC Form #454-C, ensuring standardized and comprehensive case records.

Provision (d): Compelled Interviews and Prosecutorial Consultation

According to the PAQ, when the quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutor.

If a case may result in criminal prosecution, investigators are prohibited from compelling interviews with staff or incarcerated individuals without first consulting

legal authorities. This prevents any legal jeopardy for criminal proceedings and was validated through staff interviews.

Provision (e): Credibility Assessments

Investigative staff emphasized that credibility assessments are performed objectively and independently for each person involved. No automatic preference or bias is shown toward staff or incarcerated individuals. Investigations are not influenced by an individual's willingness to submit to a polygraph or truth-detection procedure.

Provision (f): Administrative Investigations and Staff Conduct

Administrative investigations go beyond simply determining whether sexual abuse occurred. Investigators are also charged with assessing whether any staff conduct—either through action or omission—contributed to the incident. Final reports include factual determinations, a summary of evidence, and any findings of staff negligence or policy violations.

Provision (g): Criminal Investigations

All criminal investigations are formally documented and include:

- Detailed summaries of the incident
- Chain of custody for all collected evidence
- Witness statements
- Final investigative findings and conclusions

No case is closed without supervisory review to ensure the investigation meets agency standards and legal expectations.

Provision (h): Criminal Investigation Outcomes

According to the PAQ and investigative staff, there were no substantiated findings of criminal sexual abuse during the 12 months prior to the audit. Nonetheless, all allegations were fully investigated, and appropriate documentation was maintained in accordance with agency protocols.

Provision (i): Retention of Records

ADOC retains all investigative reports for at least five years beyond the departure of the accused individual—whether incarcerated or employed—ensuring alignment with PREA's record retention standards.

Provision (j): Continuation Post-Departure

Investigations do not cease if an alleged abuser or victim leaves the facility or the agency. The LESD is committed to completing every investigation, regardless of changes in custody or employment, and to preserving the results.

Provision (l): Coordination with Outside Agencies

While most investigations are conducted by internal LESD staff, ADOC is fully prepared to involve external law enforcement agencies when appropriate. Any coordination of this nature is managed by LESD leadership in consultation with the ADOC Commissioner to ensure transparency and accountability.

	<p><u>CONCLUSION</u></p> <p>Based on the comprehensive review of facility records, ADOC policies, investigation-related documents, and interviews with investigative personnel, the Auditor finds that the Alabama Department of Corrections is in full compliance with PREA Standard §115.71 – Criminal and Administrative Investigations.</p> <p>The agency demonstrates a strong infrastructure to support timely, unbiased, and professional investigative practices. Through clearly defined policies, specialized training, and commitment to due process, ADOC ensures that all allegations of sexual abuse or harassment are treated with the seriousness they deserve—regardless of the status or identity of the individuals involved. Investigative procedures are consistently followed, records are meticulously maintained, and investigations are never influenced by the transfer or release of the alleged parties.</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>DOCUMENTATION REVIEWED</u></p> <p>To determine compliance with PREA Standard §115.72, the Auditor conducted a thorough review of agency policies, facility procedures, and records submitted through the Pre-Audit Questionnaire (PAQ). The documents clearly reflect that the Alabama Department of Corrections (ADOC) has established and consistently applies the appropriate evidentiary standard—a preponderance of the evidence—to all administrative investigations involving allegations of sexual abuse or sexual harassment.</p> <p>The following materials were reviewed as part of the compliance assessment:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the facility; 2. ADOC Administrative Regulation (AR) #454 – Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016; 3. ADOC Administrative Regulation (AR) #300 – Investigations and Intelligence Division, dated April 18, 2016. <p>These policy documents provide a clear framework for investigative processes and articulate the evidentiary standards to be used during administrative reviews of sexual abuse and harassment allegations. ADOC AR #454 (Section I, p. 22) specifies that all such investigations must be evaluated using the "preponderance of the evidence" standard, in full alignment with federal PREA guidelines.</p> <p>AR #300 (p. 5) further outlines the required procedures for the dissemination of</p>

investigative reports prepared by the Law Enforcement Services Division (LESD), ensuring that appropriate oversight authorities and legal entities are informed of the investigation's outcome.

INTERVIEWS

Investigative Staff

During interviews, investigative personnel consistently confirmed their adherence to the evidentiary requirements described in agency policy. Staff explained that during the course of each investigation, all available evidence is actively collected and evaluated. This includes:

- Physical evidence from the alleged scene of the incident;
- Statements from the reporting party (victim) and the accused individual;
- Witness interviews and documentation from any persons with relevant knowledge;
- Scene evidence, such as logs, video footage, or electronic communications.

Investigative staff emphasized that every effort is made to ensure investigations are objective, evidence-based, and procedurally sound. Once an investigation is completed, the findings and supporting documentation are submitted to facility leadership and, where applicable, to the appropriate District Attorney's Office for legal review and potential prosecutorial action.

When asked about the evidentiary standard applied to substantiate allegations, investigators confirmed that the "preponderance of the evidence" is the default and required standard for all administrative investigations. Staff noted that this means the evidence must demonstrate that it is more likely than not that the alleged conduct occurred. In cases involving criminal allegations, the standard may shift depending on the legal requirements of the prosecution; however, for internal administrative determinations, preponderance remains the guiding threshold.

PROVISIONS

Provision (a): Use of the Preponderance of the Evidence Standard

ADOC Administrative Regulation #454 (p. 22, Section I) explicitly states that the agency uses the "preponderance of the evidence" as the standard of proof for all investigations of alleged sexual abuse and sexual harassment. This evidentiary standard is consistent with PREA requirements and is understood and applied by investigative staff at the facility level.

In addition, ADOC Administrative Regulation #300 (p. 5) outlines the distribution process for final investigative reports. These reports, once completed by LESD, are shared with the following parties to ensure transparency, accountability, and appropriate action when needed:

- The Commissioner of the Department of Corrections, or their designee;

	<ul style="list-style-type: none"> • The Inspector General; • Deputy or Associate Commissioners, Institutional Coordinators, and Institutional Wardens, as applicable to the case; • The District Attorney of the jurisdiction, when criminal behavior is substantiated or suspected; • The ADOC official who originally requested the investigation; <p>In cases involving central office personnel, report distribution is restricted solely to the Commissioner of Corrections to protect confidentiality and procedural integrity.</p> <p>This tiered approach to distribution ensures that investigations are both properly reviewed and, where necessary, legally actionable.</p> <p><u>CONCLUSION</u></p> <p>After a comprehensive review of applicable documentation and in-depth interviews with investigative personnel, the Auditor concludes that the Alabama Department of Corrections is in full compliance with PREA Standard §115.72 – Evidentiary Standard for Administrative Investigations.</p> <p>The agency’s policies explicitly require and enforce the use of the "preponderance of the evidence" standard in all administrative investigations related to sexual abuse and sexual harassment. Investigative staff demonstrated a strong understanding of this requirement and articulated how it is applied in practice. Moreover, reporting protocols outlined in AR #300 ensure that investigative outcomes are properly reviewed by agency leadership and, where applicable, submitted for prosecutorial consideration.</p> <p>The consistent application of this evidentiary standard reflects a clear commitment to fairness, due process, and accountability within ADOC’s investigatory framework, thereby meeting the intent and letter of the PREA standard.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION REVIEWED</p> <p>To evaluate the facility’s compliance with PREA Standard §115.73, the Auditor reviewed a comprehensive set of documents that detail the facility’s process for notifying individuals about the outcome of investigations into allegations of sexual abuse and sexual harassment. These documents reflect an established commitment by the Alabama Department of Corrections (ADOC) to ensure that incarcerated</p>

individuals are kept informed of investigative findings in a timely, respectful, and consistent manner.

The documentation reviewed includes:

Pre-Audit Questionnaire (PAQ) and related supporting documentation submitted by the facility;

ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment, dated January 4, 2016;

Investigative Outcome/Disposition Reports, which clearly document findings such as "substantiated," "unsubstantiated," or "unfounded";

Signed Notification to Inmate Forms, verifying that all individuals involved in investigations were notified in writing of the case outcome and that acknowledgment of receipt was obtained;

Investigative Review Team Meeting Minutes, which support that each case was discussed, reviewed, and administratively closed in accordance with established protocols.

These documents collectively demonstrate that the facility follows a formalized process for communicating investigative outcomes to those directly affected by PREA-related allegations and that such notifications are thoroughly documented and retained in accordance with agency policy.

INTERVIEWS

Investigative Staff

Interviews with investigative personnel confirmed that, upon the conclusion of any investigation involving allegations of sexual abuse or harassment, the Law Enforcement Services Division (LESD) finalizes its findings and issues written notifications to relevant parties. These notifications are provided to both the individual making the allegation and, when appropriate, to the person accused of the misconduct.

Investigators explained that the content of each notification includes:

The final outcome of the investigation (i.e., substantiated, unsubstantiated, or unfounded);

Updates related to staff misconduct, if applicable—such as whether the staff member is no longer assigned to the facility, has been terminated, or has been subject to criminal proceedings;

Reassurances regarding procedural integrity, including acknowledgment of the individual's right to be informed of key developments in the case.

Investigative staff further stated that all notifications are provided in writing, and individuals receiving the notifications are required to sign and date the form to confirm receipt. A copy of each signed form is then retained in the case file and stored in accordance with ADOC's document retention policy.

PROVISIONS

Provision (a): Inmate Notification Following an Investigation

The PAQ confirms that, in the 12 months prior to the audit, the facility received one allegations of sexual abuse and one allegation of sexual harassment, which involved inmate-on-inmate conduct. The cases were investigated and determined to be unsubstantiated. The facility ensured that all appropriate notifications were made. The involved inmates received written notification of the outcome, and documentation verifying this action was retained in the investigative file. This demonstrates that the facility upholds its responsibilities under PREA even when case volume is low.

Provision (b): Notification Requirements for Juvenile Facilities

This provision is applicable only to juvenile correctional facilities and does not apply to the adult facility being audited.

Provision (c): Staff Misconduct Notifications

Although there were no staff sexual abuse allegations at this facility during the audit review period, agency policy as stated in ADOC AR #454 (p. 7, Section C.6) requires that when an individual alleges sexual abuse by a staff member, they must be notified if:

- The staff member is no longer employed by the agency;
- The staff member is no longer assigned to the facility;
- The staff member has been indicted or convicted as a result of the investigation.

The policy mandates that all such notifications be formally documented, and investigative staff confirmed that these procedures are well-understood and prepared for immediate implementation if such a case arises.

Provision (d): Inmate-on-Inmate Indictment Notifications

No cases of inmate-on-inmate sexual abuse at the facility during the past 12 months resulted in criminal indictment. While this provision was not triggered during the review period, ADOC policy ensures the infrastructure is in place to provide appropriate notifications if an indictment were to occur.

Provision (e): Broader Agency Reporting and Local Protocol Readiness

The PAQ indicates that 71 sexual abuse and sexual assault allegations were reported across ADOC facilities within the past year. Although none originated from the facility being audited, the institution has clearly demonstrated readiness to comply with PREA Standard §115.73 by maintaining established procedures, documentation practices, and staff awareness for issuing written notifications when required.

Provision (f): Auditor Discretion - Informational Only

	<p>This provision is not rated and does not impact compliance determination.</p> <p><u>CONCLUSION</u></p> <p>Based on a comprehensive review of facility documentation, agency policy, investigative records, and interviews with investigative staff, the Auditor concludes that the facility is in full compliance with PREA Standard §115.73 – Reporting to Inmates.</p> <p>The agency has demonstrated a strong commitment to transparency and accountability by ensuring that individuals involved in investigations of sexual abuse or harassment are promptly and formally notified of the outcome. Even in the absence of sexual abuse allegations during the audit period, the facility maintained complete documentation, followed proper protocol, and was fully prepared to meet all notification requirements should a qualifying incident occur.</p> <p>This proactive approach, supported by clear policy guidance and consistent practice, affirms the facility’s alignment with the expectations of the Prison Rape Elimination Act.</p>
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115.76	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTATION REVIEWED</u></p> <p>To assess the facility’s compliance with PREA Standard §115.76, the Auditor conducted a detailed review of policy documents, internal regulations, and audit materials provided by the Alabama Department of Corrections (ADOC). This standard requires that staff who violate policies related to sexual abuse or harassment be subject to appropriate disciplinary sanctions.</p> <p>The following documents were reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and accompanying facility-submitted documentation; 2. ADOC Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment (dated January 4, 2016), which outlines institutional expectations for preventing and responding to sexual abuse, as well as procedures for imposing disciplinary action on staff who violate these policies; 3. ADOC Administrative Regulation (AR) #208, Personnel: Employee Standards of Conduct and Discipline (dated August 17, 2005), which details the disciplinary

process for

4. ADOC staff, including sanction levels, documentation procedures, and pre-dismissal protocols;
5. ADOC Memorandum – PREA Compliance Standard §115.76, which provides specific guidance on how the agency interprets and enforces disciplinary sanctions related to PREA violations.

Collectively, these documents establish a robust disciplinary framework, clearly defining the agency’s zero-tolerance approach and delineating sanctions that may include reassignment, suspension, or termination, depending on the severity of the violation.

INTERVIEWS

Facility Head or Designee:

During the on-site audit, the Facility Head’s designee affirmed the ADOC’s zero-tolerance policy toward sexual abuse, harassment, and misconduct. They explained that any staff member found in violation of such policies is subject to disciplinary measures up to and including dismissal. Key points from the interview included:

- All staff, regardless of position, are held accountable under the agency’s sexual abuse and sexual harassment policies.

In the 12-month period preceding the audit, the facility reported:

- Zero staff found to have violated PREA-related policies, and
- Zero staff terminated or who resigned in lieu of termination for such violations.
- Termination is the presumptive disciplinary outcome in any substantiated case of sexual abuse by staff.
- If any lesser disciplinary action is issued, it must be based on documented justification and aligned with AR #208 procedures.

This interview reinforced the agency’s adherence to appropriate sanctioning practices consistent with both PREA standards and internal policy.

PROVISIONS

Provision (a): Sanctions for Policy Violations

Agency policy clearly mandates disciplinary action, including termination, for any staff member who violates policies prohibiting sexual abuse or harassment. This is articulated in:

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

- Engages in sexual abuse in a correctional or confinement setting;
- Is convicted of sexual activity involving force, coercion, or threats;
- Is civilly or administratively adjudicated for such behavior;
- Is subject to appropriate disciplinary action, which may include termination.

AR #454, Section V.4.d, further reinforces that all violations of sexual abuse and harassment policies are grounds for disciplinary action, with termination listed as the maximum penalty.

These provisions align with PREA's requirement that sanctions for violations be meaningful and reflect the seriousness of the conduct.

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

Based on documentation and interview responses, the Auditor confirmed that:

- No ADOC staff at the audited facility were found to have violated PREA-related policies in the previous year.
- No staff were terminated or resigned in lieu of termination due to such violations.

Nevertheless, the agency's written and practiced policies support a strong disciplinary process, ensuring that termination remains the expected outcome in any substantiated incident of staff-perpetrated sexual abuse.

AR #208 provides the broader procedural framework, including:

- A disciplinary matrix that outlines potential sanctions;
- Clear expectations for pre-dismissal review and documentation;
- Consistent application of due process standards for staff.

Provision (c): Sanctions Other Than Termination

Although there were no applicable cases during the current audit cycle, the agency's policies make clear that if a staff member were disciplined short of termination, the decision would be:

- Commensurate with the severity and nature of the misconduct;
- Reflective of the employee's prior disciplinary history;
- Consistent with similar cases to ensure fairness and proportionality.

AR #208 supports this balanced approach, emphasizing equitable treatment across cases while preserving management's discretion based on circumstances.

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

The agency has established procedures to ensure accountability even beyond internal disciplinary action. As confirmed in both documentation and interviews:

	<p>If a staff member is terminated or resigns in lieu of termination due to a sexual abuse or harassment violation, the case must be:</p> <p>Reported to appropriate law enforcement agencies, unless the behavior is clearly non-criminal; and</p> <p>Referred to relevant licensing or certification bodies, if applicable.</p> <p>Although no such cases were reported during the past 12 months at this facility, ADOC maintains a policy structure to guarantee compliance with this reporting obligation. This measure helps prevent individuals who engage in institutional sexual abuse from evading accountability or transferring employment without scrutiny.</p> <p><u>CONCLUSION</u></p> <p>Following a comprehensive review of agency policies, the Pre-Audit Questionnaire, supporting documentation, and direct interviews with facility leadership, the Auditor concludes that the facility is in full compliance with PREA Standard §115.76 – Disciplinary Sanctions for Staff.</p> <p>The agency’s framework reflects a strong institutional culture of accountability, transparency, and zero tolerance for sexual abuse or harassment. Policies are clearly articulated, staff are held to high standards of conduct, and appropriate mechanisms are in place to apply and document sanctions when violations occur. Even in the absence of disciplinary cases during the audit period, the agency’s readiness to respond in a timely and consistent manner underscores its ongoing commitment to PREA compliance and the protection of all individuals in its custody and care.</p>
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115.77 Corrective action for contractors and volunteers	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTATION REVIEWED</u></p> <p>To evaluate the facility’s compliance with PREA Standard §115.77, which requires appropriate corrective action and/or reporting when contractors or volunteers engage in sexual abuse or violate sexual safety policies, the Auditor reviewed a set of core agency documents and facility-level submissions. These materials collectively illustrate the Alabama Department of Corrections’ (ADOC) established procedures for ensuring accountability and transparency when contractors or volunteers are found to be in violation of PREA-related standards.</p> <p>The following documentation was thoroughly examined:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and accompanying records submitted by the facility, including policy excerpts and procedural summaries pertaining to

contractors and volunteers;

2. ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment, dated January 4, 2016, which defines institutional expectations for all personnel—including contractors and volunteers—regarding sexual abuse prevention, response, and mandatory actions following violations;
3. ADOC Administrative Regulation (AR) #216 – Personnel, dated December 7, 2015, which outlines the agency’s employment standards and pre-screening requirements, including those that apply to non-employee service providers.

These documents affirm that the agency’s zero-tolerance policy applies universally to all individuals who work within or alongside correctional staff, including contractors, volunteers, and service partners. ADOC's policies require prompt corrective measures, including removal, access revocation, and notification to licensing authorities when necessary.

INTERVIEWS

Facility Head or Designee:

During the on-site audit, the Facility Head or designated representative confirmed that:

- No incidents involving sexual abuse or sexual harassment by contractors or volunteers occurred during the previous 12-month review period;
- Accordingly, the facility did not need to initiate corrective actions such as removal, disciplinary action, or external reporting;
- Nevertheless, the facility is fully prepared to respond immediately and appropriately in the event of any future allegations, including those that do not meet the threshold for criminal behavior but still violate ADOC policy.

The interview supported the information presented in the PAQ and demonstrated a clear understanding of the agency’s responsibilities to enforce corrective measures when warranted.

PROVISIONS

Provision (a): Mandatory Reporting and Restrictions on Inmate Contact

ADOC policy, as described in AR #454 (p. 13, Section V.4.b.4), mandates specific actions when a contractor or volunteer is found to have engaged in sexual abuse. These include:

Immediate prohibition from any further contact with incarcerated individuals;

Mandatory referral to law enforcement, unless the behavior is clearly non-criminal in nature;

Reporting to licensing or credentialing authorities, if applicable to the individual’s professional status.

While the facility reported no such incidents during the current audit cycle, both policy and interview findings confirmed that the institution has robust procedures in

place to respond decisively should an allegation occur. This ensures that anyone who poses a risk to incarcerated individuals is removed from the environment and held accountable through appropriate legal and professional channels.

In addition, AR #454 requires that contractors and volunteers disclose any history of prior sexual misconduct, including:

- Sexual abuse in a correctional or confinement setting;
- Criminal convictions or civil findings related to sexual conduct, including acts involving coercion or a lack of consent.
- Failure to provide full disclosure results in the denial of access to the facility or termination of the individual's association with the agency.

Provision (b): Remedial Action for Policy Violations That Are Not Criminal

The PREA standard requires that even if an individual's behavior does not rise to the level of criminal sexual abuse, appropriate remedial action must still be taken. ADOC policy aligns with this by requiring actions such as:

- Suspension or termination of the contractor or volunteer's affiliation;
- Revocation of facility access;
- Implementation of enhanced supervision or retraining, as warranted;
- Consideration of whether continued involvement with incarcerated individuals is appropriate.
- According to both the PAQ and interview responses, no such policy violations occurred involving contractors or volunteers during the 12-month review period.

However, institutional leadership confirmed their readiness to act swiftly and in accordance with agency expectations if needed.

The agency's screening and onboarding process for contractors and volunteers is outlined in AR #216, which includes:

- Completion of a background disclosure form;
- Mandatory PREA-related questions designed to identify prior incidents of sexual misconduct;
- Signed acknowledgment forms confirming understanding of and compliance with ADOC's sexual safety policies.

This proactive screening process acts as a preventative measure, helping to ensure that individuals with a history of inappropriate behavior are identified prior to being granted access to the facility.

CONCLUSION

Based on a comprehensive review of administrative policies, documentation provided in the Pre-Audit Questionnaire, and the interview with facility leadership, the Auditor

	<p>finds that the facility is in full compliance with PREA Standard §115.77 – Corrective Action for Contractors and Volunteers.</p> <p>ADOC has implemented a thorough, proactive framework to address misconduct by non-employee personnel. Policies ensure accountability through timely corrective actions, prevent individuals with a history of misconduct from gaining access, and require that all allegations—regardless of criminality—are taken seriously and addressed appropriately. Even in the absence of reported incidents during the audit period, the agency’s preparedness, policy infrastructure, and leadership awareness collectively support a safe and compliant correctional environment.</p>
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115.78	Disciplinary sanctions for inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTATION REVIEWED</u></p> <p>In assessing the facility’s adherence to the requirements of PREA Standard §115.78, which governs the imposition of disciplinary sanctions on individuals in custody found responsible for sexual abuse, the Auditor reviewed several key documents submitted as part of the audit process:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ): This included facility-generated summaries of incidents reported within the previous 12 months, corresponding administrative responses, and descriptions of policy implementation. 2. ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (dated January 4, 2016): This regulation outlines the procedures for determining when and how disciplinary action may be applied, the criteria for substantiating allegations, and the rights and protections afforded to incarcerated individuals throughout the process. 3. ADOC Administrative Regulation (AR) #403 – Disciplinary Procedures for Inmates: This policy provides the formal framework for inmate discipline, including rule violation definitions, sanctions, due process provisions, and procedural safeguards to ensure fairness and accountability. <p>Collectively, these documents demonstrate that the Alabama Department of Corrections (ADOC) has a structured and rights-based approach to managing incidents of inmate-on-inmate sexual abuse. This approach reflects the agency’s commitment to proportionality, due process, and trauma-informed disciplinary practice.</p> <p><u>INTERVIEWS</u></p>

Facility Head or Designee:

The facility's leadership reaffirmed the agency's strict zero-tolerance policy regarding inmate-on-inmate sexual abuse and sexual harassment. During the audit interview, the following points were highlighted:

- No administrative findings of inmate-on-inmate sexual abuse occurred at the facility in the past year.
- There were no criminal convictions related to inmate-on-inmate sexual abuse during the same period.
- Disciplinary sanctions are only imposed for inmate-staff sexual contact when it is clearly established that the staff member did not consent.
- Incarcerated persons who report sexual abuse in good faith are not subject to discipline, even if the report is ultimately determined to be unsubstantiated.
- Medical and Behavioral Health Staff:
- Healthcare personnel confirmed that individuals found responsible for sexually abusive conduct are offered access to clinical interventions. These may include:

Individualized counseling;

Cognitive-behavioral therapy focused on reducing aggression or inappropriate sexual behavior;

Participation in rehabilitative programs, which may be required to restore eligibility for specific privileges or housing placements.

This dual emphasis on accountability and rehabilitation underscores the agency's broader commitment to safety and behavioral change.

PROVISIONS**Provision (a): Sanctions Imposed Following Substantiated Findings**

Consistent with ADOC policy and PREA expectations, inmates may be subject to formal disciplinary sanctions only when:

- An administrative finding of sexual abuse is substantiated through the agency's established disciplinary process; or
- A criminal conviction is secured in a court of law.

During the most recent review period:

- No sexual abuse allegations were filed at this facility;
- One sexual harassment allegation was administratively reviewed and determined to be unsubstantiated.

Applicable Policy:

AR #454, Section H requires that discipline follow a substantiated administrative finding or criminal conviction, ensuring procedural fairness.

Provision (b): Proportionality and Consistency of Sanctions

If an incarcerated individual is found guilty of engaging in sexual abuse, the sanction imposed must be:

- Proportional to the nature and severity of the act;
- Informed by the individual's prior disciplinary history;
- Consistent with sanctions imposed in similar circumstances involving others.

Applicable Policy:

AR #454, p. 22, Section H.2.e mandates a case-by-case approach, promoting fairness and consistency.

Provision (c): Mental Health and Cognitive Considerations

Disciplinary decisions take into account whether the individual's behavior may have been influenced by:

- A serious mental illness, or
- A developmental or cognitive disability.

This ensures that sanctions are appropriate and just, with accommodations made when necessary to reflect diminished capacity or need for treatment.

Applicable Policy:

AR #454, p. 22, Section H.2.e explicitly requires consideration of clinical factors in the sanctioning process.

Provision (d): Rehabilitative Services and Behavioral Interventions

When individuals are found responsible for sexually abusive behavior, the facility ensures access to therapeutic programming designed to reduce the risk of recurrence. Such interventions may include:

- Structured counseling sessions;
- Group-based treatment for sexual behavior disorders;
- Mandatory participation as a condition for program participation or privilege reinstatement.

Confirmed Through:

Interviews with medical and behavioral health staff, who outlined the available rehabilitative pathways for individuals engaged in harmful conduct.

Provision (e): Consent in Inmate-Staff Sexual Contact Cases

The agency applies disciplinary sanctions for inmate-staff sexual contact only when it is clearly established that the staff member did not consent. This reinforces the need

for a nuanced, evidence-based analysis of each incident to ensure justice and avoid penalizing individuals for actions over which they had no control.

Applicable Policy:

AR #454, p. 22, Section H.2.e requires a documented determination of consent in these cases.

Provision (f): Good Faith Protections for Reporters

To foster a culture of safety and open communication, the facility ensures that incarcerated individuals are not punished for reporting sexual abuse or harassment when:

- The report is made in good faith, and
- The individual reasonably believed that abuse occurred.
- This remains true even in cases where the resulting investigation does not yield a substantiated finding.

Applicable Policy:

AR #454, p. 22, Section H.2.c protects individuals from retaliation or discipline based on sincere and reasonable reporting efforts.

Provision (g): Prohibition of Sexual Activity and Differentiation from Sexual Abuse

The facility enforces a clear prohibition on all inmate-on-inmate sexual activity, regardless of consent. However, the agency distinguishes between consensual activity (a rules violation) and abusive conduct involving:

- Coercion,
- Force,
- Threats, or
- Manipulation.

Only the latter is addressed under PREA's definition of sexual abuse and subjected to its specific protocols.

Applicable Policy:

ADOC Rules Violation Code #912 classifies consensual sexual activity as a disciplinary infraction while defining coercive acts as PREA violations.

CONCLUSION

Following an in-depth review of policy documents, disciplinary procedures, the Pre-Audit Questionnaire, and interviews with facility leadership and medical professionals, the Auditor concludes that the facility is in full compliance with PREA Standard §115.78 – Disciplinary Sanctions for Inmates.

	<p>The Alabama Department of Corrections maintains a fair, evidence-based approach to discipline, grounded in due process and individualized assessment. The agency demonstrates a commitment not only to holding individuals accountable for substantiated misconduct but also to addressing behavioral health needs and ensuring a safe, rehabilitative environment for all incarcerated persons.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTATION REVIEW</u></p> <p>To evaluate the facility’s compliance with PREA Standard §115.81, a thorough review of documentation and staff interviews was conducted. The documents examined provided a comprehensive overview of the procedures used to identify individuals with a history of sexual victimization or sexually abusive behavior, as well as the follow-up actions taken to support their safety and well-being. Key documents included the Pre-Audit Questionnaire (PAQ), Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, dated January 4, 2016, and related tools such as Form 454-C (PREA Risk Factors Checklist), Risk Assessment Checklists, mental and medical health referral forms, and an inmate classification spreadsheet. Together, these materials outlined the agency’s system for screening, referral, and treatment in alignment with PREA expectations.</p> <p><u>INTERVIEW</u></p> <p>Risk Screening Staff</p> <p>Staff tasked with administering the PREA intake screenings confirmed that all medical and mental health information is stored in a secure electronic health records system, accessible solely by authorized healthcare professionals. Any information impacting safety or classification decisions is communicated only to those with a demonstrated need to know—typically limited to classification personnel and high-level administrators. These measures reinforce the agency’s commitment to protecting confidential information.</p> <p>Medical Staff</p> <p>Medical professionals reported that informed consent is a critical component of their procedures. When individuals disclose prior victimization, their consent is obtained before any information is shared—unless the individual is a minor, in which case mandatory reporting laws apply. Staff further explained that those who disclose such histories are automatically referred for a follow-up appointment with a qualified mental health provider within 14 days of arrival. In cases where individuals are identified as posing a risk for sexual abuse or being vulnerable to such abuse,</p>

immediate referrals to medical or mental health services are made for additional evaluation and intervention.

Inmates Disclosing Prior Victimization

During the on-site audit, there were no individuals at the facility who had reported a history of sexual victimization during intake screening. Therefore, no interviews were conducted with individuals in this category.

PROVISION

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

The PAQ and interviews confirmed that any individual who discloses a history of sexual victimization during screening is promptly provided access to emergency medical services, crisis intervention resources, and a follow-up appointment with a mental health provider within 14 days. Administrative Regulation #454, p. 15, Section F, mandates these follow-up services for those identified as having heightened vulnerability or aggressive behavior histories. The facility reported there were no inmates who disclosed prior victimization in the past 12 months.

Provision (b): Reassessment Within 30 Days

According to the PAQ and verified through record review, inmates are reassessed for risk of sexual victimization or abusiveness within 30 days of their arrival. These reassessments incorporate any new or evolving information, such as behavioral changes or incident reports. A review of 40 randomly selected records confirmed full compliance with this provision. Transgender individuals undergo additional reassessments at least twice per year to accommodate potential changes in risk factors. Policy guidance for this practice is found in AR #454, p. 16, Section F.6.

Provision (c): Evaluation of Known Abusers

The facility maintains procedures to ensure that any individual with a known history of having perpetrated sexual abuse receives a mental health evaluation within 14 days of intake. This is confirmed by documentation and staff interviews and is supported by AR #454, p. 15, Section F, which directs mental health professionals to evaluate such individuals for potential treatment needs or safety concerns.

Provision (d): Use of Screening Information for Placement

Screening outcomes and mental health assessments directly influence housing, program, and work assignments. These individualized decisions are designed to enhance safety by minimizing the likelihood of contact between those at risk of victimization and individuals identified as sexually abusive. Classification decisions are informed by the ADOC Classification Manual (AR #433 and AR #435), and AR #454, p. 16, Section F.9, provides clear guidance on integrating screening results into placement decisions.

Provision (e): Informed Consent for Disclosure

The agency's policies require informed consent before disclosing information about a history of sexual victimization, with exceptions only for minors where mandatory reporting laws apply. Interviews with the PREA Compliance Manager and medical staff

	<p>affirmed that confidentiality is strictly upheld, and sensitive information is shared only when essential for safety and in compliance with legal standards.</p> <p>-</p> <p><u>CONCLUSION</u></p> <p>The facility has demonstrated full compliance with PREA Standard §115.81 – Medical and Mental Health Screenings; History of Sexual Abuse. Through a combination of strong policies, timely service provision, and diligent staff practices, the facility effectively:</p> <ul style="list-style-type: none"> • Identifies individuals with histories of sexual victimization or abusive behavior, • Ensures timely access to medical and mental health care, • Maintains strict confidentiality and protects sensitive information, • Incorporates screening results into housing and programming decisions, and • Upholds informed consent procedures, except where legally mandated disclosures apply. <p>These practices collectively reflect the facility’s clear commitment to ensuring the safety, dignity, and well-being of every incarcerated person in its care.</p>
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115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTATION REVIEWED</u></p> <p>To evaluate the facility’s compliance with PREA Standard §115.82, the Auditor conducted a thorough review of several critical documents that outline policies and procedures for responding to reports of sexual abuse. This review included the facility’s completed Pre-Audit Questionnaire (PAQ), which provided detailed responses supported by internal records and examples. Additionally, the review incorporated the Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment, dated January 4, 2016, which defines the agency’s obligations and operational protocols in sexual abuse response.</p> <p>The Auditor also examined ADOC Form MH-008 – Referral to Mental Health, used to facilitate timely mental health evaluations following a disclosure of abuse. A current Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR) was also reviewed, outlining the external partnership that ensures survivors have access to confidential support services and professional advocacy. Together, these documents describe a comprehensive and structured response system for ensuring that individuals in custody receive immediate, trauma-informed emergency medical and mental health services following a report of sexual</p>

abuse.

INTERVIEW

Medical Staff

Healthcare professionals described a well-established protocol that is initiated the moment an individual discloses a sexual assault. Upon receiving a report, the person is promptly escorted to the medical unit, where the facility physician performs an initial assessment. This examination helps determine whether immediate transfer to an outside hospital is warranted or if the Sexual Assault Response Team (SART) should be activated. When SART involvement is required, nursing staff provide treatment recommendations and initiate preparation for transport, while the physician issues any needed medical directives.

Medical personnel emphasized that individuals are fully informed of available post-assault care, including options for emergency contraception, testing and treatment for sexually transmitted infections (STIs), and other relevant medical interventions. All services are provided without delay, guided by professional clinical judgment, and aligned with accepted healthcare standards. A close and collaborative working relationship exists between the medical and mental health teams to ensure the continuity and quality of care in a supportive and compassionate environment.

Inmates Reporting Sexual Abuse

During the time of the on-site audit, there were no individuals housed at the facility who had reported sexual abuse within the previous 12 months. As a result, the Auditor did not conduct interviews with incarcerated individuals specific to this standard.

First Responders (Security and Non-Security Staff)

Security staff members who serve as first responders demonstrated a clear understanding of their responsibilities when responding to a report of sexual abuse. These include:

- Immediately ensuring the safety of the reported victim,
- Promptly notifying both medical and mental health staff, and
- Taking steps to preserve physical evidence by securing the location and advising the individual not to perform any hygiene activities that might compromise forensic evidence (such as bathing, brushing teeth, or changing clothes).

Non-security first responders, including education and administrative personnel, reported their primary duties as:

- Ensuring the individual's immediate safety,
- Notifying security personnel without delay, and
- Remaining with the individual until relieved by a trained security first responder.

All staff interviewed were able to accurately and confidently describe their responsibilities, demonstrating thorough knowledge of the facility's emergency response protocol and adherence to training expectations.

PROVISIONS

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

The PAQ and interviews confirmed that individuals who report sexual abuse are granted immediate and unimpeded access to both emergency medical treatment and crisis mental health services. Records demonstrated that in each documented incident of sexual abuse, medical and mental health referrals were made without delay.

The facility maintains an active and effective MOU with the Alabama Coalition Against Rape (ACAR), which provides confidential emotional support and advocacy services. Forensic medical examinations are conducted by Sexual Assault Nurse Examiners (SANE) affiliated with the Rape Crisis Center of East Alabama. If a SANE is not available on-site, a provider remains on call 24/7 to respond as needed and to communicate findings back to the facility. According to the Institutional PREA Compliance Manager, there were no qualifying incidents requiring a forensic exam in the past 12 months.

Relevant Policies:

AR 454, p. 18, Section F.3.a – Requires immediate access to medical and mental health care after a report of sexual abuse.

ADOC Form MH-008 – Utilized to initiate mental health referrals in a timely manner.

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

When qualified healthcare professionals are not immediately available on-site, security staff are trained to take protective measures and initiate the emergency response protocol without delay. Staff interviews and the PAQ confirmed that in such cases, medical and mental health staff are contacted immediately to ensure the individual receives prompt care.

Relevant Policy:

AR 454, p. 19, Section G.3.b – Directs security personnel to ensure safety and initiate immediate contact with qualified healthcare providers.

Provision (c): Medically Appropriate Care

Medical staff indicated that treatment decisions are based entirely on clinical need and guided by professional judgment. Services provided to survivors include emergency contraception, testing and treatment for STIs, and pregnancy testing when indicated. These interventions are administered in accordance with accepted standards of care and are made available to all individuals who disclose sexual abuse, regardless of the specifics of the incident.

	<p>Relevant Policy:</p> <p>AR 454, p. 18, Section G.3 – Requires that victims receive information and access to all appropriate post-assault medical services.</p> <p>Provision (d): No-Cost Access to Treatment</p> <p>Both the PAQ and interviews with staff confirmed that all medical and mental health services related to an incident of sexual abuse are provided at no cost to the victim. This remains true regardless of whether the individual cooperates with investigators or identifies the alleged perpetrator. The facility’s approach ensures that access to care is not hindered by financial barriers or investigative procedures.</p> <p>Relevant Policy:</p> <p>AR 454, p. 18, Section G.3.c – Explicitly states that all post-assault treatment must be free of charge and cannot be contingent on cooperation with an investigation.</p> <p><u>CONCLUSION</u></p> <p>Based on a thorough examination of policies, documentation, and interviews with staff across disciplines, the Auditor concludes that the facility is in full compliance with PREA Standard §115.82 – Access to Emergency Medical and Mental Health Services. The facility has established and implemented a response system that is trauma-informed, timely, and survivor-centered. Key strengths include:</p> <ul style="list-style-type: none"> • Immediate access to emergency medical and psychological care, • Clearly defined and well-understood roles for all first responders, • Strong coordination between medical, mental health, and security teams, • Established relationships with external advocacy and forensic service providers, and • A commitment to providing all related services at no cost to the individual. <p>These practices reflect a mature and comprehensive approach to ensuring the safety, dignity, and recovery of individuals in custody who experience sexual abuse.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTATION REVIEWED</u></p> <p>In evaluating the facility’s compliance with PREA Standard §115.83, the Auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ) and a</p>

comprehensive collection of supporting documentation. This included:

- ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment, which provides the framework for the delivery of medical and mental health services to individuals who have experienced or perpetrated sexual abuse while in custody;
- ADOC Form MH-008 – Referral to Mental Health, the primary instrument used to initiate mental health evaluations and treatment services; and
- A Memorandum of Understanding (MOU) between the Alabama Department of Corrections (ADOC) and the Alabama Coalition Against Rape (ACAR), which ensures access to confidential, trauma-informed advocacy and ongoing treatment for survivors, contingent on the individual’s consent.

Collectively, these documents demonstrate a robust and coordinated approach to post-assault medical and mental health care, underscoring the agency’s commitment to providing timely, confidential, and no-cost services in accordance with professional standards and community expectations.

INTERVIEWS

Medical Staff

Medical personnel affirmed that whenever an individual in custody discloses sexual abuse, an immediate and clinically appropriate response is initiated. Evaluations and treatment are guided by professional medical judgment and community standards of care. Services provided include, but are not limited to:

- Emergency contraception when clinically indicated,
- Testing and prophylaxis for sexually transmitted infections (STIs),
- Pregnancy testing,
- Mental health evaluations and crisis counseling, and
- Development of individualized treatment plans.

Medical staff were unanimous in reporting that these services are delivered at no cost to the individual, regardless of whether they identify the alleged perpetrator or agree to participate in an investigation. A trauma-informed and survivor-centered approach is consistently applied. Moreover, medical and mental health staff maintain a strong collaborative relationship to ensure a seamless continuum of care that is responsive to the physical, emotional, and psychological needs of the survivor.

Inmates Reporting Sexual Abuse

At the time of the on-site audit, there were no individuals housed at the facility who had disclosed an incident of sexual abuse within the previous 12 months. Therefore, the Auditor did not conduct any inmate interviews related to this standard.

PROVISIONS

Provision (a): Medical and Mental Health Evaluations and Treatment for Victims

Per ADOC AR #454, Section G.3.d (p. 19), individuals in custody who report sexual abuse are entitled to immediate access to medical and mental health evaluations and appropriate treatment. The facility's MOU with ACAR ensures that survivors can receive confidential support and advocacy services from qualified community-based providers. Forensic medical examinations are conducted by SAFE/SANE professionals at One Place Family Justice Center in Montgomery, Alabama, and are available 24 hours a day. Facility documentation confirms the availability and delivery of comprehensive services in line with prevailing clinical and ethical standards.

Provision (b): Follow-up and Continuity of Care

Consistent with AR #454, Section G.3.e (p. 19), individuals who receive medical or mental health care related to sexual abuse are offered continued follow-up services. This includes the creation of individualized treatment plans and appropriate referrals for continued care, which may extend through facility transfers or release into the community.

Provision (c): Documentation of Follow-up Services

Interviews with healthcare providers and a review of facility records confirmed that follow-up care is thoroughly documented. Medical files include detailed notes on clinical evaluations, treatment progress, referrals, and coordination with internal and external service providers to ensure continuity of care.

Provision (d): Medically Appropriate Services

Under AR #454, Section G.3, victims of sexual abuse are entitled to medically appropriate interventions, such as emergency contraception, pregnancy testing, and STI treatment. Medical personnel confirmed that such services are routinely offered based on each individual's needs and clinical indications.

Provision (e): Access to Pregnancy-Related Services

According to the PAQ and facility policy, if a pregnancy results from sexual abuse, the affected individual is provided with comprehensive and timely information about lawful medical options. All services are provided in accordance with applicable legal and clinical guidelines.

Provision (f): Clinical Decision-Making for Emergency Medical Care

Per AR #454, Section G.3, the decision to provide emergency medical care—including STI prophylaxis and emergency contraception—is guided entirely by medical necessity and professional standards of care. There are no undue delays or barriers to receiving treatment.

Provision (g): No-Cost Services

Interviews and documentation confirmed that all services related to sexual abuse—including forensic exams, mental health counseling, and medical treatment—are delivered at no financial cost to the individual. This policy is in place regardless of whether the individual identifies the perpetrator or cooperates with an investigation, as outlined in AR #454, Section G.3.e (p. 19).

	<p>Provision (h): Evaluation and Treatment of Known Abusers</p> <p>ADOC policy requires that if an individual in custody is identified as a known perpetrator of sexual abuse, mental health staff must attempt an evaluation within 60 days. This expectation is articulated in AR #454, Section G.3.g (p. 19). When clinically indicated, treatment is offered, and the referral process is initiated using Form MH-008. Documentation and interviews confirmed that this practice is consistently implemented.</p> <p><u>CONCLUSION</u></p> <p>Following an in-depth review of relevant policies, clinical documentation, and interviews with key staff, the Auditor finds that the facility is in full compliance with PREA Standard §115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers. The facility has established a comprehensive and compassionate framework that ensures:</p> <ul style="list-style-type: none"> • Prompt, trauma-informed medical and mental health services following a disclosure of sexual abuse; • Diligent documentation and individualized treatment planning; • Continuity of care through transfers or upon release; • Access to a full range of reproductive and sexual health services, as medically appropriate; • No-cost services, delivered without conditions related to reporting or investigative cooperation; and • Mental health evaluation and treatment for individuals identified as abusers, ensuring accountability and addressing underlying behavioral health needs. <p>These practices reflect a system that places a high value on dignity, recovery, and public health, while fully aligning with the intent and requirements of the Prison Rape Elimination Act.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION REVIEWED</p> <p>To assess the facility’s adherence to the requirements of PREA Standard §115.86, the Auditor conducted a detailed review of several critical documents. These included:</p> <ul style="list-style-type: none"> • The facility’s completed Pre-Audit Questionnaire (PAQ) and related supporting documents; • Alabama Department of Corrections (ADOC) Administrative Regulation #454,

titled Inmate Sexual Abuse and Harassment, effective January 4, 2016, which outlines the procedures for reviewing sexual abuse incidents;

- ADOC Form 454-E – Sexual Abuse Incident Review, used to document the outcome of each review; and
- Facility-generated Sexual Assault Incident Review documentation and reports, which provided evidence of recent review activity.

Together, these materials clearly outline the structured, multidisciplinary approach used by the facility to conduct post-investigation reviews and demonstrate a consistent and policy-driven response to sexual abuse allegations.

INTERVIEW

Facility Head

The Facility Head confirmed that a dedicated Incident Review Team (IRT) is responsible for conducting reviews of all substantiated and unsubstantiated sexual abuse allegations. The IRT is composed of upper-level leadership and representatives from core departments including security, mental health, investigations, and administration. The Facility Head—or their designee—receives and reviews all finalized reports and ensures that recommendations are implemented or documented if deemed unnecessary. They emphasized the facility’s commitment to using incident reviews not just for compliance, but as a proactive tool to strengthen safety and improve sexual abuse prevention efforts.

PREA Compliance Manager (PCM)

The PREA Compliance Manager reported that Sexual Abuse Incident Review (SAIR) reports are required to be completed within 30 days following the conclusion of each investigation, in accordance with ADOC policy. The PCM confirmed their direct involvement in review meetings and the documentation process. All completed reports are submitted to both the PCM and Facility Head for review, follow-up, and accountability tracking. The PCM plays an integral role in ensuring the review process adheres to PREA standards and that recommendations lead to tangible improvements.

Incident Review Team (IRT)

Members of the IRT confirmed that the review process is collaborative and involves a broad cross-section of facility leadership and subject matter experts. The team routinely includes upper-level managers, line supervisors, investigators, and healthcare or mental health professionals, depending on the case. Each review follows a checklist of criteria outlined in PREA Standard §115.86(d), and findings are formally documented using ADOC Form 454-E. Team members reported that the process is taken seriously, and that incident reviews are not only policy-driven but also used to identify systemic vulnerabilities and areas for improvement.

PROVISIONS

Provision (a): Incident Review Requirement

The PAQ and supporting documentation confirm that the facility conducts a formal sexual abuse incident review at the conclusion of every administrative or criminal investigation, except where allegations are determined to be unfounded. This practice is grounded in ADOC AR #454, p. 20, Section H.1.k, which requires a review to occur within 30 days of the investigation's close. The process involves a multidisciplinary team and focuses on strengthening facility safety and policy compliance.

- Sexual Abuse and Harassment Activity (Past 12 Months):
- Sexual Abuse Allegations: 1 - Outcome: Unsubstantiated
- Sexual Harassment Allegations: 1 - Outcome: Unsubstantiated
- Victim Notification: Properly documented and completed

Provision (b): Timely Completion of Reviews

The PAQ and interviews confirm that all reviews related to substantiated or unsubstantiated allegations are completed within the required 30-day timeframe. In the past 12 months, the facility reported 1 investigations requiring review. It was followed by a timely and thorough SAIR. Compliance with this timeline is reinforced by AR #454, Section H.1.k.

Provision (c): Composition of the Review Team

Interviews with facility leadership and members of the IRT validated that the team includes upper-level management and appropriately assigned personnel. These include line supervisors, investigators, and medical or mental health professionals when their input is relevant. This composition meets the expectations of the PREA standard and reflects the facility's multidisciplinary approach, as directed by ADOC policy.

Provision (d): Scope of Review and Reporting

All Sexual Abuse Incident Review reports are prepared using Form 454-E and submitted to both the Facility Head and PREA Compliance Manager. These reports thoroughly document:

A summary of investigative findings;

- Recommendations for policy, practice, or environmental changes;
- Reviews of potential motivations (e.g., bias, gang affiliation, gender identity);
- Assessments of staff presence and adequacy of supervision;
- Evaluations of the physical layout and potential blind spots;
- Consideration of the effectiveness of existing monitoring technologies.

This detailed and structured review process helps ensure every incident is an opportunity for learning, improvement, and enhanced protection of people in custody.

Provision (e): Implementation of Recommendations

According to interviews and a review of recent SAIRs, recommendations generated during incident reviews are acted upon promptly or, if not implemented, justification

	<p>is documented. The Facility Head affirmed that they personally monitor implementation and ensure that all recommendations are tracked through to resolution. This process reflects a commitment to transparency, accountability, and ongoing institutional learning.</p> <p><u>CONCLUSION</u></p> <p>Following a comprehensive review of policy, documentation, and staff interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.86 – Sexual Abuse Incident Reviews. The facility demonstrates a robust, well-documented, and multidisciplinary approach to reviewing and learning from each substantiated or unsubstantiated incident of sexual abuse. Key strengths include:</p> <ul style="list-style-type: none"> • Timely completion of reviews in line with regulatory expectations; • Active participation by a qualified and diverse Incident Review Team; • Use of comprehensive review tools to assess systemic and environmental factors; • Clear procedures for documenting findings and implementing recommendations; and • A facility culture that supports continuous improvement and survivor safety. <p>This process contributes meaningfully to the agency’s broader efforts to reduce the risk of sexual abuse, enhance operational readiness, and maintain a safe and respectful environment for all individuals in custody.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTATION REVIEW</u></p> <p>To evaluate the Alabama Department of Corrections’ (ADOC) compliance with PREA Standard §115.87, the Auditor conducted a thorough review of key documents and resources provided by the agency. These materials offered a detailed look into how the ADOC collects, analyzes, and reports data related to incidents of sexual abuse and harassment across its system. The reviewed documents included:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ): Provided comprehensive responses outlining the agency’s data collection procedures and practices. • ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (Effective January 4, 2016): Defined protocols for incident reporting, documentation, data aggregation, and oversight. • Most Recent Survey of Sexual Victimization (SSV-2): The federally mandated

annual submission to the U.S. Department of Justice Bureau of Justice Statistics (BJS).

- Most Recent ADOC Annual PREA Data Report: A public-facing report analyzing agency-wide data on sexual abuse incidents, including trends and corrective actions implemented.
- ADOC's Public PREA Website (<http://www.doc.state.al.us/PREA>): Hosts annual data reports, policies, and agency compliance information accessible to the public.

These documents collectively reflect a structured and transparent process for collecting, managing, and disseminating sexual abuse data in accordance with PREA requirements.

INTERVIEW

Agency Contract Administrator

The Agency Contract Administrator confirmed that all contracts involving the housing of individuals in ADOC custody—whether in state-run or privately managed facilities—include specific provisions mandating PREA compliance. These provisions are carefully reviewed by the Office of General Counsel prior to contract approval and execution. The administrator also verified that incident-based and aggregate sexual abuse data is consistently collected from all contracted facilities and integrated into the agency's broader data reporting processes. This ensures full representation of the ADOC population, regardless of custody location.

PROVISIONS

Provision (a): Comprehensive Data Collection

ADOC Administrative Regulation #454, Section L.1 (p. 24), mandates that the agency collect detailed and accurate data for every allegation of sexual abuse and sexual harassment, across all facilities and custody types. This includes information derived from:

- Inmate interviews and polling instruments
- Formal grievances and written complaints
- Incident reports and investigative case files
- Supervisory logs from routine and unannounced rounds

To ensure consistency, the agency applies standardized definitions and methods in all data collection processes. Additionally, robust quality assurance practices are in place to validate accuracy and completeness before aggregation occurs.

Provision (b): Federal Submission of Aggregated Data

The ADOC submits annual aggregated sexual abuse data to the Bureau of Justice Statistics using the Survey of Sexual Victimization (SSV-2). The Auditor verified that

the most recent SSV-2:

- Was submitted on time in accordance with federal deadlines,
- Contained complete and accurate information, and
- Reflected internal records and investigation outcomes.

This confirms that the agency is in full compliance with federal reporting requirements outlined under PREA and DOJ guidance.

Provision (c): Incident-Based Data Alignment

In accordance with PREA expectations, AR #454 requires that the agency maintain incident-specific records that can be used to populate the SSV-2 and other required reporting instruments. Documentation reviewed included:

- Investigative summaries and completed case files
- Sexual Abuse Incident Review reports
- Facility-level documentation supporting reported data

The Auditor found that ADOC's data management system is fully aligned with DOJ methodologies, ensuring clarity, consistency, and completeness across all submissions.

Provision (d): Trend Analysis and Corrective Action

The ADOC goes beyond basic data collection by conducting detailed trend analyses to identify patterns and areas of concern. The agency's most recent annual PREA data report included:

- Visual data summaries by facility, incident type, and outcome
- A written analysis highlighting recurring issues or systemic gaps
- Documentation of corrective measures taken in response to data findings

This proactive, data-driven approach supports evidence-based decision-making and continuous improvement in PREA compliance.

Provision (e): Contractual Compliance Monitoring

Section D (p. 7) of AR #454 designates the Office of General Counsel as responsible for ensuring that all contracts involving incarcerated persons explicitly require compliance with PREA. A reviewed contract with The GEO Group, Inc. for the Alabama Therapeutic Education Facility (ATEF)—Contract #CD170051713—includes Section 3.39, which mandates:

- Adherence to Alabama Code §14-11-31 and 28 C.F.R. Part 115,
- A zero-tolerance stance on sexual misconduct,
- Mandatory reporting of all incidents,

	<ul style="list-style-type: none"> • Full access to PREA monitors and investigators, • Participation in DOJ PREA audits, and • PREA training for all contracted staff and volunteers. <p>These provisions are actively monitored and factored into agency-wide data collection and analysis.</p> <p>Provision (f): Timely Submission of Annual Data</p> <p>PREA standards require that state correctional agencies submit their aggregated data by June 30 each year for the preceding calendar year. The Auditor confirmed that ADOC’s most recent SSV-2 submission:</p> <ul style="list-style-type: none"> • Met the June 30 deadline, • Included all required information, and • Was consistent with data found in facility documentation and reports. <p>This demonstrates a well-established and reliable reporting timeline that adheres to PREA regulations.</p> <p><u>CONCLUSION</u></p> <p>Following a comprehensive review of policies, documentation, and staff interviews, the Auditor concludes that the Alabama Department of Corrections is in full compliance with PREA Standard §115.87 – Data Collection. The agency has developed and maintained a robust and transparent system that ensures:</p> <p>Accurate, timely, and detailed incident data collection, Full integration of information from all custody environments, Compliance with federal reporting deadlines and quality standards, Analytical reporting to identify trends and guide corrective actions, and Contractual enforcement of PREA mandates across public and private facilities.</p> <p>These efforts reflect a mature and proactive approach to sexual abuse prevention and response, one that prioritizes transparency, accountability, and the safety of all individuals in ADOC custody.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTATION REVIEWED</u></p> <p>To assess compliance with PREA Standard §115.88, the Auditor conducted a detailed</p>

- examination of documentation provided by the Alabama Department of Corrections (ADOC), including agency-wide policies, data reports, and publicly available resources. The following materials formed the foundation of the review:
- Pre-Audit Questionnaire (PAQ): Offered comprehensive insights into how the ADOC collects, analyzes, and applies data related to incidents of sexual abuse and harassment to inform prevention efforts and implement corrective strategies.
 - ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (Effective January 4, 2016): Serves as the agency’s core policy document outlining responsibilities and procedures for collecting, reviewing, and reporting PREA-related data.
 - 2023 Survey of Sexual Victimization (SSV-2): The agency’s most recent submission to the U.S. Department of Justice Bureau of Justice Statistics (BJS), documenting reported incidents of sexual victimization across ADOC facilities.
 - 2024 Annual Data Report: The most up-to-date report compiling and analyzing PREA-related incidents, identifying trends, and detailing corrective actions taken at both the facility and agency level.
 - ADOC PREA Website (<http://www.doc.state.al.us/PREA>): A publicly accessible site that hosts annual PREA reports, compliance materials, and agency initiatives, supporting transparency and public engagement.

Collectively, these materials reflect a systematic, transparent, and proactive approach to evaluating and improving the ADOC’s response to sexual abuse within its facilities.

INTERVIEWS

Agency Head or Designee

The Agency Head’s designee confirmed that the ADOC’s annual PREA report includes a detailed comparison of current year data with previous years, as well as a record of corrective actions taken in response to identified issues. The designee emphasized that these reports are publicly posted on the agency’s website to promote accountability and foster ongoing improvements in the safety and well-being of incarcerated individuals and facility staff.

Facility Head or Designee

The Facility Head shared that the facility’s internal PREA Committee is responsible for reviewing every allegation of sexual abuse. Relevant data and findings are forwarded to the PREA Coordinator, contributing to the agency’s broader review and analysis process. This collaboration ensures that both facility-level insights and system-wide trends inform the agency’s annual assessment.

PREA Director

The PREA Director confirmed that ADOC consistently reviews data collected under §115.87 to measure the effectiveness of its policies, staff training, and operational procedures related to sexual abuse prevention and response. The Director oversees

the compilation of the annual PREA report, which includes detailed findings, data analyses, and recommended or implemented corrective actions. Any redactions to the report are minimal and limited strictly to safeguard the identities of individuals and institutional security.

PREA Compliance Manager (PCM)

The PREA Compliance Manager noted that the agency's PREA reports, as well as other supporting documentation, are publicly accessible via the ADOC website. The PCM highlighted the role of this accessibility in promoting transparency and reinforcing the agency's commitment to continuous improvement.

PROVISIONS

Provision (a): Systematic Data Review and Corrective Action Planning

ADOC conducts regular and structured reviews of all PREA-related data as required under §115.87. According to the PAQ and staff interviews, this process is used to:

- Identify systemic or localized problem areas,
- Implement corrective actions in response to those issues, and
- Compile and publish an annual agency-wide report detailing findings, patterns, and remediation efforts.

As stipulated in AR #454, Section L.1.c, the PREA Director is responsible for managing this process, including preparing comparative reports that evaluate progress over time and developing action plans to address areas of concern.

Provision (b): Year-to-Year Comparative Analysis

The agency's annual PREA report includes side-by-side comparisons of data from current and prior years. This year-over-year analysis is used to track performance, assess the impact of policy or operational changes, and reinforce accountability across facilities. The Auditor confirmed that the most recent report meets all requirements of this provision, supporting a sustained and measurable approach to institutional improvement.

Provision (c): Public Accessibility of Annual Reports

ADOC ensures full public access to its annual PREA reports by maintaining a dedicated PREA webpage. The Auditor confirmed that these reports, dating back to 2013, are published online at www.doc.state.al.us/PREA, reflecting the agency's commitment to transparency and public trust.

Provision (d): Limited and Appropriate Redactions

According to the PREA Director, any redactions to the annual report are carefully applied and limited only to information that may compromise individual privacy or institutional security. The integrity of the data and findings remains intact, ensuring that stakeholders have access to meaningful and actionable information while safeguarding sensitive details.

CONCLUSION

	<p>Based on a comprehensive review of documentation, agency policies, annual data reports, and interviews with key ADOC personnel, the Auditor concludes that the Alabama Department of Corrections is in full compliance with PREA Standard §115.88 – Data Review for Corrective Action. The agency has demonstrated:</p> <ul style="list-style-type: none"> • A structured and proactive process for analyzing PREA-related data across its facilities, • A commitment to identifying trends and implementing targeted corrective actions, • Transparent, year-over-year reporting to evaluate progress and inform decision-making, • Broad public access to annual reports via a dedicated PREA webpage, and • Responsible redaction practices that protect individuals while maintaining transparency. <p>Through this multifaceted and data-driven approach, the ADOC continues to improve institutional safety and accountability, ensuring that the findings from each year’s review contribute directly to the enhancement of its sexual abuse prevention, detection, and response efforts.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTATION REVIEWED</u></p> <p>In evaluating the Alabama Department of Corrections’ (ADOC) compliance with PREA Standard §115.89, the Auditor conducted a thorough review of agency documents and digital resources that outline the protocols for storing, publishing, and safeguarding data related to sexual abuse allegations and investigations. The materials reviewed included:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ): Detailed the agency’s processes for collecting, maintaining, publishing, and safeguarding PREA-related data. 2. ADOC Administrative Regulation (AR) #454 – Operations & Legal, Inmate Sexual Abuse and Harassment (Effective January 4, 2016): Provides formal policy direction for the retention and management of both incident-based and aggregate data. 3. ADOC PREA Website (http://www.doc.state.al.us/PREA): A publicly available online portal through which the agency disseminates annual aggregated sexual abuse data and PREA-related materials to the public. <p>These documents collectively demonstrate that the ADOC has established a clear and</p>

consistent system for securely storing sensitive data, ensuring public transparency, and complying with record retention requirements.

INTERVIEWS

PREA Director (PD)

During the interview, the PREA Director described the agency's data management practices in detail. At the facility level, PREA-related data is maintained within a secure Risk Management System, which is accessible only to designated staff on a need-to-know basis. At the agency level, the ADOC compiles and stores data to support mandatory federal reporting (such as the Survey of Sexual Victimization – SSV-2) and to facilitate public accountability.

The PREA Director affirmed that the ADOC performs regular reviews of the data collected under §115.87 and ensures that any information published to the public—such as through the agency's PREA website—is carefully redacted to remove personally identifiable information. These redactions are limited solely to information necessary to preserve confidentiality and institutional security.

PROVISIONS

Provision (a): Secure Retention and Publication of Aggregate Data

The PAQ affirms that the ADOC securely stores both incident-based and aggregate data related to sexual abuse allegations. According to agency policy, this data is retained at the facility level in a restricted-access system and at the agency level for analysis and publication.

ADOC Administrative Regulation #454 requires that aggregated data from both state-run and privately operated contracted facilities be published annually on the agency's public website. This policy was validated through the Auditor's verification of annual data posted at: <http://www.doc.state.al.us/PREA>

Provision (b): Public Accessibility of Aggregated Data

In alignment with PREA standards, the PAQ and staff interviews confirmed that ADOC ensures aggregated PREA data is publicly accessible on an annual basis. The PREA webpage hosts a series of annual reports, each of which summarizes facility-level incidents and outcomes. These reports are consistent with federal transparency expectations and contribute to public oversight.

Provision (c): Redaction of Personally Identifiable Information

As outlined in the PAQ, all aggregated data released by the ADOC is carefully reviewed to remove any personally identifying information prior to publication. This process protects the privacy of individuals involved in incidents while still allowing for meaningful public review. Additionally, the agency retains all data collected under §115.87 for a minimum of ten (10) years unless otherwise directed by law.

Provision (d): Long-Term Retention and Recordkeeping Requirements

ADOC Administrative Regulation #454 (Section L.1.d & e, p. 26) sets clear guidelines for the long-term retention of PREA-related data. Specifically:

	<p>All PREA-related data must be stored securely for at least 10 years.</p> <p>Records of criminal and administrative investigations must be retained for as long as the alleged abuser remains incarcerated or employed by the agency, plus an additional five (5) years.</p> <p>The Auditor verified the agency's adherence to these requirements through documentation and data records dating back to August 20, 2012, confirming long-term compliance with PREA standards.</p> <p><u>CONCLUSIONS</u></p> <p>Following an extensive review of agency policies, documentation, interview statements, and historical data 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 demonstrated:</p> <ul style="list-style-type: none"> • A secure, structured, and multi-level system for retaining PREA-related data, • Annual publication of aggregated sexual abuse data on a publicly accessible platform, • Redaction protocols that protect individual confidentiality without compromising transparency, • Long-term retention practices consistent with federal standards and agency policy. <p>Through its policies and practices, the ADOC exhibits a strong commitment to both public accountability and institutional integrity in the management of sexual abuse data.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTATION REVIEWED</u></p> <p>To assess compliance with the requirements of PREA Standard §115.401, the Auditor reviewed the Alabama Department of Corrections (ADOC) publicly accessible PREA webpage: http://www.doc.state.al.us/PREA</p> <p>The ADOC website provides a comprehensive archive of PREA audit reports and sexual abuse data, making audit results and institutional accountability measures readily available to the public. This level of transparency aligns with federal PREA requirements and demonstrates the agency's commitment to openness and accountability.</p>

INTERVIEWS

Agency Head or Designee:

During the interview, the Agency Head's designee confirmed that each facility within the Alabama Department of Corrections has undergone a PREA audit within the current or immediately preceding three-year audit cycle. The designee further affirmed that completed audit reports are publicly posted on the ADOC's official PREA webpage to ensure accessibility for oversight bodies, advocates, families, and the general public.

PREA Director:

The PREA Director stated that this particular audit falls within the second year of ADOC's fourth, three-year PREA audit cycle. This timeline demonstrates that the agency continues to maintain consistent audit scheduling in accordance with the federally mandated triennial cycle.

PROVISIONS

Provision (a): Audit Frequency and Transparency

Interviews with agency leadership confirmed that each ADOC facility has been audited within the required three-year timeframe. In support of this, the ADOC maintains a centralized, public webpage where audit reports for all facilities are published. This allows for broad transparency and public review in alignment with PREA Standard §115.401(a).

Provision (b): Publication of Sexual Abuse Data

The agency's PREA webpage not only includes past audit reports but also houses reports containing aggregated sexual abuse data, collected and reported in compliance with PREA requirements. These data reports are organized by facility and include annual statistics and trends. They can be accessed at <http://www.doc.-state.al.us/PREA>, satisfying the reporting requirements under Provision (b).

Provisions (c) through (g): Not Applicable

Provisions (c) through (g) of this standard are not applicable to this audit or the agency's current audit cycle and practices.

Provision (h): Auditor Access to Facilities

During the on-site portion of the audit, the Auditor was granted full, unimpeded access to every area of the facility. The Institutional PREA Compliance Manager (IPCM) accompanied the Auditor throughout the audit and ensured that access was provided to all locations and materials requested, without restriction or delay.

Provision (i): Timely Access to Information

The facility and ADOC central office provided all documentation, records, and data requested by the Auditor in a timely, complete, and cooperative manner. The agency exhibited a clear commitment to transparency and collaboration throughout the audit process.

	<p>Provision (j): Not Applicable This provision was not applicable during the current audit.</p> <p>Provision (k) and (l): Not Applicable These provisions did not apply in this particular facility review.</p> <p>Provision (m): Private Interview Space During the on-site audit, the facility provided the Auditor with a secure and private setting to conduct all interviews with staff and incarcerated individuals. This ensured that interviews could be conducted confidentially, respectfully, and without interference.</p> <p>Provision (n): Confidential Correspondence with the Auditor Inmates interviewed during the audit consistently reported that they were provided with the opportunity to send confidential mail or correspondence to the Auditor prior to the on-site visit. They confirmed that this communication process was handled in the same manner as legal mail, in accordance with PREA requirements.</p> <p>Provision (o): Not Applicable This provision was not relevant to this facility during the audit period.</p> <p><u>CONCLUSION</u></p> <p>Based on a comprehensive review of the ADOC's public-facing documentation, the Pre-Audit Questionnaire, and interviews with agency and facility leadership, the Auditor finds the agency and this facility to be fully compliant with PREA Standard §115.401 – Frequency and Scope of Audits.</p> <p>The agency's adherence to the triennial audit cycle, transparency in publishing audit findings and abuse data, and consistent cooperation throughout the audit process reflect a strong institutional commitment to PREA principles and to the ongoing protection of individuals in custody.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>DOCUMENTATION REVIEWED</u></p> <p>To assess compliance with the requirements of PREA Standard §115.403, the Auditor reviewed the Alabama Department of Corrections (ADOC) publicly accessible PREA webpage: http://www.doc.state.al.us/PREA</p> <p>This centralized online platform serves as the agency's primary public resource for PREA-related materials, including audit reports and data disclosures.</p>

PROVISIONS

Provisions (a) through (e):

These provisions are not applicable to the ADOC's obligations under this standard. They pertain to responsibilities that do not fall within the agency's current operational or reporting scope in relation to this audit.

Provision (f): Posting of Audit Contents and Findings

The Alabama Department of Corrections demonstrates full compliance with this provision by maintaining a dedicated and publicly accessible PREA webpage that provides:

- Annual aggregated data on sexual abuse allegations across ADOC facilities, consistent with federal reporting requirements.
- Full PREA audit reports for each facility within the system, organized by audit cycle and facility name.
- Clear, organized presentation of materials that allows stakeholders, advocates, and the public to easily access and review agency performance and compliance.

The information is kept current and reflects the agency's efforts to promote transparency, accountability, and adherence to PREA standards. The posting of both current and historical audit findings ensures that external parties have an ongoing opportunity to assess the effectiveness of the agency's sexual safety policies and practices.

CONCLUSION

Based on a thorough review of the ADOC's publicly accessible PREA webpage and the materials provided therein, the Auditor concludes that the agency is in full compliance with PREA Standard §115.403 – Audit Contents and Findings.

The Alabama Department of Corrections has established a clear commitment to openness by making audit reports and sexual abuse data readily available for public inspection. This practice aligns with PREA's intent to foster institutional transparency and enhance public trust in correctional oversight processes.

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
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
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
	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
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
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

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	yes

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>