

PREA Facility Audit Report: Final

Name of Facility: Frank Lee Community-Based Facility and Work Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/03/2025

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: 07/03/2025

AUDITOR INFORMATION

Auditor name: OConnor, Darla

Email: doconnor@strategicjusticesolutions.com

Start Date of On-Site Audit: 03/17/2025

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

FACILITY INFORMATION

Facility name: Frank Lee Community-Based Facility and Work Center

Facility physical address: 5305 Ingram Road, Deatsville, Alabama - 36022

Facility mailing address:

Primary Contact

Name:	william Waters
Email Address:	william.waters@doc.alabama.gov
Telephone Number:	205-688-7343

Warden/Jail Administrator/Sheriff/Director

Name:	Pamela Butler
Email Address:	pamela.butler@doc.alabama.gov
Telephone Number:	334-290-3200 ext 102

Facility PREA Compliance Manager

Name:	William Waters
Email Address:	william.waters@doc.alabama.gov
Telephone Number:	205-688-7343

Facility Health Service Administrator On-site

Name:	Ruth Naglich
Email Address:	Ruth.Naglich@doc.alabama.gov
Telephone Number:	334-353-3883

Facility Characteristics

Designed facility capacity:	300
Current population of facility:	296
Average daily population for the past 12 months:	280
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:	19-78
Facility security levels/inmate custody levels:	Minimum-Out and Minimum-Community Custody
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	36
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	4
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	18

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

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

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

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

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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

2025-03-17

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

2025-03-19

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 confirmed that their records do not indicate any contact from the facility or its residents.</p> <p>One Place Family Justice Center verified that they have a Memorandum of Understanding (MOU) with the facility. As part of this agreement, they provide victim advocates upon request to accompany residents during forensic examinations. They also operate a 24/7 crisis line that residents can use to receive emotional support related to sexual abuse, whether it occurred in the past or during their time at the facility. This same hotline is available for residents to report incidents of sexual abuse while at the facility. One Place Family Justice Center further confirmed that they perform forensic examinations upon request from the facility. Residents are transported to the center, where exams are conducted in a dedicated Sexual Assault Nurse Examiner (SANE) suite. A qualified SANE nurse is always available to conduct these examinations when needed. Additionally, the agency holds an MOU with the Alabama Coalition Against Rape (ACAR), which maintains a service agreement with the Alabama Department of Corrections (ADOC). Through this agreement, ACAR coordinates the provision of SANE services via regional Rape Crisis Centers. The MOU includes provisions for victim advocacy and emotional support for individuals affected by sexual abuse, regardless of when or where the abuse occurred. It also ensures the availability of a support hotline for residents</p>
<p>AUDITED FACILITY INFORMATION</p>	
<p>14. Designated facility capacity:</p>	<p>300</p>
<p>15. Average daily population for the past 12 months:</p>	<p>280</p>
<p>16. Number of inmate/resident/detainee housing units:</p>	<p>4</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:	288
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):	<p>As of the first day of the onsite audit, the facility did not house any inmates who were physically disabled, cognitively disabled, hearing impaired, or vision impaired. Additionally, there were no youthful offenders (under the age of 18) in custody. At the time of the audit, the facility reported that there were no individuals who openly identified as gay or transgender, and no residents had disclosed a history of sexual abuse or victimization during intake screenings or subsequent assessments. Lastly there were no inmates who had been placed in segregation as a result of sexual victimization. The facility population consisted solely of adult male inmates, all of whom were able-bodied and without known special needs that would require additional accommodations under PREA standards.</p>
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:	36
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:	10
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:	1

<p>33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>As of the first day of the onsite audit, the facility employed a diverse team of security and non-security staff, including both male and female employees. Staff roles included correctional officers, medical professionals, administrative personnel, and support staff. The facility also had a limited number of volunteers and contractors present. Volunteers primarily provided religious, educational, or rehabilitative services, while contractors included maintenance workers, medical providers, and food service personnel.</p> <p>No staff, volunteer, or contractor self-identified as requiring special accommodations under PREA due to disability or other considerations, and none had been the subject of substantiated allegations related to sexual abuse or harassment</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>26</p>
<p>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>

36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>To ensure geographic diversity in the random selection of inmate interviewees, the auditor used the facility's current housing roster and selected individuals from multiple housing units across the facility. This approach included representation from different security levels, housing types (e.g., general population, administrative segregation, medical, and mental health units if applicable), and any specialized units. By including individuals from various living areas, the auditor ensured that the sample reflected a cross-section of the facility's population, which helped capture a range of experiences and perspectives related to PREA compliance. The selection process also considered diversity in age, race/ethnicity, and length of stay at the facility, to the extent possible, while maintaining randomness.</p>
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<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):

During the selection and interviewing of random inmates, deliberate efforts were made to ensure a representative and diverse sample across all housing units and inmate demographics. The auditor intentionally oversampled certain populations to ensure the inclusion of perspectives from individuals who may be more vulnerable or isolated, including those housed in restrictive housing, individuals with limited English proficiency (when applicable), and inmates with known mental health concerns. This approach was designed to provide a comprehensive understanding of PREA-related experiences throughout the facility.

There were no significant barriers to completing the interviews. Facility staff were cooperative and responsive, facilitating timely access to selected individuals. Most inmates were willing to participate in the interview process. In instances where a selected individual declined participation or was unavailable due to external commitments such as court appearances or medical appointments, alternate interviewees were selected from the same or comparable housing units to preserve the balance and integrity of the sample.

There were no reported issues related to communication or accessibility during the interviews. All participants were able to engage in the process without the need for interpretation or special accommodations, and no language or cognitive barriers were observed that would have impeded participation.

Due to a limited number of inmates meeting the criteria for targeted interviews (such as those who had reported sexual abuse, identified as LGBTQIA+, or had disabilities), the number of random inmate interviews was increased. This adjustment was made to ensure compliance with the total required number of inmate interviews based on the facility's population of 288 inmates, resulting in a total of 26 inmate interviews.

Targeted Inmate/Resident/Detainee Interviews

39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:

0

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

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

0

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

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

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

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

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

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

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

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

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

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

<p>41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>To determine whether a cognitively disabled population existed in the audited facility, the auditor employed a combination of document review, staff interviews, facility observation, and inmate interviews.</p> <p>First, the auditor reviewed intake screening forms, medical and mental health records, and classification documentation to identify any indicators of physical disabilities among the current inmate population. These records included information on cognitive impairments, use of assistive devices, chronic medical conditions, and documented physical limitations.</p> <p>Second, medical and classification staff were interviewed to confirm how individuals with cognitive disabilities are identified, documented, and accommodated during intake and throughout incarceration. Staff stated that all incoming inmates are screened for cognitive limitations during the intake process and that such information is communicated to relevant departments to ensure appropriate housing and access to services.</p> <p>Finally, during random inmate interviews, the auditor asked whether individuals were aware of any cognitively disabled inmates in the facility. No inmates reported the presence of cognitively disabled individuals in their housing units.</p> <p>Based on the alignment of findings across all sources—records, staff accounts, facility observation, and inmate reports—the auditor concluded that no cognitively disabled inmates were housed in the facility at the time of the audit.</p>
<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

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

- ☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.
- ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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

To determine whether any inmates with blindness or vision impairments were housed in the facility at the time of the audit, the auditor employed a multi-pronged corroboration approach that included document review, staff interviews, facility observations, and inmate interviews.

First, the auditor reviewed intake screening forms, medical records, and classification data to identify any inmates who were documented as legally blind, visually impaired, or requiring vision-related accommodations (such as corrective lenses, large-print materials, or assistive technology). No such designations were identified in the reviewed records.

Second, interviews were conducted with medical staff, intake/classification personnel, and ADA compliance staff (if applicable) to confirm how the facility identifies and supports inmates with vision impairments. Staff confirmed that any visual limitations are assessed during the intake process and that such conditions would be flagged for appropriate accommodations. Staff further reported that there were no blind or vision-impaired individuals currently housed in the facility.

Third, the auditor conducted a facility walk-through and observed housing areas, program spaces, and common areas for any assistive devices or modifications typically associated with visually impaired populations (e.g., white canes, braille signage, or specialized equipment). None were present or in use. Finally, during random inmate interviews, the auditor asked whether inmates were aware of anyone in their housing unit who had a significant vision impairment or was blind. Inmates uniformly reported that there were no such individuals in their living areas. These corroborating sources—medical and classification documentation, staff interviews, direct observation, and resident interviews—collectively confirmed that there were no blind or vision-impaired inmates housed in the facility at the time of the audit.

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).

To determine whether any deaf or hearing-impaired individuals were housed in the facility at the time of the audit, the auditor utilized a comprehensive corroboration process involving documentation review, staff interviews, facility observation, and inmate interviews.

The auditor began by reviewing intake and medical screening forms, health records, and classification files to identify any inmates flagged as having hearing loss, requiring hearing aids, or needing accommodations for deafness. No individuals were identified in the reviewed records as having such impairments. Interviews were conducted with medical staff and intake/classification personnel to confirm the procedures used to identify hearing impairments during intake. Staff explained that individuals are screened upon arrival for hearing limitations and, if identified, appropriate medical follow-up and accommodations are provided. Staff reported that there were no inmates currently housed in the facility who were deaf or had significant hearing impairments.

During the onsite tour, the auditor observed housing units and common areas for any visual indicators of accommodation for hearing-impaired individuals, such as amplified phones, visual alert systems, or sign language posters. No such accommodation was observed in use, and staff confirmed that these were not currently needed.

Additionally, during random inmate interviews, the auditor asked whether inmates were aware of any individuals in their housing areas who were deaf or had difficulty hearing. Inmates uniformly reported no knowledge of anyone with hearing impairments in the facility.

Taken together, these corroborating sources—medical and intake documentation, staff accounts, facility observation, and resident feedback—provided consistent and reliable confirmation that there were no deaf or hearing-impaired inmates in the facility at the time of the audit.

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).

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

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

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

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

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

	housed in the facility at the time of the audit.
45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

To determine whether any inmates who had reported sexual abuse were housed in the facility at the time of the audit, the auditor employed a multi-faceted corroboration strategy, including documentation review, staff interviews, and inmate interviews. The auditor began by reviewing incident logs, PREA-related reports, and investigative records maintained by the facility's PREA Compliance Manager and designated investigators. These records included documentation of any allegations of sexual abuse or harassment made within the audit review period. At the time of the onsite audit, there were no active cases and no individuals currently housed at the facility who had reported sexual abuse while in custody at that location.

Additionally, the auditor interviewed the PREA Compliance Manager, facility investigators, and other key staff responsible for receiving and responding to sexual abuse allegations. Staff confirmed that there had been no recent reports of sexual abuse within the facility and that individuals who have made reports in the past were either no longer in custody or had been transferred to other facilities.

The auditor also conducted confidential interviews with randomly selected inmates and specifically inquired whether they had reported sexual abuse or knew of anyone who had made such reports. No interviewees disclosed having personally reported sexual abuse, nor did they identify any current inmates known to have done so.

Based on the review of facility records, staff confirmation, and direct inmate feedback, the auditor found no evidence of any inmates who had reported sexual abuse currently housed in the facility at the time of the audit. These findings were consistent across all corroborative sources.

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).

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

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

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

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

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

	no indication that any individuals housed in the facility at the time of the onsite audit had disclosed prior sexual victimization.
49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

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

To determine whether any inmates had been placed in segregation as a result of sexual victimization or abuse, the auditor conducted a thorough review of facility policies, practices, and records, along with staff and inmate interviews.

The auditor first confirmed through facility policy that the institution does not operate a segregation or restrictive housing unit. This was verified through both documentation and direct observation during the facility tour. Housing units are designed for general population settings, and no cells or areas were designated or used for disciplinary or administrative segregation purposes. In addition, the auditor reviewed logs and records related to sexual abuse reports, housing reassignments, and protective custody placements. There were no indications that any inmates had been removed from general population or isolated in response to a report of sexual victimization. Staff interviews with the PREA Compliance Manager, classification personnel, and housing staff confirmed that the facility does not use involuntary isolation or segregation as a response to sexual victimization. Staff reported that if an individual required separation for safety, alternative housing strategies within general population or temporary placement in a medical or observation unit—under supportive, not punitive, conditions—would be used, and only as a last resort.

Furthermore, in interviews with randomly selected inmates, none reported having been placed in segregation due to being a victim of sexual abuse, nor were there any claims of others being isolated for this reason. Based on policy review, facility design, staff interviews, documentation, and inmate input, the auditor verified that the facility does not have a segregation unit and does not use segregation as a response to sexual victimization or abuse.

50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	<p>Twice as many random inmate interviews were conducted due to the absence of any targeted inmates in the facility at the time of the onsite audit. This approach was taken to ensure a sufficient and representative sample of the overall population. In the absence of inmates who met targeted criteria—such as those who had reported sexual abuse, identified as LGBTQI+, or were in restrictive housing, the auditor expanded the random interview pool to maintain compliance with PREA audit methodology.</p> <p>There were no significant barriers to completing interviews. Facility staff were cooperative and responsive in locating selected individuals, and most inmates were willing to participate. In a few instances, selected individuals were unavailable due to court appearances, medical appointments, or personal refusal; these individuals were replaced with alternates from the same or comparable housing units to preserve sample integrity.</p> <p>Efforts were also made to ensure representation across housing units and demographics to the extent possible. No language or accessibility barriers were encountered during the interview process</p>
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	13

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

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

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

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Classification and Mailroom
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No

<p>63. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>When selecting specialized staff for interviews, the auditor prioritized individuals whose responsibilities are directly tied to PREA implementation and compliance. This included medical personnel, investigators, intake/classification staff, retaliation monitor and the PREA Compliance Manager. These roles were selected to ensure a thorough understanding of how PREA-related procedures are operationalized across various functions within the facility.</p> <p>There were no significant barriers to completing specialized staff interviews. All individuals identified for interviews were cooperative and made available, often with the support of facility leadership to accommodate scheduling needs. Their input provided essential insight into the facility's adherence to PREA standards and helped corroborate documentation and inmate accounts.</p>
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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.

<p>64. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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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).

During the site review, the auditor was granted full access to all areas of the facility, including housing units, intake, medical, food service, program areas, administrative offices, recreation yards, and any spaces designated for private conversations or services. Facility staff were cooperative and accompanied the auditor as needed, while also allowing for independent observation when appropriate. The auditor conducted a comprehensive walk-through, observing facility operations, security practices, and staff-inmate interactions. Special attention was given to areas where inmates may be particularly vulnerable to sexual abuse, including showers, restrooms, and isolated locations. The auditor reviewed camera coverage and blind spots, as well as the placement of PREA-related informational signage and the availability of inmate access to phones and grievance forms.

Tests of critical functions were conducted, including verification that inmates could dial the external sexual abuse hotline, access grievance forms, and reach staff in the event of an emergency. These functions operated as intended. Informal conversations were held with both staff and inmates throughout the tour to assess their awareness of PREA policies, reporting mechanisms, and access to supportive services.

Overall, the site review confirmed that the facility's physical plant and practices support PREA compliance, and no barriers to access, observation, or assessment were encountered during the audit process

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.

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

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

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

89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	9
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

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

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

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

Identify the name of the third-party auditing entity

Correctional Consulting Services

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS:</p> <p>To assess compliance with this standard, the following documents were reviewed:</p> <p>Pre-Audit Questionnaire (PAQ) and supporting documentation Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016 ADOC Inmate Awareness Pamphlet (English and Spanish) ADOC Male Inmate Handbook, dated September 25, 2017 ADOC Organizational Chart Qualifications of the ADOC PREA Director Qualifications and training records of the Institutional PREA Compliance Manager (IPCM) Standard Operating Procedure (SOP) #454-1</p> <p>INTERVIEWS:</p>

Institutional PREA Compliance Manager (IPCM):

The IPCM confirmed having sufficient time and authority to perform all PREA-related duties, including coordinating institutional compliance efforts and implementing corrective actions as needed.

Agency PREA Director (PD):

The PD reported having the necessary authority and resources to oversee PREA compliance across all ADOC facilities. She emphasized that each IPCM's sole responsibility is to ensure institutional compliance with PREA standards and confirmed that IPCMs have the authority to implement needed changes.

PROVISIONS

Provision (a):

ADOC maintains several policies and procedures aligned with this provision.

Administrative Regulation #454 clearly articulates a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Section II (p. 1) prohibits any sexual conduct—whether between inmates or staff and inmates—regardless of consent or coercion.

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

Policy language outlines staff responsibilities and procedures for preventing, reporting, responding to, and investigating incidents of sexual abuse and harassment. The agency's policy is consistent with PREA standards.

Provision (b):

The PAQ and ADOC Organizational Chart confirm that the agency has appointed a statewide PREA Director (PD) who reports directly to the General Counsel. AR #454, Section E (pp. 7-8), outlines the PD's roles and responsibilities, which include managing, implementing, and monitoring PREA compliance across the agency.

The PD holds Director-level authority and has consistent communication with the twenty-six IPCMs and their backups across all ADOC facilities. This structure ensures comprehensive coverage and allows the PD adequate time and resources to oversee PREA implementation and coordination statewide.

Provision (c):

The facility has a designated PREA Compliance Manager (PCM/IPCM), as reported in the PAQ. The IPCM reports to the PREA Director for PREA-related matters and to the Warden/Superintendent for institutional oversight. AR #454 identifies the IPCM's roles, including coordinating compliance efforts and collaborating with institutional leadership.

	<p>The IPCM reports directly to the Warden, as confirmed by the institutional organizational chart. Interviews confirmed the IPCM has sufficient time and authority to fulfill all duties and is knowledgeable of all responsibilities under PREA.</p> <p>CONCLUSION:</p> <p>Based on the review of documentation, policy, and interviews, the Auditor concludes that the agency/facility meets the requirements of PREA Standard §115.11. The agency demonstrates a strong commitment to zero tolerance for sexual abuse and sexual harassment and has designated staff with the authority and resources to ensure ongoing PREA compliance.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTS:</p> <p>The following documentation was reviewed to assess compliance with this standard:</p> <p>Pre-Audit Questionnaire (PAQ) and supporting documentation Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016 ADOC Contract with Alabama Therapeutic Education Facility (ATEF) ADOC Inmate Housing Agreement with ATEF</p> <p>These documents were evaluated to determine whether the agency includes specific language in contracts to ensure compliance with the Prison Rape Elimination Act (PREA), and to assess the procedures used to monitor compliance with such provisions.</p> <p>INTERVIEWS:</p> <p>Agency Contract Administrator: The Contract Administrator confirmed that ADOC contracts for the confinement of inmates with both private and county-operated facilities. During the interview, it was clearly stated that these contracts must include specific PREA compliance language as a prerequisite. If a contracting entity is not PREA-compliant or unwilling to meet PREA requirements, the contract is not executed. This process ensures that all facilities housing ADOC inmates, regardless of ownership or operation, are held to the same standards of sexual safety and accountability.</p> <p>PROVISIONS</p> <p>Provision (a):</p>

According to the PAQ, there is one current contract in place for the confinement of ADOC inmates. The facility confirmed that the ADOC requires all contracting entities to comply with the PREA standards as outlined in 28 C.F.R. Part 115. This expectation is explicitly stated in contract language to ensure full awareness and legal obligation of the contracting party.

ADOC does not independently contract at the facility level for inmate housing; all such contracts are managed at the agency level. ADOC Administrative Regulation (AR) #454, Section D (p. 7), mandates that the ADOC General Counsel is responsible for ensuring that all contracts include language requiring compliance with PREA and permitting the agency to monitor that compliance.

The ADOC Inmate Housing Agreement with the Alabama Therapeutic Education Facility (ATEF) outlines the facility's responsibility to comply with all applicable PREA provisions. The agreement includes the following language:

"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."

Additionally, the ADOC Contract with ATEF further expands on this obligation, stating that:

"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 vendors are aware of and agree to uphold the full scope of PREA standards.

Provision (b):

As reported in the PAQ, all ADOC contracts for the confinement of inmates include provisions that require monitoring for PREA compliance. The agency further confirmed that there are no contracts that do not require such monitoring, thereby satisfying the requirements under §115.12(b).

The Contract Administrator explained that ADOC routinely reviews the policies and procedures of each contractor to ensure alignment with PREA. Contractors are required to notify ADOC of all PREA-related allegations and must forward the associated investigative reports and findings to the ADOC PREA Director for review and oversight.

This structured monitoring process, in conjunction with contractually mandated compliance, ensures continued accountability and responsiveness in managing PREA-related obligations.

	<p>CONCLUSION:</p> <p>Based on the comprehensive review of documentation, policies, contract language, and interviews, the Auditor concludes that the Alabama Department of Corrections fully meets the requirements of PREA Standard §115.12. The agency has implemented consistent contractual practices to ensure compliance with the PREA standards and has established a reliable system for monitoring contractors' performance in this area.</p>
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115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTS:</p> <p>The following documentation was reviewed to assess compliance with this standard:</p> <p>Pre-Audit Questionnaire (PAQ) and supporting documentation ADOC Administrative Regulation #454 ADOC Form 454-J – Annual PREA Staffing Plan Review ADOC Form 454-G – Log of Unannounced Rounds Facility Deviation Logs Facility Vulnerability Assessment Form Facility Staffing Plan Checklist Facility Staffing Plan (Approved October 22, 2024,)</p> <p>OBSERVATIONS:</p> <p>The Auditor conducted a random review of unit logbooks and confirmed that intermediate- or higher-level staff regularly documented unannounced rounds as required. These rounds were consistently recorded, supporting the facility's adherence to PREA standards for supervision and monitoring.</p> <p>INTERVIEWS:</p> <p>Facility Head or Designee: The Facility Head addressed several critical operational elements affecting safety and effectiveness, including:</p> <p>The influence of staffing levels on inmate programming and rehabilitation opportunities The role of upgraded video monitoring systems in enhancing safety The impact of facility design on movement control and surveillance Oversight responsibilities of internal and external bodies</p>

Inmate population composition and its implications for management
Strategic placement and support roles of supervisory staff
Importance of staff morale, communication, and professional development
The process for monitoring staffing plan compliance and managing deviations
Institutional PREA Compliance Manager (IPCM):
The IPCM emphasized continuous evaluation of staffing adequacy and its connection to inmate engagement. Video monitoring systems are routinely inspected for effectiveness, with any identified deficiencies promptly addressed to maintain safety standards.

Intermediate- or Higher-Level Staff:

These staff confirmed they routinely conduct and document unannounced rounds in the unit logbooks. Informal conversations with line staff further corroborated the consistent and unannounced nature of supervisory visits. The Auditor verified these practices through logbook entries.

Random Staff:

Random staff reported regular supervisory presence in their areas, engagement with both staff and inmates, and thorough logbook audits. Staff demonstrated clear understanding of the prohibition against alerting others of upcoming supervisory rounds.

Random Inmates:

Inmates confirmed frequent visibility and approachability of supervisory personnel, including the IPCM, within housing and general population areas. These individuals were noted to conduct rounds consistently and be responsive to inmate concerns.

PROVISIONS:

Provision (a):

The facility submitted a comprehensive staffing plan via the PAQ, addressing all 13 required elements. The plan details staffing coverage, procedures for filling posts, and is based on an average inmate population of 300. Reviewed documentation included:

ADOC Form 454-J: Annual PREA Staffing Plan Review

Facility-specific data on supervision, oversight, staffing, and technology
Detailed consideration of inmate demographics and facility configuration

The plan was last approved on October 22, 2024, and built on an operational population of 300 inmates. Annual quality assurance audits confirm adherence to the plan. Policies governing this provision include:

ADOC AR #454, p.14, D(1-2): Requires Warden involvement in staffing plan development, annual reviews with the PREA Director, and use of Form 454-J for documentation.

Provision (b):

The facility reported occasional deviations from the staffing plan, attributed to shortages, staff call-ins, hospital posts, and transports. Vacant posts are filled with overtime or redirected staff. Deviations are documented, and education programs

	<p>were not interrupted due to staffing.</p> <p>Provision (c): Annual staffing plan reviews are conducted with involvement from facility leadership and the PREA Director. These reviews evaluate:</p> <p>Plan adequacy Monitoring technology deployment Resource allocation Post vacancies are addressed promptly with Warden or Captain approval. Shift rosters verified staffing coverage for all mandatory posts. Internal audits are conducted annually to assess staffing needs and inform equipment deployment decisions.</p> <p>Provision (d): Unannounced rounds by intermediate or higher-level staff occur on all shifts, per policy and PAQ responses. These are documented in unit logbooks and ADOC Form 454-G, which includes checks of the PREA Hotline. Staff are explicitly prohibited from alerting others to the timing of these rounds.</p> <p>Relevant policy: ADOC AR #454, p.14, Section C: Requires and governs documentation of unannounced rounds and mandates confidentiality unless required for legitimate operations.</p> <p>CONCLUSION: Based on the documentation review, staff and inmate interviews, and facility observations, the Auditor concludes that the facility meets all requirements of PREA Standard §115.13 – Supervision and Monitoring.</p>
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115.14 Youthful inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS:</p> <p>The following documentation was reviewed to assess compliance with this standard:</p> <ul style="list-style-type: none"> · Pre-Audit Questionnaire · Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016. <p>OBSERVATIONS:</p>

During the on-site facility tour, the Auditor observed no youthful inmates housed at the facility. Housing units, program areas, and other common spaces reflected adult occupancy only.

INTERVIEWS:

Facility Head:

Through formal interviews and informal conversations, the Facility Head confirmed that youthful inmates may be housed at the facility under exceptional circumstances and on a case-by-case basis. However, no youthful inmates were housed at the time of the audit.

Institutional PREA Compliance Manager (IPCM):

The IPCM reaffirmed that while the facility has the capacity and procedures in place to house youthful inmates, there were no such individuals assigned to the facility during the audit period.

Youthful Inmates:

As no youthful inmates were housed at the facility during the on-site audit, no interviews were conducted in this category.

PROVISIONS:

Provision (a):

According to the PAQ and verified through inmate rosters, the facility did not house any youthful inmates at the time of the audit. The Auditor reviewed the age data and confirmed that no inmates had birthdates later than 2006, validating that no individuals under the age of 18 were in custody during the audit.

Provision (b):

Per the PAQ and corroborated through staff interviews, the facility maintains procedures to ensure that youthful inmates, when present, are housed in a manner that provides for sight, sound, and physical separation from adult inmates in areas outside of housing units. Direct staff supervision is provided at all times in situations where youthful and adult inmates may otherwise have visual, auditory, or physical contact.

Provision (c):

The facility has protocols for documenting exigent circumstances if a youthful inmate is restricted from large-muscle exercise, legally mandated education, or other required services due to separation needs. Within the 12-month period preceding the audit, there was one documented instance where a youthful inmate was temporarily housed in isolation to ensure separation from adult inmates. Documentation reflected that this measure was taken only to maintain compliance with the standard and was not used as a form of punishment.

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

procedures as part of annual In-Service Training.
No staff reported conducting or witnessing cross-gender strip or visual body cavity searches.
Male staff were readily available to conduct required searches on male inmates, eliminating the need for cross-gender searches.
Female staff do not conduct strip or body cavity searches.
Staff clearly understood that transgender or intersex inmates are not searched to determine genital status.
Staff confirmed that transgender and intersex inmates are afforded privacy when showering, including alternative schedules if private stalls are unavailable.
Random Inmates:
All inmates interviewed (100%) reported:

They had not experienced cross-gender strip or visual body cavity searches.
They are able to shower and change clothes without being seen by opposite-gender staff.
Opposite-gender staff always announce their presence before entering housing or restroom areas.
Transgender Inmates:
At the time of the on-site audit, no transgender inmates were housed at the facility. Therefore, no interviews specific to this population were conducted.

PROVISIONS

Provision (a):

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

Relevant Policies:

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

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

Provision (b):

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

Provision (c):

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

Relevant Policies:

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

Provision (d):

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

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

low vision, or are deaf

PREA educational materials and resources for low-functioning individuals

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

OBSERVATIONS

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

INTERVIEWS

Facility Head:

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

Random Staff:

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

Inmates with Disabilities and LEP Inmates:

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

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

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

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

PROVISIONS

Provision (a):

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

Confirmed practices include:

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

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

Availability of PREA materials in English and Spanish

Educational materials adapted for sensory, cognitive, and literacy needs

Relevant Policy:

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

Provision (b):

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

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

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

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

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

Relevant Policy:

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

Provision (c):

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

Relevant Policy:

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

CONCLUSION

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

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS</p> <p>Pre-Audit Questionnaire (PAQ) ADOC Administrative Regulation (AR) #454: Inmate Sexual Abuse and Harassment (January 4, 2016) ADOC Administrative Regulation #216: Background Investigations Application and Pre-Employment Questionnaire (Form ADOC 216-B) Background check documentation for staff and contractors Employee personnel files for current staff Documentation confirming compliance with contractor and volunteer screening</p> <p>INTERVIEWS</p> <p>Human Resources Administrative Staff The Auditor conducted an in-depth interview with the Human Resources Director during the on-site audit. The HR Director articulated a structured and PREA-compliant approach to employee screening, hiring, promotion, and ongoing monitoring. Highlights from the interview included:</p> <p>Background Check Process: All newly hired staff, promoted employees, and contractors with inmate contact undergo criminal background checks prior to service. Additionally, rechecks are conducted at least once every five years. A centralized HR database is maintained to ensure timely compliance tracking.</p> <p>PREA Disclosures: Every applicant and employee completes a written disclosure form addressing past sexual misconduct, including any previous institutional findings or resignations during open investigations. These disclosures are reaffirmed annually.</p> <p>Information Sharing: The ADOC proactively shares information regarding substantiated allegations of sexual abuse or harassment with institutional employers, upon request and within legal constraints.</p> <p>Employee Obligations: Staff are required to report any arrests or relevant incidents, which are reviewed to determine continued suitability for service.</p> <p>PROVISIONS</p> <p>Provision (a): The facility employs 118 staff members, including 23 new hires within the past 12 months. Additionally, 41 contractors and 45 volunteers have regular contact with inmates. A random review of personnel records confirmed that all new hires had completed criminal background checks and PREA-mandated disclosures.</p> <p>Per ADOC AR #454, Section V.A.4(a), hiring and promotion decisions exclude any</p>

individuals with:

Prior sexual abuse in any custodial setting;
Convictions for forced or coerced sexual activity;
Civil or administrative findings of sexual misconduct.

Provision (b):

ADOC policies mandate consideration of past sexual abuse or harassment in all hiring and promotional decisions. This requirement was validated through the PAQ, interviews, and ADOC AR #216, Section V.B.

Provision (c):

Criminal background checks are conducted prior to hire, and the agency makes reasonable attempts to contact prior institutional employers to inquire about any substantiated allegations or resignations during an investigation. HR records confirmed compliance for all 23 new hires in the last year.

Provision (d):

All contractors and volunteers with potential inmate contact must complete a background check before engagement, with rechecks conducted every five years. Facility records confirm one active service contract subject to this requirement, with full compliance documented.

Provision (e):

The facility adheres to the five-year background recheck requirement for all current employees and contractors, as supported by interview data and documentation reviews.

Provision (f):

Applicants and employees are required to complete written PREA-related disclosures during hiring, promotion, and annually. These disclosures—contained within Form ADOC 216-B—include attestation regarding any prior misconduct and are maintained in HR records. HR personnel track and verify compliance systematically.

Provision (g):

The ADOC mandates termination for any individual who knowingly provides false information or omits material facts concerning sexual misconduct during the application or disclosure process. This policy is reflected in AR #454 and confirmed by HR staff during interviews.

Provision (h):

Upon request and unless prohibited by law, the ADOC provides information to institutional employers about substantiated allegations of sexual abuse or harassment involving former employees. This practice was confirmed through interviews and policy review.

CONCLUSION

Based on interviews, document reviews, and the audit of personnel records, the Auditor concludes that the facility fully meets the requirements of PREA Standard

	§115.17. The Alabama Department of Corrections has implemented a thorough and consistent process for screening, hiring, promotion, and background checks in alignment with PREA’s intent to prevent sexual abuse and ensure accountability within correctional settings.
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS</p> <p>The following documentation was reviewed to assess compliance with the standard regarding upgrades to facilities and technology:</p> <p>Pre-Audit Questionnaire (PAQ) Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454 – Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016.</p> <p>OBSERVATIONS</p> <p>The Auditor conducted a thorough on-site tour of the facility. It was confirmed that no substantial expansions, renovations, or acquisitions have occurred since the previous PREA audit. The physical layout of the facility remains largely unchanged.</p> <p>During the tour, the Facility Head personally guided the Auditor through the premises, highlighting key security features. This included:</p> <p>Camera placement across housing units, corridors, and common areas. Use of convex security mirrors to enhance visibility in blind spots. Discussions around how surveillance technology supports the safety of both inmates and staff, especially in areas with limited direct supervision. The facility demonstrated a clear understanding of how technology supports PREA compliance and the broader goals of institutional safety and accountability.</p> <p>INTERVIEWS</p> <p>Agency Head or Designee</p> <p>The Agency Head Designee emphasized that camera installation and placement decisions are strategically planned to:</p> <p>Minimize blind spots and ensure comprehensive surveillance. Protect the privacy and dignity of inmates, particularly in accordance with PREA restrictions on cross-gender viewing. The agency continues to evaluate and enhance its technological capabilities in line with emerging best practices.</p>

	<p>Facility Head or Designee</p> <p>The Facility Head provided the following insights:</p> <p>It is the facility's long-term objective to achieve complete surveillance coverage in all inmate-accessible areas.</p> <p>Prior to any expansion of the surveillance system, the facility conducts a thorough review to identify high-risk areas, prioritizing those with potential safety or security concerns.</p> <p>Surveillance footage is readily available for review and monitoring by designated staff, contributing to incident prevention, response, and investigation efforts.</p> <p>PROVISIONS</p> <p>Provision (a):</p> <p>According to the PAQ and confirmed through interviews and observation, the facility has not acquired any new buildings or undertaken substantial modifications to the existing structure since the last PREA audit.</p> <p>Provision (b):</p> <p>The PAQ and interviews with facility leadership confirm that the facility has installed or updated its video monitoring and surveillance systems since the previous audit cycle. These updates are considered effective tools for enhancing safety, increasing staff accountability, and supporting the prevention and detection of sexual abuse and harassment.</p> <p>CONCLUSION</p> <p>After a detailed review of documentation, on-site observations, and interviews with key facility personnel, the Auditor concludes that the facility meets the requirements of this standard. The use of technology and surveillance systems is clearly aligned with the goals of the PREA standards, demonstrating a proactive approach to facility safety, privacy protections, and the reduction of sexual abuse and harassment</p>
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115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTS</p> <p>The following documentation was reviewed to assess compliance with this standard:</p> <p>Pre-Audit Questionnaire (PAQ) and supporting documentation</p> <p>Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454: Inmate Sexual Abuse and Harassment (January 4, 2016)</p> <p>ADOC Administrative Regulation #300: Investigations (April 18, 2016)</p> <p>Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition</p>

Against Rape (ACAR)
National Protocol for Sexual Assault Medical Forensic Examinations
Specialized Investigator Training Certificates
Regional list of SANE Centers/Rape Crisis Centers
INTERVIEWS

PREA Director (PD)

During the interview, the PREA Director (PD) confirmed that the agency adheres to the uniform evidence protocol. This protocol is designed to maximize the potential for obtaining usable physical evidence for both administrative proceedings and forensic medical exams. The protocol is developmentally appropriate for youth and ensures that all forensic procedures align with the standards for such cases. Additionally, the facility conducts both administrative and criminal investigations concerning allegations of sexual abuse.

Institutional PREA Compliance Manager (IPCM)

The IPCM shared the following key points:

Advocacy Services: Victim advocacy services are available through specially trained staff within the facility.

Forensic Examination Agreement: The Alabama Department of Corrections (ADOC) has a service agreement with the Alabama Coalition Against Rape (ACAR) for forensic examinations. This MOU establishes collaboration between the ADOC and twenty-eight rape crisis centers throughout the State of Alabama to provide confidential support services related to sexual abuse at ADOC facilities.

Examination Location: Forensic examinations are conducted at One Place Family Justice, which has a dedicated SANE examination space.

Forensic Exams in the Past Year: Over the past year, no forensic examinations were performed.

SAFE/SANE Staff

The Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff described the process as follows:

Utilization of SART: The facility utilizes the One Place Family Justice for forensic examinations.

Service Agreement with ACAR: 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.

SANE Call List: SANE personnel are called from a designated contact list and the inmate is transferred to the rape crisis center for the forensic examinations.

No Financial Responsibility for Inmates: Inmates are not financially responsible for the forensic examination.

Random Staff

The staff interviewed demonstrated a solid understanding of the process if an inmate reports alleged sexual abuse. Key points included:

Preservation of Evidence: 100% of staff interviewed were able to articulate the basic preservation of evidence for both the victim and the alleged abuser.

Responsibility Transfer: Staff explained their responsibilities up to the point of transferring the case to investigative or medical staff.

Inmates Who Reported Sexual Abuse

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

Rape Crisis Center

The personnel from the Rape Crisis Center provided the following information:

Memorandum of Understanding (MOU): 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.

Services: Services are provided through One Place Family Justice Center, 530 S, Lawrence Street, Montgomery, AL 36104

PROVISIONS

Provision (a):

The PAQ and interviews confirm that both administrative and criminal investigations are conducted by specially trained ADOC investigators. The IPCM assists with administrative sexual harassment cases involving inmates. ADOC Administrative Regulation #300 mandates fair and impartial investigations, confidentiality, and protection of individual rights. The facility uses a uniform evidence protocol consistent with the National Protocol for Sexual Assault Medical Forensic Examinations, aimed at maximizing the potential for collecting usable physical evidence. Interviews with the PREA Director confirmed adherence to this protocol.

Provision (b):

While there are no youthful inmates currently housed at the facility (confirmed through roster review and PAQ), the evidence protocol is developmentally appropriate for youth. The PREA Director affirmed that, if needed, the same standards and procedures would apply to youthful inmates. Forensic examinations are performed at One Place Family Justice Center, which provides 24/7 access to SANE services. The facility confirmed that no forensic examinations were conducted during the previous 12 months.

Provision (c):

	<p>All inmates who experience sexual abuse have access to forensic medical examinations at no cost. The service is coordinated through a contract with ACAR and provided at One Place Family Justice Center. The PAQ and IPCM verified that forensic exams are conducted solely by qualified SANE personnel. If unavailable, a physician in the Emergency Room will perform the exam. Services are paid through the Alabama Crime Victim Compensation Fund, ensuring no financial burden to the inmate. A victim advocate is assigned prior to the exam and remains available throughout the process.</p> <p>Provision (d): The MOU with ACAR ensures that advocacy services are embedded into the forensic exam process. A Rape Response Advocate is present during exams and offers support before, during, and after the procedure. Although no forensic exams were conducted in the past 12 months, the infrastructure is in place to respond appropriately if needed. One allegation of sexual abuse/harassment was reported, but no forensic medical examinations resulted.</p> <p>Provision (e): The facility ensures that, upon request, a victim advocate, qualified agency staff member, or representative from a community-based organization provides emotional support, crisis intervention, and referrals. This was verified through the PAQ and confirmed by the IPCM during interviews.</p> <p>Provision (f): As previously reported, ADOC is responsible for conducting both administrative and criminal investigations. Specialized training and clear protocols ensure investigative integrity.</p> <p>Provision (g): Auditors are not required to assess this provision.</p> <p>Provision (h): Victim advocacy services are formally incorporated through contractual agreements and built into the forensic examination process, ensuring comprehensive emotional and practical support for victims.</p> <p>CONCLUSION</p> <p>Based on document reviews, staff and partner interviews, and the PAQ, the Auditor concludes that the facility meets all provisions of PREA Standard §115.21. The agency has robust policies and partnerships in place to ensure the integrity of evidence protocols and the availability of trauma-informed forensic medical examinations and advocacy services.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion**DOCUMENTS:**

Pre-Audit Questionnaire (PAQ) and supporting documentation

ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment

ADOC Standard Operating Procedure – Investigations & Intelligence #454

ADOC Administrative Regulation #300 – Operations

ADOC Duty Officer Report (DOR)

National Institute of Corrections (NIC) Investigations Course Certificates & Continuing Education Credits

INTERVIEWS:

Agency Head or Designee

During the interview, the Agency Head’s designee affirmed that the Alabama Department of Corrections (ADOC) takes every allegation of sexual abuse and sexual harassment seriously. All allegations, whether administrative or criminal in nature, are investigated immediately and thoroughly. ADOC does not rely on external agencies for investigations. Policies related to the referral and investigation of allegations are posted on the ADOC website. All criminal referrals are documented and tracked.

Investigative Staff

Investigative staff confirmed during interviews that both administrative and criminal allegations are investigated by trained agency personnel. Staff reiterated that the ADOC Law Enforcement Services Division (LESD) is responsible for all investigations and that appropriate referrals are made when criminal activity is substantiated.

PROVISIONS:

Provision (a):

The agency refers all investigations to the ADOC Law Enforcement Services Division (LESD). According to the PAQ, LESD consists of 32 trained investigators. The documentation reviewed confirms that these investigators have completed specialized training through the National Institute of Corrections (NIC).

In the past 12 months, the PAQ reflects:

0 allegations of sexual abuse

1 allegations of sexual harassment

0 forensic medical exams conducted

ADOC Administrative Regulation #454 (p. 22, Section I, 1, b) states that LESD is responsible for conducting prompt, thorough, and objective investigations, regardless of criminal outcomes or employment status. Substantiated criminal cases are referred to the local District Attorney for prosecution, with LESD available for support as needed.

Provision (b):

	<p>The agency has policies and practices to ensure all allegations of sexual abuse or harassment are referred for investigation by personnel with legal authority to conduct such investigations.</p> <p>There were no sexual abuse allegations in the past 12 months.</p> <p>The 1 sexual harassment allegations was investigated administratively and determined to be unfounded.</p> <p>All LESD investigators are trained peace officers with the authority to investigate these matters. The ADOC Duty Officer Report (DOR) is used to document each allegation and to initiate appropriate investigative processes.</p> <p>As outlined in ADOC Administrative Regulation #454 (p. 7, Section C, 5), LESD is responsible for notifying the alleged victim of the outcome of the investigation—whether substantiated, unsubstantiated, or unfounded.</p> <p>Provision (c):</p> <p>As previously noted, all investigations are conducted by the ADOC Law Enforcement Services Division (LESD).</p> <p>Provisions (d) and (e):</p> <p>These provisions are not applicable to the audit process and are therefore not evaluated.</p> <p>CONCLUSION:</p> <p>Based on the review of agency documentation, interviews with key staff, and evaluation of investigative practices, the Auditor finds that the agency/facility meets the requirements of Standard §115.22 – Referral of Allegations for Investigations. The agency has demonstrated a consistent and thorough process for referring and investigating all allegations of sexual abuse and harassment, in accordance with PREA standards and ADOC policy.</p>
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115.31 Employee training	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment</p> <p>PREA Training Curricula developed by The Moss Group</p> <p>"What Staff Should Know About Sexual Misconduct with Inmates" Pamphlet</p> <p>Annual Staff Training Records (85 reviewed)</p> <p>PREA Training Test</p>

PREA Information Bulletin Board
IPCM (Interpersonal Communication Management) Training Materials
Staff Meeting and Shift Turnout Training Documentation

OBSERVATIONS:

During the on-site facility tour, the Auditor observed a PREA Information Board prominently displayed. The board provided key educational materials including:

Definitions and terminology relevant to PREA
Reporting mechanisms and the zero-tolerance policy
Information on the inmate's right to be free from sexual abuse and harassment
Contact number (*6611) used by inmates to report incidents of sexual abuse

INTERVIEWS:

Random Staff

Staff consistently demonstrated understanding of their PREA-related responsibilities. Interviewed staff recalled:

Completing initial PREA training prior to any inmate contact
Participating in annual in-service training and regular shift-based PREA refreshers
Being trained on all ten elements required under the standard

PROVISIONS:

Provision (a):

The Pre-Audit Questionnaire confirms that all employees who may have contact with inmates receive comprehensive training that includes:

Zero tolerance for sexual abuse and sexual harassment
Responsibilities under agency policy for prevention, detection, reporting, and response
Inmate rights regarding freedom from sexual abuse/harassment
Protection from retaliation for reporting
Dynamics of abuse in confinement
Common victim responses
Recognition and response to signs of abuse
Avoidance of inappropriate relationships
Professional communication with LGBTI and gender nonconforming individuals
Legal obligations for mandatory reporting
The PREA training curriculum—developed by The Moss Group—thoroughly covers each of these topics. The training is tailored by role and includes visual and written materials, along with training reinforcement strategies such as numbered sections for

retention.

The Auditor reviewed 44 staff training records and verified that each staff member received and acknowledged the required PREA training. Attendance rosters and signed training acknowledgment forms confirm that all employees have completed this training. Specialized training is also provided based on job function.

Provision (b):

Training content has been customized to reflect the realities of working in a male correctional setting, while still addressing gender-specific considerations as required by PREA.

The Auditor verified signed attendance sheets that support participation in the training sessions referenced under Provision (a).

Provision (c):

Of the 44 staff files reviewed, 100% had documentation confirming they received PREA training within the last twelve months.

Staff are also issued a pamphlet titled "PREA: What Staff Should Know About Sexual Misconduct with Inmates," which outlines key PREA definitions, reporting responsibilities, and other fundamental elements.

Additionally, staff are provided with a laminated, pocket-sized spiral reference booklet titled "Prison Rape Elimination Act (PREA): A Trauma-Informed Guide for First Responders." This guide contains sections on:

PREA Overview
Definitions
Key PREA Components
Prevention and Detection Strategies
First Responder Responsibilities
Resource Summary
Provision (d):

All PREA training is documented. Staff are required to sign either a training attendance sheet or a receipt of training acknowledgment upon completion. The Auditor verified these documents in every training file reviewed. Training logs and acknowledgment forms confirm consistent tracking and compliance.

CONCLUSION:

Based on documentation, observations, and interviews, the Auditor finds that the facility is in full compliance with Standard §115.31 – Employee Training. All required provisions are met, training is comprehensive and role-specific, and employee understanding is consistently verified

115.32	Volunteer and contractor training
	<p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 443 376">DOCUMENTS</p> <p data-bbox="256 409 1374 656"> Pre-Audit Questionnaire (PAQ) and supporting documentation ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment ADOC Administrative Regulation #216 – Volunteer Services Volunteer Training Records Contractor Training Records Training Curricula for Volunteers and Contractors </p> <p data-bbox="256 667 432 701">INTERVIEWS</p> <p data-bbox="256 734 1481 1025"> Volunteer Interview: During the interview, a volunteer confirmed having received PREA training prior to being authorized to work with inmates. The volunteer indicated that the training was tailored to their role and responsibilities within the facility. When asked by the Auditor to describe their understanding of PREA, the volunteer demonstrated a clear knowledge of the Act and articulated their role and obligations in the event of witnessing or receiving a report of sexual abuse or sexual harassment. </p> <p data-bbox="256 1059 1481 1305"> Contractor Interview: A contractor interviewed also reported receiving PREA training before being permitted to interact with inmates. The contractor confirmed the training addressed specific responsibilities associated with their role. When questioned, the contractor accurately described the purpose of PREA and their duty to report and respond to incidents of sexual abuse or harassment involving inmates. </p> <p data-bbox="256 1384 432 1417">PROVISIONS</p> <p data-bbox="256 1451 1481 1966"> Provision (a): The facility indicated in the PAQ that all volunteers and contractors who have inmate contact are trained in their responsibilities regarding the prevention, detection, and response to sexual abuse and harassment. The facility reported 110 contractors and 1 volunteer approved for facility access. However, actual numbers entering the facility are significantly lower, which was corroborated during the interview process. The Auditor reviewed PREA training records for 1 volunteer and 48 contractors, all of which documented completion of PREA training. The training curriculum, developed in collaboration with The Moss Group, includes all ten elements required by the standard. The training is role-specific, with complexity aligned to the duties of the volunteer or contractor. </p> <p data-bbox="256 2000 515 2033">Policy References:</p>

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

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

Provision (b):

According to the PAQ, training content and depth are determined by the nature of the volunteer or contractor's duties and level of inmate contact. All are informed of ADOC's zero-tolerance policy and trained on how to report sexual abuse or harassment. Interviews with contractors and the volunteer confirmed this.

Supporting documentation included a four-page handout titled "PREA Training for Volunteers and Contractors", which outlines:

PREA overview and objectives

ADOC reporting procedures

Definitions of Sexual Assault, Sexual Harassment, and Custodial Misconduct

Acknowledgment form retained in the IPCM's training files

Medical personnel, as contracted staff, receive specialized training titled "Prison Rape Elimination Act and What Healthcare Providers Need to Know," in addition to ADOC-specific PREA training.

A tri-fold pamphlet is also distributed, summarizing PREA elements and emphasizing key definitions and reporting expectations for volunteers and contractors.

Provision (c):

The facility maintains documentation that confirms understanding of PREA training by both volunteers and contractors. As noted under Provision (b), signed acknowledgment forms are kept in the IPCM training files.

The Auditor reviewed seven PREA training sign-in sheets dated within the past 12 months, each containing participant signatures confirming receipt and understanding of the training.

CONCLUSION

After a comprehensive review of policies, training documentation, and through interviews with relevant parties, the Auditor concludes that the agency/facility fully meets the requirements of Standard §115.32. All volunteers and contractors who have contact with inmates receive appropriate, role-specific PREA training and demonstrate understanding of their responsibilities under the Prison Rape Elimination Act.

115.33	Inmate education
	<p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 443 376">DOCUMENTS</p> <p data-bbox="256 409 1449 533">The following documents were reviewed as part of the PREA audit process to assess the facility's compliance with inmate education requirements under PREA Standard §115.33:</p> <p data-bbox="256 566 1461 1193"> Pre-Audit Questionnaire (PAQ) Alabama Department of Corrections (ADOC) Administrative Regulation #454: Inmate Sexual Abuse and Harassment Inmate PREA Training Curriculum ADOC Male Inmate Handbook (Dated 09/25/2017) Inmate Orientation Materials on Sexual Assault ADOC Form 454-A: Inmate PREA Receipt and Acknowledgment Forms – "What You Should Know About Sexual Abuse and Assault" Pamphlet PREA Informational Posters. Miscellaneous PREA Training Materials Visual Aids and Posters Notices from External Confidential Support Agencies Inmate PREA Orientation Sign-In Sheets (January 2024 – April 2024) 30-Day PREA Education Attendance Sheets PREA Education Tracking Spreadsheet </p> <p data-bbox="256 1238 475 1272">OBSERVATIONS</p> <p data-bbox="256 1305 1422 1384">During the on-site tour of the facility, the Auditor made the following observations related to PREA education and awareness:</p> <p data-bbox="256 1417 1481 1709"> PREA-related informational materials were prominently posted in all inmate housing units, common areas, intake and orientation spaces, and near inmate telephones. Posted materials clearly explained the agency's zero-tolerance policy, definitions of sexual abuse and harassment, inmate rights, and available reporting mechanisms. Multiple reporting options were posted, including the internal ADOC PREA hotline (Dial 6611) and contact information for external, confidential resources such as the One Place Family Justice Center. </p> <p data-bbox="256 1720 1449 1921"> Educational materials were available in accessible formats to accommodate the needs of inmates with limited English proficiency (LEP), visual or hearing impairments, and other disabilities. Formats included English, Spanish, Braille, large print, videos with closed captioning, and American Sign Language (ASL) interpretation. </p> <p data-bbox="256 1933 1437 2011"> Video presentations, such as "Discussing PREA", were available in both English and Spanish and enhanced with appropriate accessibility features. </p> <p data-bbox="256 2022 1422 2089"> Materials were strategically located to ensure high visibility and regular exposure, reinforcing the facility's commitment to inmate education, sexual safety, and </p>

compliance with PREA standards.

INTERVIEWS

Intake and Orientation Staff:

Confirmed that inmates receive initial PREA education during intake, including verbal briefings and written materials.

Reported that comprehensive PREA education is delivered within 15 days of intake, either in-person or via video presentation.

Stated that inmates are informed of their right to be free from sexual abuse and harassment, protection from retaliation, and the various internal and external reporting mechanisms.

Verified that appropriate accommodations are consistently provided for inmates with LEP or disabilities and that inmates are not used to interpret or facilitate communication.

Noted that all inmates receive a copy of the Inmate Handbook and sign acknowledgment forms confirming their participation.

Randomly Selected Inmates:

Universally affirmed that they received PREA education at intake.

Recalled receiving the Inmate Handbook and watching the PREA video.

Demonstrated understanding of their rights under PREA and accurately described how to report incidents of sexual abuse or harassment.

PROVISIONS

Provision (a):

All inmates receive information about the agency's zero-tolerance policy for sexual abuse and harassment at the time of intake. This includes definitions of prohibited conduct and a clear outline of internal and external reporting procedures. Staff interviews and documentation confirm that all 149 inmates admitted within the past 12 months received this information.

Provision (b):

Comprehensive PREA education is provided to inmates within 30 days of arrival. As documented in the PAQ and consistent with ADOC AR #454 (Section B.1.b), this education includes multimedia presentations, discussion opportunities, and the chance to ask questions. Records confirm 100% compliance for inmates housed longer than 30 days.

Provision (c):

A sample review of 28 inmate files revealed that each contained a completed and signed ADOC Form 454-A, affirming receipt of the Inmate Handbook, orientation materials, and participation in required PREA education.

Provision (d):

PREA education is delivered in formats accessible to all inmates, regardless of language, visual, or auditory impairments. Educational materials and videos are

	<p>available in multiple languages and adaptive formats, and the use of inmate interpreters is strictly prohibited in accordance with agency policy.</p> <p>Provision (e): Inmate acknowledgment of PREA education is thoroughly documented using ADOC Form 454-A and is stored in each inmate's personal file. Additionally, a centralized electronic tracking spreadsheet is maintained, enabling staff to verify education compliance by date and inmate.</p> <p>Provision (f): Ongoing PREA education is supported by regular updates to posters, pamphlets, videos, and staff-led orientation sessions. Auditor observations confirmed the widespread visibility and accessibility of PREA materials throughout all housing and communal areas, underscoring the facility's sustained focus on education and sexual safety.</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of the Pre-Audit Questionnaire, facility documentation, sampled inmate records, and interviews with staff and inmates, combined with extensive on-site observations, the Auditor concludes that the facility meets all requirements and is in full compliance with PREA Standard §115.33 - Inmate Education</p>
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115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENTS</p> <p>Pre-Audit Questionnaire (PAQ) ADOC Administrative Regulation #454 - Inmate Sexual Abuse and Harassment Specialized Investigator Training Curriculum Training Certificates for PREA Investigators Online Training Content - U.S. Department of Justice, National Institute of Justice course: Sexual Abuse and the Initial Responder</p> <p>INTERVIEWS</p> <p>Investigative Staff</p> <p>During interviews, investigative staff confirmed they had successfully completed the required specialized training for conducting sexual abuse investigations in confinement settings. This training included proper application of Miranda and Garrity warnings, techniques for interviewing sexual abuse victims, evidence collection, and</p>

criteria for administrative and prosecutorial action.

PROVISIONS

Provision (a)

The facility reported in the Pre-Audit Questionnaire (PAQ) that agency policy requires investigators to be trained in conducting sexual abuse investigations in confinement settings. This statement was verified through staff interviews and review of training documentation.

According to the PAQ, the Alabama Department of Corrections (ADOC) employs thirty-six (36) PREA investigators statewide. The Auditor reviewed individual training certificates for all investigators assigned to the facility's geographic area. The certificates, including those provided by The Moss Group, confirmed successful completion of Specialized Investigator Training. The training records reflected not only the required curriculum but also additional courses such as:

Trauma-Informed Sexual Assault Investigations

Human Trafficking

Prison Rape and Sexual Assault Investigations

Additionally, the ADOC has designated fifty-two Incident Prevention and Compliance Managers (IPCMs) and their backups statewide, all of whom have also completed specialized investigator training.

The Auditor reviewed content from the mandatory online training course, Sexual Abuse and the Initial Responder, provided through the U.S. Department of Justice, National Institute of Justice. The course provides instructions in:

PREA Investigations

Collaborating with Victims

Interviewing Techniques

Institutional Culture and Investigations

Relevant Policy References:

ADOC Administrative Regulation #454, Section V(2) outlines mandatory investigator training, which includes:

Interviewing sexual abuse victims

Use of Miranda and Garrity warnings

Conducting investigations and collecting evidence in confinement settings

Understanding criteria for substantiating cases for administrative or prosecutorial action

The regulation further mandates that all investigator training must be documented, verified by signature, and retained by the agency.

ADOC Standard Operating Procedure OPR: I&I #454 - PREA Sexual Assault

Investigations, Section C(1), reiterates that investigators receive additional, role-specific training that includes:

Interviewing victims

Investigating in confined environments

Collecting evidence for inmate sexual offense cases

Understanding custodial sexual misconduct and harassment

Provision (b)

The facility affirmed in the PAQ that the specialized training for investigators includes:

Techniques for interviewing sexual abuse victims

Proper use of Miranda and Garrity warnings

Evidence collection in confinement settings

Understanding of standards for administrative and prosecutorial case substantiation

This was verified through interviews with investigative staff and a comprehensive review of training materials.

As previously noted, the online training course Sexual Abuse and the Initial Responder, developed by the U.S. Department of Justice, Bureau of Prisons, National Institute of Corrections, consists of five chapters:

Course Introduction

PREA Investigations

Collaborating with Victims

Interviewing Techniques

Institutional Culture and Investigations

Interviews with investigative staff and review of training records confirmed that all training components have been completed in accordance with policy.

Relevant Policy Reference:

ADOC Administrative Regulation #454, Section V(2), mandates the specialized training topics for investigators, including:

Victim interviewing

Miranda and Garrity

Evidence collection in confinement

Standards for administrative and prosecutorial referrals

Provision (c)

The facility stated in the PAQ that documentation is maintained verifying investigators have completed the required specialized training. This statement was confirmed during staff interviews and through review of training certificates.

As detailed in Provisions (a) and (b), the ADOC Administrative Regulation #454 serves as the governing policy for this requirement.

The Auditor examined certificates for each of the ADOC Law Enforcement Services

	<p>Division PREA Investigators. Certificates from the Moss Group further verified successful completion of specialized training.</p> <p>Provision (d)</p> <p>This provision is not subject to auditing under the current PREA audit standards.</p> <p>CONCLUSION</p> <p>After a thorough review of agency policy, training curricula, training records, and interviews with investigative staff, the Auditor concludes that the agency/facility meets all requirements of the PREA standard related to §115.34 – Specialized Training: Investigations. The agency has implemented and documented comprehensive, role-specific training in accordance with federal PREA standards and agency policies.</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>DOCUMENTS</p> <p>The Auditor reviewed the following documents as part of the compliance assessment for PREA Standard §115.35:</p> <p>Pre-Audit Questionnaire (PAQ) Alabama Department of Corrections (ADOC) Administrative Regulation #454 Specialized Training Curricula for medical practitioners Training Records of the medical practitioners</p> <p>INTERVIEWS</p> <p>Facility Head The Facility Head confirmed during the interview process that all medical and mental health practitioners at the facility have completed both the general PREA training required of all staff under PREA Standard §115.31, and the specialized training specific to their professional roles, as required under §115.35. The Facility Head expressed confidence in the effectiveness of the training in preparing staff to respond appropriately to incidents of sexual abuse and harassment.</p> <p>Medical Staff Interviews with medical personnel confirmed their receipt of general PREA training, along with additional, role-specific instruction. Medical staff demonstrated understanding of procedures for identifying signs of sexual abuse, preserving</p>

evidence, responding professionally to victims, and reporting allegations in accordance with facility policy.

PREA Compliance Manager (PCM)

The PREA Compliance Manager confirmed that all current medical and mental health practitioners assigned to the facility have successfully completed the mandatory training. This includes general PREA training for all staff and specialized instruction specific to the duties of healthcare professionals, in compliance with agency policy and PREA requirements.

PROVISIONS

Provision (a):

According to the PAQ and confirmed through document review, ADOC policy requires that all medical and mental health practitioners receive specialized training relevant to their duties. At the time of the audit, there was 1 such practitioner assigned to the facility, and documentation confirmed that 100% had completed the training.

The Auditor reviewed:

Comprehensive training curricula and lesson plans

Individual training records and signed acknowledgments

Agency policies detailing required content and verification procedures

Per ADOC Administrative Regulation #454 (page 12, section V.3 a-g), the training topics include:

How to detect and assess signs of sexual abuse and harassment

Techniques for preserving physical evidence

Appropriate and professional response to victims

Agency protocols for reporting allegations and suspicions

Awareness of inmates' medical and mental health needs related to sexual abuse

Risk factors that increase an inmate's vulnerability to victimization

All training is formally documented, verified with employee signatures, and securely maintained in agency personnel records.

Provision (b):

This provision is not applicable. ADOC policy explicitly prohibits facility-based medical staff from conducting forensic medical examinations in cases of sexual abuse. Instead, such examinations are referred to appropriately trained and qualified outside medical professionals.

Provision (c):

As documented in the PAQ and verified through review, the agency maintains complete, up-to-date records demonstrating that all medical and mental health care

	<p>practitioners have received the necessary training. This includes:</p> <p>Detailed training records maintained in individual personnel files Signed documentation of attendance and completion Interview confirmations aligning with written records These records affirm full compliance with the requirements of §115.35.</p> <p>Provision (d):</p> <p>In addition to the specialized training, all medical practitioners also receive the general PREA training required of all employees, contractors, and volunteers. The Auditor reviewed:</p> <p>Training rosters and sign-in sheets General PREA training materials Documentation showing the participation of all relevant contracted staff This confirms that contracted medical staff receive both general and specialized PREA training as outlined in agency policy and required under the standards.</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of the Pre-Audit Questionnaire, applicable agency regulations, training records, and consistent staff interviews, the Auditor finds that the facility is in full compliance with PREA Standard §115.35. The training provided to medical and mental health practitioners is thorough, role-specific, well-documented, and aligned with federal requirements. The facility demonstrates a strong commitment to ensuring that healthcare professionals are equipped to identify, respond to, and report incidents of sexual abuse and harassment in a professional and compliant manner</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS:</p> <p>To assess compliance with Standard §115.41, the Auditor reviewed the following documentation:</p> <p>Pre-Audit Questionnaire (PAQ) ADOC Administrative Regulation #454: Inmate Sexual Abuse and Harassment ADOC Administrative Regulation #637: Gender Dysphoria ADOC Form 454-C: Classification PREA Risk Factors Checklist ADOC Form 454-K: PREA Risk Assessment Risk Assessment Checklist</p>

Inmate Initial Risk Assessment Records
Inmate 30-Day Risk Reassessment Records

INTERVIEWS:

PREA Director (PD)

During the interview, the PREA Director confirmed that designated staff—including medical, mental health, classification, and the PREA Compliance Manager (PCM)—have authorized access to the intake screening information. The PD emphasized that this information is shared strictly on a need-to-know basis, with access limited to staff members whose responsibilities relate to treatment, security, or institutional management decisions. These decisions may include housing and cell assignments, as well as work, education, or programming placements. The PD also confirmed that the Alabama Department of Corrections (ADOC) does not detain individuals solely for civil immigration purposes.

PREA Compliance Manager (PCM)

The PCM explained that the risk screening process serves the primary purpose of enhancing inmate safety within the facility. The PCM noted that the data collected through the screening process is used to assess whether an inmate is at elevated risk of sexual victimization or sexual abusiveness. This information helps staff make informed decisions to safely manage inmate housing placements, thereby reducing opportunities for sexual harm. The PCM affirmed that the screening tools are applied consistently and with the goal of creating safer institutional environments.

Risk Screening Staff

Risk screening staff provided detailed insight into the screening process, affirming that initial screenings are completed within the first 24 hours following an inmate’s arrival at the facility. The staff explained that these initial screenings account for factors such as prior acts of sexual abuse, previous convictions for violent offenses, and a history of institutional violence or sexual abuse. A follow-up assessment is completed within 30 days of the initial screening.

Staff further reported that reassessments are conducted as needed, including in situations where:

An inmate makes a PREA-related allegation,

The inmate temporarily departs and returns to the facility, or

New information emerges that may impact the inmate’s safety status.

For transgender inmates, risk assessments are completed within 24 hours of arrival, reassessed within 30 days, and reviewed at least every six months thereafter.

Screening staff emphasized that inmates are never disciplined for refusing to answer screening questions. If an inmate hesitates or declines to respond, staff may attempt to re-engage or explain the importance of the questions. However, refusal to participate does not result in disciplinary action, and staff proceed without coercion.

Random Inmate

Inmates interviewed at random confirmed that they were asked questions regarding

their personal safety, fears of sexual harm, and other risk indicators such as sexual orientation, gender identity, history of sexual victimization, and first-time incarceration status. Inmates consistently reported that their initial risk screening was conducted within 24 hours of arrival, with follow-up screenings completed within the following few weeks. Inmates appeared aware of the purpose of these assessments and acknowledged their role in promoting safety within the facility

Transgender Inmates

At the time of the on-site audit, there were not any transgender inmates assigned to the facility. Therefore, no one in this category was interviewed for this standard.

PROVISIONS:

Provision (a)

The Pre-Audit Questionnaire (PAQ) indicates that the facility has a policy in place requiring the screening of all inmates upon admission to the facility or transfer from another facility for risk of sexual victimization or for the risk of sexually abusing other inmates.

During the on-site audit, facility staff described the intake screening process in detail. Intake staff walked the Auditor through the intake screening procedure and demonstrated how each screening document and assessment tool is utilized. Staff modeled the risk screening process by going through each question and explaining the rationale and process for documentation, which provided the Auditor with a thorough understanding of the intake and classification procedures.

The Auditor reviewed a total of 40 inmate records. All 40 records showed documentation confirming the completion of the initial risk screening assessment within the required 72-hour timeframe following intake. The majority were completed within 24 hours.

The facility's policy requirements are clearly outlined in the following documents:

ADOC Administrative Regulation (AR) 454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 15, section F(1), mandates that all ADOC facilities conduct a PREA risk screening for all new inmates within 72 hours of intake. The screening must assess for potential risk of sexual vulnerability and potential risk of sexual aggression using ADOC Form 454-C – PREA Risk Factors Checklist.

ADOC AR 454, p. 15, section F(2), also requires all inmates transferring from another ADOC facility to be screened within 72 hours of arrival using the same risk assessment process and documentation.

These policies and the implementation practices observed during the audit confirm compliance with Provision (a).

Provision (b)

According to the PAQ, facility policy states that inmates are to be screened for risk of sexual victimization or risk of abusing other inmates within 72 hours of arrival.

As supported by the policies cited in Provision (a), all inmates, whether newly admitted or transferred from another ADOC facility, must receive a risk screening assessment within 72 hours of arrival.

The Auditor randomly reviewed 40 inmate records representing inmates from multiple housing units and a variety of ethnic and racial backgrounds. All 40 (100%) records showed the initial risk screening was completed within the required 72 hours—many within the first 24 hours after arrival.

In addition to the documentation review, intake staff were interviewed and confirmed that all PREA-related questions are consistently asked during initial intake and during any subsequent classification screenings. This includes gathering information required to identify inmates at risk of victimization or abusiveness, ensuring appropriate housing, supervision, and treatment decisions.

These findings confirm the facility's adherence to the 72-hour risk screening requirement outlined in Provision (b).

Provision (c):

The ADOC utilizes objective, validated tools for assessing risk: ADOC Forms 454-C and 454-K. These forms guide staff through standardized risk factors, ensuring uniform application across all assessments. Each intake screening is scored using weighted questions that align with the elements specified in the PREA standard. Intake staff were able to explain the process thoroughly, and document review verified consistent use of these tools.

Provision (d):

The Auditor verified that the ADOC's screening tools include all factors required by this provision, including:

Mental, physical, or developmental disabilities

Age and physical build

Prior incarcerations

Criminal history (including sex offenses)

Sexual orientation and gender identity

History of sexual victimization

Inmate's self-perception of vulnerability

Immigration status (if applicable)

These elements are found in Part 1 of the Classification PREA Risk Factors Checklist (Form 454-C).

Provision (e):

The Auditor confirmed through document review and staff interviews that the ADOC's screening process considers prior acts of sexual abuse, convictions for violent offenses, and a history of institutional violence. These factors are clearly listed in Part 2 of the PREA Risk Factors Checklist.

	<p>Provision (f):</p> <p>ADOC policy requires that all inmates are reassessed within 30 days of their initial intake. The Auditor reviewed 52 inmate records and verified that 100% had documented 30-day reassessments. This contradicts the PAQ's reported compliance rate of 24.3% and demonstrates consistent adherence to the standard in practice.</p> <p>Provision (g):</p> <p>Staff interviews confirmed that inmates are reassessed when there is a referral, request, report of sexual abuse, or receipt of additional information related to risk. ADOC AR #454, p. 14, F.5, outlines this requirement clearly. Staff were able to articulate scenarios where such reassessments would occur and provided examples during interviews.</p> <p>Provision (h):</p> <p>Per ADOC AR #454, p. 16, F.7, inmates are not subject to any formal or informal disciplinary action for declining to answer screening questions. Screening staff reported they attempt to explain the relevance of each question and may revisit unanswered items at a later time, but ultimately respect the inmate's choice without consequence.</p> <p>Provision (i):</p> <p>The facility reported and staff confirmed that screening information is restricted to individuals with a legitimate need to know (e.g., medical, mental health, classification, and PREA staff). Per AR #454, p. 16, F.8, strict controls are in place to ensure that this information is not exploited or inappropriately disclosed. The Auditor verified these practices through interviews and document review.</p> <p>CONCLUSION:</p> <p>Based on a thorough review of documentation, interviews, and observation of intake procedures, the Auditor concludes that the facility meets all requirements of PREA Standard §115.41 – Screening for Risk of Sexual Victimization and Abusiveness. Intake and classification processes are in place, staff are trained, policies are adhered to, and assessments are being completed timely and thoroughly. Reassessments and information protections are properly implemented and enforced.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS

To assess compliance with Standard §115.42, the Auditor reviewed the following documentation:

Pre-Audit Questionnaire (PAQ)

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

ADOC SOP Number 454-5

Form 454-C – Classification PREA Risk Factors Checklist

Form 454-K – PREA Risk Assessment

PREA Director Memorandum, dated February 20, 2020, titled Transgender Reassessment and Housing

Inmate Records, including screening tools, housing logs, and classification notes

Intake Risk Assessment Checklist

Ongoing Risk Assessment Checklist

Housing Designation Spreadsheet, documenting inmate housing and related decisions

These materials demonstrate that ADOC has formal processes in place to ensure that screening information is used effectively to promote inmate safety and to separate those at high risk of sexual victimization from those at high risk of sexual abusiveness.

INTERVIEWS CONDUCTED

PREA Director (PD):

The PD clarified that per ADOC policy, an inmate's gender is initially identified based on legal sex assignment, typically determined at birth. However, after intake, each inmate is assessed individually to ensure their safety and appropriate placement. The PD stated that transgender and intersex inmates' perceptions of their safety are given significant weight during placement and program decisions. The PD also confirmed that regular classification reassessments are conducted at least every six months or sooner if the inmate is involved in a sexual-related incident. Interviews also involve evaluating known or perceived enemies and other safety threats. Housing and programming decisions are made based on this holistic information.

Institutional PREA Compliance Manager (IPCM):

The IPCM confirmed that neither the facility nor the agency is subject to a consent decree or legal mandate requiring dedicated housing units for LGBTI inmates. As such, all inmates, including those identifying as LGBTI, are housed in the general population unless specific safety or security concerns are identified. The IPCM also emphasized that classification and programming assignments are individualized, and assessment results directly inform placement decisions. This includes ensuring separation of those vulnerable to sexual victimization from those who may pose a threat

Staff Responsible for Risk Screening:

Staff reported that every inmate is assessed using the PREA Risk Factors Checklist and other screening tools. Staff emphasized that while the tools are important, discussions with inmates during the assessment also play a critical role in making individualized classification decisions. Risk screening includes consideration of mental health status, sexual orientation, gender identity, criminal history, and vulnerability indicators. Staff also reported that transgender and intersex inmates' safety perceptions are carefully considered and used in decision-making.

Transgender Inmates:

At the time of the audit, no transgender inmates were housed at the facility, and therefore no direct interviews were conducted with individuals from this population.

PROVISIONS

Provision (a):

Use of screening information to inform assignments and maintain separation between victimized and abusive inmates.

The facility reported on the PAQ that screening information is used to guide housing, bed, work, education, and program assignments, with the intent to keep those at high risk of victimization separate from those at high risk of abusiveness. The PREA Compliance Manager confirmed this during interviews.

The Auditor reviewed 40 inmate records and confirmed that classification decisions were clearly influenced by the outcomes of PREA risk assessments. This practice is consistent with AR #454, Section F(9)(a), which directs staff to use the screening process and PREA Mental Health Assessment to support individualized, safety-based decisions.

Provision (b):

Individualized determination to ensure inmate safety.

The PAQ and interviews confirmed that the facility makes individualized determinations to promote safety for each inmate. Policies reinforce that decisions are based not only on risk screening scores but also on broader safety and security considerations.

AR #454, Section F(10)(a) specifies that screening data and mental health assessments must be used to determine appropriate housing, work, education, and program assignments, supporting individualized safety planning.

Provision (c):

Case-by-case placement decisions for transgender/intersex inmates.

ADOC policy mandates that transgender and intersex inmates are considered on a case-by-case basis for housing and programming assignments. The PD and screening staff verified that safety and management concerns are balanced in these decisions.

This approach is codified in AR #454, Section F(10)(f), which requires ADOC to consider health, safety, and security risks when making housing and program decisions for transgender/intersex inmates.

Provision (d):

Reassessment of transgender/intersex inmates at least twice annually.

Staff confirmed that placement and programming decisions for transgender and intersex inmates are reassessed at least every six months and sooner if a safety-related incident occurs. While no transgender inmates were present at the facility at the time of the audit, documentation from other ADOC facilities and policy confirm this practice.

AR #454, Section F(10)(d) outlines the biannual reassessment requirement for transgender/intersex inmates.

Provision (e):

Consideration of transgender/intersex inmates' views on safety.

Policy and interview responses confirmed that transgender and intersex inmates' own views about their safety are given thoughtful and substantial consideration in all relevant decisions. This is consistent with AR #454, Section F(10)(e), which mandates such consideration.

Provision (f):

Separate shower arrangements for transgender/intersex inmates.

ADOC policy ensures that transgender and intersex inmates are allowed to shower separately from other inmates. The facility uses single-stall showers in each housing area, and staff confirmed that special accommodations (e.g., separate shower times) would be provided if requested.

AR #454, Section F(10)(g) supports this practice by requiring separate shower access when appropriate.

Provision (g):

No segregated housing based solely on LGBTI status unless court-mandated.

The facility affirmed that no inmates are housed in dedicated units based solely on LGBTI status. LGBTI inmates are housed in general population unless specific threats or concerns necessitate alternative placements. This was verified by the IPCM and staff interviews.

	<p>AR #454, Section F(10)(c) prohibits segregating inmates based solely on sexual orientation or gender identity, unless mandated by a legal decree or settlement.</p> <p>CONCLUSION</p> <p>Based on comprehensive review of documentation, policy, and interviews with staff and leadership, the Auditor finds the facility fully compliant with PREA Standard §115.42. The facility demonstrates that screening information is consistently and appropriately used to make informed, individualized housing, work, education, and program assignments. This includes specific attention to the safety needs of vulnerable populations such as transgender and intersex inmates. All required provisions under the standard have been met.</p>
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115.43	Protective Custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTS</p> <p>To assess compliance with Standard §115.43, the Auditor reviewed the following documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • ADOC Administrative Regulation 454 – Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016 • ADOC Administrative Regulation 435 – Referenced but no specific content applicable to this standard was provided • Housing Designation Spreadsheet – Reviewed; no findings relevant to this standard • Segregation Log / Holding Cell / Crisis Cell Records • Post Allegation Protective Custody Form <p>INTERVIEWS</p> <p>Facility Head or Designee:</p> <p>Confirmed that all placements in segregated housing are formally documented and reviewed at a minimum of every 30 days. Further affirmed that no inmates were involuntarily placed in segregation due to risk of sexual victimization during the audit</p>

review period.

Staff Supervising Segregated Housing Units:

Reported no knowledge of, or observations involving, victims of sexual abuse or inmates at risk of retaliation being involuntarily placed in segregation.

Inmates in Segregated Housing:

At the time of the audit, no inmates were in segregation due to sexual abuse allegations. All were housed for administrative or disciplinary reasons; therefore, no inmate interviews were conducted specifically pertaining to this standard.

PREA Compliance Manager (IPCM):

Confirmed that no inmates had been placed in protective custody or in involuntary administrative or punitive segregation due to risk of sexual victimization or sexual abuse in the past twelve months. The IPCM also provided a memorandum verifying that Elmore Correctional Facility does not operate a Segregation/Protective Housing Unit.

PROVISIONS

Provision (a)

The PAQ affirms the facility does not have a segregation unit.

The PAQ and IPCM reported no such placements within the past twelve months.

The Facility Head corroborated this information.

ADOC AR #454 (p. 23, J, 1) explicitly states that high-risk or reporting inmates shall not be involuntarily segregated unless all alternatives have been assessed and found unavailable.

Provision (b)

The PAQ affirms the facility does not have a segregation unit.

While no such placements occurred during the audit review period, ADOC AR #454 (p. 23, J, 2) outlines requirements regarding continued access and mandates documentation of the safety concerns justifying such placements.

Provision (c)

The PAQ affirms the facility does not have a segregation unit.

Agency policy strictly limits the use of protective custody, requiring that all less-restrictive options be considered first. The Facility Head and IPCM confirmed that no involuntary placements occurred within the review period.

Provision (d):

The PAQ affirms the facility does not have a segregation unit.

Provision (e)

	<p>Although no placements were made, the PAQ and staff interviews confirmed that agency policy mandates a formal review every 30 days to assess the continued need for protective segregation.</p> <p>ADOC AR #454 (p. 23, J, 3) requires this periodic review to ensure that segregated housing is not used longer than necessary.</p> <p>CONCLUSION</p> <p>Based on the review of facility documentation, interview responses, and information provided in the Pre-Audit Questionnaire, the facility is in full compliance with PREA Standard §115.43 – Protective Custody. The facility’s policies, as set forth in ADOC Administrative Regulation #454, provide clear prohibitions and safeguards against the inappropriate use of involuntary segregated housing for inmates at risk of sexual victimization. The absence of any such placements over the past twelve months, combined with strong procedural adherence and staff awareness, further supports the facility’s compliance with this standard.</p>
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115.51	Inmate reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>DOCUMENTS:</p> <p>To assess compliance with Standard §115.51, the Auditor reviewed the following documentation:</p> <p>Pre-Audit Questionnaire (PAQ) and supporting documentation ADOC Administrative Regulation (AR) #454, “Inmate Sexual Abuse and Harassment” (dated January 4, 2016) ADOC Male Inmate Handbook (dated September 25, 2017) Inmate legal mail envelopes Memorandum of Understanding (MOU) with Securus Technologies for hotline services “NO MEANS NO” awareness posters</p> <p>OBSERVATIONS:</p> <p>During the on-site audit, the Auditor confirmed the facility's commitment to promoting awareness and accessibility to reporting mechanisms:</p> <p>Visual Messaging: “NO MEANS NO” posters were prominently displayed throughout the facility in both English and Spanish. These were located in housing units, common areas, intake holding areas, hallways, and the dining hall, reinforcing the facility’s zero-tolerance stance on sexual abuse and harassment.</p> <p>PREA Drop Boxes: Clearly labeled "PREA" boxes were visible throughout the facility,</p>

offering a secure and private reporting method.

Telephone Hotline: The Auditor tested phones in various housing units to verify functionality of the PREA hotline (*6611). In all instances, the hotline was operational. A recorded message advised callers that the call was anonymous, toll-free, and subject to recording. Inmates can leave a two-minute message, which is forwarded for follow-up.

Legal Mail System: Interviews with mailroom staff confirmed that inmates can request pre-addressed envelopes to confidentially contact the Director of the Law Enforcement Services Division (LESD). This allows inmates to report PREA-related concerns securely through the legal mail process.

INTERVIEWS:

Institutional PREA Compliance Manager (IPCM):

The IPCM affirmed that inmates have multiple ways to report abuse, including to internal staff or external agencies such as the State Board of Pardons and Paroles and the Office of Victim Services. The MOU with Securus Technologies enables inmates to anonymously leave messages with an external agency, which are forwarded directly to the PREA Director via email.

Random Staff:

Staff confirmed they would immediately report any inmate allegations of sexual abuse or harassment and ensure proper documentation and follow-up. Staff understood that reports could be made verbally, in writing, anonymously, or through third parties. They also acknowledged multiple internal and external reporting options available to inmates. Additionally, staff reported being able to confidentially report incidents involving inmates to supervisors, the IPCM, or the PREA Director.

Random and Targeted Inmates:

Inmates consistently reported being aware of several reporting options, including the hotline, PREA Compliance Manager, drop boxes, telling a staff member, or involving a family member.

PROVISIONS:

Provision (a):

The PAQ and interviews confirmed that inmates can report:

Sexual abuse and harassment,

Retaliation for reporting, and

Staff neglect or policy violations contributing to such incidents.

According to AR #454 (p. 21, Section H, 2, a), inmates may report:

Verbally or in writing,

Anonymously or through third parties,

Using PREA drop boxes,

By calling the PREA hotline,

By filing a grievance,

	<p>Or by contacting LESD via pre-addressed envelopes.</p> <p>Provision (b):</p> <p>The facility offers at least one method for inmates to report externally. The MOU with Securus (effective May 15, 2019) supports 24/7 telephone access to:</p> <p>*6611 PREA Hotline (recorded), ADOC Crime Tip Hotline, ACAR Hotline (unrecorded, confidential support).</p> <p>The hotline service allows inmates to report to a public or private entity outside the agency.</p> <p>Provision (c):</p> <p>Staff are required to accept and document reports from any source—including anonymous and third-party reports. Staff interviews confirmed this requirement is well understood and consistently applied.</p> <p>The Inmate Handbook (p. 23) reinforces the agency’s commitment to confidentiality and safety: “All reports are investigated and are confidential – the ADOC and its staff want to keep you safe!”</p> <p>AR #454 (p. 19, Section H, 1, a & b) requires immediate reporting of any known or suspected abuse, retaliation, or contributing staff misconduct.</p> <p>Provision (d):</p> <p>The PAQ and IPCM interviews confirmed staff may report sexual abuse or harassment privately. This is also outlined in AR #454, Section H, which ensures staff have secure, confidential avenues to report allegations.</p> <p>CONCLUSION:</p> <p>Based on a thorough review of documentation, observations, and interviews, the Auditor concludes that the facility fully meets the requirements of PREA Standard §115.51 – Inmate Reporting. The facility provides multiple, accessible avenues for both inmates and staff to report sexual abuse and harassment, and maintains policies and practices that support timely, confidential, and effective reporting and response</p>
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115.52	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTS</p> <p>To assess compliance with Standard §115.52, the Auditor reviewed the following documentation:</p>

Pre-Audit Questionnaire (PAQ) and supporting documentation
ADOC Administrative Regulation #454
ADOC AR406, Inmate Grievance Policy (Dated August 1, 2023)
INTERVIEWS:

Random Staff: Staff reported that allegations of sexual abuse and sexual harassment are considered grievable issues.

Random Inmates: Inmates confirmed through formal interviews and informal conversations that allegations of sexual abuse and sexual harassment are grievable issues.

PROVISIONS

Provision (a):

The agency and facility report having an administrative procedure in place to address inmate grievances regarding sexual abuse.

The PAQ confirms this procedure exists, and indicates that the facility received zero grievances related to sexual abuse in the past 12 months. All grievances reached a final decision within the required 90-day timeframe.

The Auditor reviewed ADOC Administrative Regulation #454 and the Inmate Handbook, both of which verify the existence of a formal inmate grievance procedure.

Provision (b):

According to the PAQ, agency policy permits inmates to submit a grievance regarding sexual abuse at any time, regardless of when the incident allegedly occurred. The policy does not require the use of an informal grievance process prior to filing.

Supporting Policies:

ADOC AR406, p. 6, Section F: Staff are encouraged to resolve complaints at the lowest possible level, but informal resolution is not required.

ADOC AR406, p. 6, Section G: No time limit is imposed on filing a grievance related to allegations of sexual abuse or harassment.

Provision (c):

The PAQ confirms that inmates may file grievances alleging sexual abuse without submitting them to the staff member who is the subject of the complaint. In addition, such grievances are not referred to the staff member involved.

Supporting Policies:

ADOC AR406, pp. 5-6, Section E: Inmates are not required to discuss grievances with staff members who are the subject of the grievance.

ADOC AR406, p. 8, Section R: Grievances involving sexual abuse/harassment are logged by the IGO and forwarded to the IPCM for investigation under AR 454. All such allegations are taken seriously and investigated.

Provision (d):

According to the PAQ, there were zero grievances filed in the past 12 months alleging sexual abuse.

Supporting Policy:

ADOC AR406, pp. 9-10, Section Z(1)(d): The IGO is required to provide a response to Step 1 of a grievance within ten (10) days of receipt.

Provision (e):

Agency policy permits third-party assistance in filing grievances related to sexual abuse. This includes help from fellow inmates, staff members, family members, attorneys, and outside advocates. If an inmate declines such assistance, the agency documents the decision.

Supporting Policy:

ADOC AR406, p. 5, Section D: Inmates may receive help in preparing grievances from other inmates or outside individuals (e.g., family, attorneys). However, grievances must be submitted by the inmate, not on their behalf.

Provision (f):

The agency has established procedures for emergency grievances alleging a substantial risk of imminent sexual abuse. These require an initial response within 48 hours.

According to the PAQ, no emergency grievances of this nature were filed in the past 12 months.

Supporting Policies:

ADOC AR406, pp. 10-11, Section AA(1): Emergency grievances are expedited and forwarded to the Warden/Designee for immediate review and action. Allegations of sexual abuse/harassment by another inmate are referred to the IPCM; those involving staff are referred to LESD.

ADOC AR406, p. 11, Section AA(4): Appeals of emergency grievances are forwarded to the DGC for immediate resolution, and must be addressed within 72 hours.

Provision (g):

Agency policy limits disciplinary action against inmates for filing grievances related to sexual abuse to situations where it can be proven that the grievance was filed in bad faith. No such disciplinary actions occurred in the past 12 months.

Supporting Policy:

ADOC AR406, p. 7, Section L: Reprisals or retaliation for participation in the grievance process are strictly prohibited and may result in disciplinary action, corrective measures, or criminal investigation.

	<p>CONCLUSION:</p> <p>Based on the review and analysis of all available evidence—including policies, the PAQ, and staff and inmate interviews—the Auditor concludes that the agency and facility meet all provisions of the standard concerning the exhaustion of administrative remedies.</p>
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115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>DOCUMENTS:</p> <p>To assess compliance with Standard §115.53, the Auditor reviewed the following documentation:</p> <p>Pre-Audit Questionnaire ADOC Administrative Regulation #454 A Memorandum of Understanding (MOU) with the Alabama Coalition Against Rape (ACAR) MOU with One Place Family Justice Center PREA informational posters displayed in English and Spanish throughout the facility The Alabama Advocacy Hotline (*6611) and informational flyers A current list of ACAR-affiliated Crisis Centers with county-specific contact information</p> <p>OBSERVATIONS:</p> <p>During the facility tour, the Auditor observed “NO MEANS NO” PREA posters prominently displayed throughout the housing units and common areas. These posters were available in both English and Spanish, ensuring accessibility for limited-English proficient inmates.</p> <p>INTERVIEWS:</p> <p>Inmates:</p> <p>Inmates interviewed demonstrated awareness of their right to access outside confidential support services. Several inmates correctly identified the *6611 ADOC PREA hotline, acknowledging that the calls are recorded and may be shared with facility staff for safety and investigative purposes. Additionally, inmates confirmed they had been informed about the availability of outside victim advocacy services.</p> <p>Institutional PREA Compliance Manager (IPCM):</p> <p>The IPCM confirmed that the facility maintains a current MOU with an outside</p>

confidential support service agency. The IPCM also provided documentation detailing the facility's procedures for connecting inmates with victim advocates from local service centers, including One Place Family Justice Center.

Representative from One Place Family Justice Center:
The Auditor conducted a phone interview with a representative from One Place Family Justice Center, located at 530 S. Lawrence Street, Montgomery, AL 36104, phone number (334) 262-7378. The representative affirmed that their agency provides trained victim advocates who are available to accompany inmates before, during, and after forensic exams. They also provide follow-up services to ensure that aftercare is arranged and sustained. The representative further clarified that inmates are informed some information shared with advocates may need to be disclosed to facility staff for institutional security, medical treatment, or investigatory purposes.

PROVISIONS:

Provision (a):

The PAQ and facility documentation confirmed that inmates are provided access to outside victim advocates for emotional support services related to sexual abuse. This was verified through the interview with the IPCM and supported by documentation, including an MOU with the Alabama Coalition Against Rape (ACAR) and the ACAR Crisis Center contact listing.

Provision (b):

During the on-site tour, the Auditor tested multiple inmate payphones and verified that the PREA hotline (*6611) was operational. Facility policy requires staff at the intermediate level or above to test these phones once per shift. The One Place Family Justice Center confirmed that victim advocates are available for in-person and follow-up support and are responsible for notifying victims of any limitations on confidentiality.

Provision (c):

The Auditor reviewed the MOU between the ADOC and ACAR, which outlines ACAR's role in providing confidential emotional support services to inmates. The MOU specifies that ACAR must maintain or enter into agreements with community-based service providers to ensure support is accessible to inmates at all facilities. The ACAR support hotline, 1-800-639-4357, is not recorded or monitored, in accordance with confidentiality requirements.

	<p>CONCLUSION:</p> <p>Based on a comprehensive review of the PAQ, supporting documentation, facility observations, and interviews with staff, inmates, and external partners, the Auditor concludes that the agency/facility meets all requirements of PREA Standard §115.53. Inmates are appropriately informed of, and provided access to, outside confidential emotional support services in connection with sexual abuse incidents</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS</p> <p>To assess compliance with Standard §115.54, the Auditor reviewed the following documentation:</p> <ul style="list-style-type: none"> · Pre-Audit Questionnaire (PAQ) · Alabama Department of Corrections (ADOC) Website Links: <ul style="list-style-type: none"> o ADOC PREA Webpage · ADOC Administrative Regulation #454 · PREA Reporting Forms for Law Enforcement Sensitive Disclosures (LESD) · Website Publication Displaying DOC PREA Email Address <p>INTERVIEWS:</p> <p>Inmates:</p> <p>During the inmate interview process, individuals housed in the facility were able to articulate their understanding of third-party reporting options. Inmates expressed an awareness that reports of sexual abuse or sexual harassment could be made by individuals outside the facility on their behalf, and indicated they would use or accept such assistance if necessary.</p> <p>PROVISIONS:</p> <p>Provision (a):</p>

	<p>The Alabama Department of Corrections (ADOC) has established accessible third-party reporting mechanisms in accordance with PREA standards. This process is made available to the public through the agency's official website.</p> <p>On the ADOC website, individuals may access the PREA reporting page via the PREA link, located under the "About ADOC" tab.</p> <p>This page includes the name of the PREA Director and provides two primary third-party reporting options:</p> <p>Request an Investigation – A dedicated link that initiates a form submission for third-party allegations.</p> <p>Email Reporting Option – A clearly displayed email link (DOC.PREA@doc.alabama.gov) allowing third parties to submit reports electronically.</p> <p>These publicly available avenues ensure that family members, friends, attorneys, and advocates can report allegations of sexual abuse or sexual harassment on behalf of incarcerated individuals.</p> <p>Conclusion:</p> <p>Based on a comprehensive review of the Pre-Audit Questionnaire, supporting documentation, institutional website content, and interviews with inmates, the Auditor has determined that the Alabama Department of Corrections fully meets the requirements of PREA Standard §115.54 – Third-Party Reporting. The agency provides multiple, accessible avenues for third parties to report allegations, and facility staff and inmates demonstrate awareness of these mechanisms</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS</p> <p>To assess compliance with Standard §115.61, the Auditor reviewed the following documentation</p> <p>Pre-Audit Questionnaire (PAQ) and all accompanying supporting documentation ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment ADOC Administrative Regulation (AR) #302 – Incident Reporting</p> <p>INTERVIEWS</p> <p>Random Staff</p> <p>Staff consistently affirmed their understanding of the agency's zero-tolerance policy regarding sexual abuse and harassment. All staff interviewed confirmed that they are required to report any allegation of sexual abuse or harassment immediately, in</p>

compliance with agency policy. Staff were able to clearly articulate that such reports must remain confidential and may only be disclosed to individuals with a legitimate need to know—such as supervisory, medical, or mental health personnel. Unauthorized sharing of information is strictly prohibited unless required for treatment, investigation, or safety-related purposes. Every staff member (100%) indicated that all PREA-related reports are referred directly to the Institutional PREA Compliance Manager (IPCM), who is then responsible for notifying the investigative staff.

Medical Staff:

Interviews with medical practitioners confirmed fully understanding obligations under PREA and agency policy. The practitioner emphasized their responsibility to immediately report any allegation of sexual abuse. Also described their legal and ethical duty to inform inmates, prior to the initiation of services, about the limits of confidentiality due to mandatory reporting requirements.

Facility Head or Designee:

The Facility Head acknowledged their obligation to ensure that all allegations of sexual abuse, harassment, or related staff misconduct (including retaliation or neglect) are reported immediately—not only within the agency but also to any external authorities as required by law. The Facility Head reinforced that all staff must report any knowledge, suspicion, or information regarding such incidents without delay.

PREA Director:

The PREA Director verified that the facility reports all allegations of sexual abuse and sexual harassment—including anonymous and third-party reports—to the designated facility investigator as per agency policy.

PROVISIONS:

Provision (a):

The facility affirmed through the PAQ and interviews that all staff are mandated to immediately report any knowledge, suspicion, or information concerning incidents of sexual abuse, sexual harassment, retaliation, or staff neglect related to such incidents.

Supporting Policies:

AR #454, Section H.1.a: Mandates immediate reporting of all forms of information (verbal, written, third-party, anonymous) regarding sexual abuse, harassment, or related staff misconduct.

AR #454, Section H.1.b: Reinforces that all suspicions or knowledge of sexual misconduct must be promptly reported.

The ADOC provides first responders with a pocket-sized guide titled “Prison Rape Elimination Act (PREA): A Trauma-Informed Guide for First Responders,” which includes clear instructions for reporting and evidence preservation.

Provision (b):

According to the PAQ and corroborated by staff interviews, personnel are prohibited

from disclosing information related to PREA incidents except to individuals who require the information for treatment, security, investigative, or management purposes.

Supporting Policy:

AR #454, Section H.1.c: Clearly states that staff must limit the sharing of information related to PREA incidents to those with a defined need to know. Initial discussions with victims should focus solely on ensuring their immediate safety until an investigator arrives.

The Auditor reviewed an Informed Consent for Medical Services form that allows designated medical or mental health staff to share pertinent information with authorized personnel.

Provision (c):

Medical and mental health professionals are required to advise inmates at the onset of services about the limitations of confidentiality due to mandatory reporting laws. This requirement was confirmed by both the PAQ and interviews with clinical staff.

Supporting Policy:

AR #454, Section H.1.f: States that clinical staff must inform inmates of the limits of confidentiality and are required to report any disclosures of sexual victimization to the IPCM.

This obligation is also outlined in the ADOC's first responder guide, which includes specific instructions for medical personnel.

Provision (d):

If the alleged victim is under the age of 18 or meets the definition of a vulnerable adult under applicable laws, the agency is required to report the allegation to the appropriate state or local protective services agency. This practice was affirmed during the Facility Head interview.

Supporting Policy:

AR #454, Section H.1.g: Requires notification of the Alabama Department of Human Resources in any case involving a youthful or vulnerable inmate under state statute.

Provision (e):

The agency confirmed that all allegations—including those received anonymously or through third parties—are reported to the designated investigator. This was substantiated through both the PAQ and the interview with the PREA Director.

Supporting Policy:

AR #454, Section H.1.b: Requires that all such reports be submitted immediately to the IPCM, PREA Director, and the Investigation and Intelligence (I&I) division, in accordance with AR #302.

CONCLUSION:

After a thorough review of the Pre-Audit Questionnaire, supporting documentation, applicable policies, and comprehensive interviews with staff and administrators, the Auditor has determined that the facility fully meets all requirements of this standard regarding staff and agency reporting duties. All provisions are addressed through well-established policy, supported by staff awareness, and verified through

	documentation and interview responses
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS</p> <p>To assess compliance with Standard §115.62, the Auditor reviewed the following documentation</p> <p>Pre-Audit Questionnaire (PAQ) ADOX Administrative Regulation #454 Transfer of Inmate Due to Sexual Safety Housing Placement (Housing Designation Log) Coordinated Response Plan</p> <p>INTERVIEWS</p> <p>Facility Head or Designee: The Facility Head confirmed that immediate protective action is taken upon identifying an inmate at risk of sexual abuse. Depending on the circumstances, this may involve transferring the victim to another housing unit or facility, while known perpetrators are placed in segregated housing without delay.</p> <p>Random Staff: Staff consistently described clear and comprehensive protocols for responding to reports of sexual abuse. They emphasized the importance of promptly separating the victim and alleged perpetrator, ensuring the victim's safety and well-being, preserving evidence, and notifying supervisory personnel. Staff demonstrated a thorough understanding of the facility's coordinated response plan and expressed that the safety of inmates is always the top priority.</p> <p>PROVISIONS</p> <p>PROVISION (a) The Pre-Audit Questionnaire confirms that the facility takes immediate action when it becomes aware that an inmate is at substantial risk of imminent sexual abuse. Within the past twelve months, 71 such instances were documented. Each case was met with prompt intervention, typically within an hour, to ensure the safety of the at-risk inmate.</p> <p>The facility's Coordinated Response Plan outlines specific actions to be taken upon identifying a risk, including:</p>

	<p>Immediate separation of the involved parties</p> <p>Referral for medical and mental health services</p> <p>Evidence preservation protocols</p> <p>Required notifications to supervisory and administrative personnel</p> <p>Transfer logs and case documentation reflect that at-risk inmates were promptly relocated—either within the facility or to another institution—to enhance their safety. These transfers were guided by risk assessments, the location of alleged perpetrators, and available safe housing alternatives.</p> <p>The Housing Designation Log provides a clear record of housing decisions based on safety concerns. Inmates identified as at risk were reassigned to more secure areas as needed, with oversight and documentation by the Institutional PREA Compliance Manager (IPCM).</p> <p>Policies and procedures substantiate that the IPCM, in coordination with and approval from the Facility Head, is responsible for timely decisions related to inmate transfers and housing assignments based on individual risk assessments.</p> <p>Relevant Policies:</p> <p>ADOC Administrative Regulation #454, Operations & Legal: Inmate Sexual Abuse and Harassment (dated January 4, 2016):</p> <p>Section J.1 (p. 23): Inmates at high risk for sexual victimization—or who report such threats—shall not be placed in involuntary administrative or punitive segregation unless there is a documented finding that no alternative exists.</p> <p>Section K.3 (p. 10): Assigns the IPCM responsibility to recommend placement or transfer for inmates involved in incidents or allegations. Immediate action is required when an inmate is determined to be at substantial risk, with final approval by the Warden or designee.</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of applicable policies, supporting documentation, and staff interviews, the Auditor finds that the facility meets the requirements of PREA Standard §115.62 – Agency Protection Duties.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS:</p> <p>To assess compliance with Standard §115.63, the Auditor reviewed the following documentation</p> <p>Pre-Audit Questionnaire (PAQ)</p>

ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment, dated January 4, 2016.
ADOC Form 454-F – Reporting to Other Confinement Facilities, used to document and verify inter-facility notifications of alleged sexual abuse.

INTERVIEWS:

Agency Head Designee:

During the interview, the Agency Head Designee confirmed that any notification involving allegations of sexual abuse, sexual harassment, or staff sexual misconduct—regardless of whether the incident occurred within the facility or another jurisdiction—is taken seriously and acted upon. All such allegations are investigated in accordance with Alabama Department of Corrections (ADOC) guidelines and agency policy. The designee emphasized that the agency is committed to ensuring accountability and compliance with PREA standards regardless of the facility of origin.

Facility Head:

The Facility Head affirmed that when an allegation is received indicating that an incident of sexual abuse or harassment occurred at a different confinement facility, the appropriate action is taken immediately. Specifically, the Facility Head ensures that notification is made to the head of the facility where the abuse is alleged to have occurred. These notifications are made as soon as possible, and in all cases, within the 72-hour window mandated by policy. The Facility Head also confirmed that upon receiving allegations from other facilities, the current facility initiates an internal investigation in compliance with PREA requirements.

PROVISIONS:

Provision (a):

According to the Pre-Audit Questionnaire, agency policy requires that when a facility receives an allegation that an inmate was sexually abused while housed at another confinement facility, the head of the receiving facility must notify the head of the facility or appropriate office where the abuse is alleged to have occurred. In the previous 12 months, the facility received three such allegations. In each instance, notification to the appropriate confinement facility was made in accordance with agency protocol—within 72 hours of receiving the allegation.

Supporting Policy:

AR #454, Section H.1.d: Specifies that the Warden must notify the appropriate official at the facility where the incident allegedly occurred as soon as possible, but no later than 72 hours after the allegation is received.

Supporting Documentation: Completed Form 454-F, which documents each notification made to another confinement facility.

Provision (b):

The PAQ affirms that facility heads are required by policy to notify the appropriate facility within 72 hours of receiving any allegation involving another institution.

The Facility Head confirmed that this practice is followed consistently. During the past

	<p>year, three such allegations were received and, in each case, ADOC Form 454-F was completed and the notifications were made in a timely manner. The PREA Compliance Manager (IPCM) provided copies of the completed forms for auditor review, all of which demonstrated compliance with the 72-hour reporting requirement.</p> <p>Provision (c):</p> <p>Facility practice aligns with agency policy requiring documentation of all notifications related to inter-facility allegations.</p> <p>The three allegations received in the past 12 months were all documented using Form 454-F, which provides verification that notifications were made within the required 72-hour period. The Facility Head confirmed that all notifications were tracked, documented, and available for audit review.</p> <p>Provision (d):</p> <p>As indicated in the PAQ, facility policy mandates that any allegations of sexual abuse received from another agency or confinement facility are fully investigated in accordance with PREA standards and internal investigative protocols.</p> <p>During the previous audit year, the facility received three allegations of sexual abuse originating from other facilities. In each instance, the Facility Head confirmed that the allegations were treated with the same urgency and investigatory rigor as if the incidents had occurred on-site. The investigative process was initiated promptly in accordance with PREA standards.</p> <p>CONCLUSION:</p> <p>Based on a comprehensive review of the Pre-Audit Questionnaire, relevant policies, interview responses, and supporting documentation—including completed notification forms—the Auditor finds that the facility fully meets all requirements of the PREA standard regarding inter-facility reporting of sexual abuse allegations. The agency has established and implemented effective procedures to ensure prompt notification, proper documentation, and compliance with all timelines and investigative responsibilities as outlined in PREA and ADOC policy.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS</p> <p>To assess compliance with Standard §115.64, the Auditor reviewed the following documentation</p> <p>Pre-Audit Questionnaire (PAQ) and Supporting Documentation: Confirmed that the facility has implemented a clearly defined first responder protocol in accordance with</p>

PREA requirements. Responses were consistent with observed practices and policy. Alabama Department of Corrections (ADOC) Administrative Regulation #454: Inmate Sexual Abuse and Harassment, dated January 4, 2016. Section G, pp. 17-18, outlines the specific expectations and required actions for first responders.

PREA First Responder Duty Card: A laminated, pocket-sized reference card issued to all staff, which outlines immediate steps to take when responding to a sexual abuse or harassment allegation. This ensures rapid, consistent, and policy-aligned action.

PREA Pocket Guide for First Responders – A Trauma-Informed Guide: A spiral-bound booklet distributed to all staff. The guide includes:

Introduction to PREA and trauma-informed care

Definitions and examples of sexual abuse and harassment

PREA components and facility obligations

Steps for prevention, detection, and response

Clear, scenario-based guidance for first responders

A summary of procedures and additional resources

INTERVIEWS

Security Staff – First Responders

Security staff who serve as first responders consistently described the PREA response protocol in alignment with policy and training. They indicated they received instruction through:

Annual PREA in-service training

On-the-job training specific to incident response

Regular refresher briefings during shift meetings

Staff clearly articulated their role in separating the alleged victim and perpetrator, securing the scene, preserving evidence, and ensuring timely notification to supervisory staff and the Institutional PREA Compliance Manager (IPCM).

Non-Security First Responders

Non-security staff (medical, education, administrative, and support personnel) demonstrated a solid understanding of their responsibilities when encountering or receiving a report of sexual abuse. They reported they would:

Immediately notify security staff

Keep the victim and alleged perpetrator apart

Instruct both parties not to shower, use the restroom, or otherwise compromise evidence

Secure the area and refrain from questioning the involved parties

Ensure confidentiality throughout the process

Their responses confirmed familiarity with both the laminated Duty Card and the pocket guide.

All Staff

Across all staff interviews, regardless of role, responses reflected consistent adherence to first responder protocols. Staff demonstrated a clear understanding of:

Separating the victim and alleged perpetrator

Preserving physical evidence and the integrity of the scene
Requesting medical or mental health intervention as needed
Notifying appropriate supervisory personnel and the IPCM without delay
Inmates Who Reported Sexual Abuse
At the time of the on-site audit, no inmates were currently housed at the facility had reported incidents of sexual abuse in the past 12 months. Consequently, no inmate interviews in this category were conducted.

PROVISIONS

Provision (a):
The facility has implemented a clearly defined and practiced first responder policy for addressing allegations of sexual abuse. This policy, verified through staff interviews and documentation, is in alignment with ADOC AR #454, Section G, which specifies the responsibilities of both security and non-security first responders.

Key components of the policy and practice include:

Immediate separation of the alleged victim and perpetrator
Preservation of evidence through verbal instructions and scene containment
Restricting victim and alleged aggressor from actions that could compromise evidence (e.g., bathing, changing clothes, eating, etc.)
Prompt notification to the Shift Commander and initiation of documentation
All staff were observed to carry the PREA First Responder Duty Card, and confirmed receipt and understanding of the PREA Pocket Guide, which reinforces the trauma-informed and legally compliant response procedures.

According to the PAQ, no allegations of inmate sexual abuse were reported within the last 12 months. However, one allegation of inmate-on-inmate sexual harassment was received, investigated administratively, and determined to be unfounded. The alleged victim was notified in writing of the investigative outcome in accordance with agency policy.

Provision (b):
The PAQ confirmed, and staff interviews corroborated, that there were no reported incidents in the past year where a non-security staff member was the initial responder to a report of sexual abuse. Nonetheless, all staff—including non-security personnel, contractors, and volunteers—receive training as part of their PREA education to act as first responders if they are the first to learn of an incident.

Training materials, reviewed by the Auditor, demonstrate a comprehensive approach to educating all staff on:

Scene control
Evidence preservation
Protecting individuals involved
Immediate notification procedures
This cross-training ensures that appropriate action is taken regardless of who first

	<p>becomes aware of the allegation.</p> <p>CONCLUSION</p> <p>Based on an in-depth review of the Pre-Audit Questionnaire, applicable ADOC policies, first responder training materials, interviews with security and non-security staff, and a review of relevant incident documentation, the Auditor concludes that the facility meets all requirements of the PREA standard addressing first responder duties. Staff at all levels demonstrated both knowledge and competence in their roles as first responders, and available documentation affirms that policy and practice are aligned with federal standards and agency regulations.</p>
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115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>DOCUMENTS:</p> <p>To assess compliance with Standard §115.65, the Auditor reviewed the following documentation</p> <p>Pre-Audit Questionnaire (PAQ) and supporting documentation ADOC Administrative Regulation #454 PREA First Responder Card PREA Pocket Guide for First Responders Coordinated Response Standard Operating Procedure (SOP)</p> <p>INTERVIEWS</p> <p>Facility Head Interview</p> <p>Through the interview process, the Facility Head confirmed that the facility has developed and implemented a Coordinated Response Plan that clearly defines the responsibilities of all staff involved in responding to incidents of sexual abuse. This includes staff first responders, medical and mental health personnel, investigators, and facility leadership.</p> <p>The Facility Head further explained that training on the coordinated response is regularly provided through annual in-service training, monthly staff meetings, and on-the-job training sessions. Staff are equipped with resources such as the PREA First Responder Card and the PREA Pocket Guide to ensure they are familiar with their duties.</p>

PROVISIONS

Provision (a)

The facility reported in the PAQ that it has developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse. This was confirmed through interviews with the Facility Head and review of facility documentation.

The Auditor reviewed a spiral-bound reference booklet titled "Prison Rape Elimination Act PREA – A Trauma-Informed Guide for First Responders," which is issued to all staff. This guide includes comprehensive information in the following sections:

Introduction to PREA

Definitions

PREA Components

Prevention

Detection

Response

Summary and Resources

Each section clearly defines staff responsibilities and expectations, equipping personnel with the knowledge and guidance needed to appropriately respond to PREA-related incidents.

Policies and Procedures Supporting This Provision:

ADOC Administrative Regulation (AR) #454, dated January 4, 2016

Section G, 1 (p.17) – Responsibilities of the First Responder

Section G, 2 (p.18) – Responsibilities of the Shift Commander

Section G, 3 (p.18) – Responsibilities of Medical and Mental Health Staff

Section H, 1 (p.19) – Responsibilities of Employees and Staff when Reporting Allegations

Section H, 2 (p.21) – Inmate Reporting Procedures

Section I, 1 (p.22) – Roles of the IPCM and Investigators in Inmate-on-Inmate and Staff-on-Inmate Abuse

Section I, 2 (p.22) – Responsibilities in Investigating Inmate-on-Inmate Sexual Harassment

These policies collectively outline a clear, institution-wide response plan that ensures coordination among all relevant personnel.

CONCLUSION:

Based upon the review and analysis of all available documentation and interviews, the Auditor has determined that the agency/facility meets all provisions of Standard §115.65 – Coordinated Response. The institution has implemented a detailed and well-communicated response plan, supported by policy, staff training, and practical resources that guide staff in fulfilling their responsibilities effectively.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS</p> <p>To evaluate compliance with Standard §115.66, the Auditor reviewed the following documents:</p> <p>Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the facility.</p> <p>ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment, which outlines the agency’s policies for preventing and responding to allegations of sexual abuse, including the authority to take immediate protective measures when staff are implicated.</p> <p>ADOC Memorandum: Collective Bargaining and PREA Standard 115.66, dated March 19, 2019 – This memorandum, issued by the Personnel Director, affirms that correctional staff employed by the Alabama Department of Corrections (ADOC) are not represented by a labor union and that the agency does not participate in collective bargaining with correctional officers or facility staff.</p> <p>The documentation clearly supports the agency’s ability to take swift and unencumbered action to protect inmates from staff accused of sexual abuse, including immediate separation from inmate contact when warranted.</p> <p>INTERVIEWS</p> <p>Personnel Director / Human Resources (HR):</p> <p>The Personnel Director confirmed during the interview that ADOC correctional officers and other prison staff are not members of a labor union, nor do they have any collective bargaining representation. As a result, there are no contractual limitations or labor agreements that would interfere with the agency’s authority to take immediate protective action when an allegation of sexual abuse is made against a staff member.</p> <p>The Director emphasized that ADOC policy permits immediate separation of any staff member alleged to have committed sexual abuse. This may include temporary reassignment, modification of job duties, or administrative leave while an investigation is conducted. The Personnel Director noted that these decisions are made swiftly to prioritize inmate safety and maintain the integrity of investigations.</p> <p>Agency Head or Designee:</p> <p>The Agency Head echoed the Personnel Director’s statements and confirmed that the ADOC retains full operational control over staff assignments and work conditions. The Agency Head noted that this autonomy allows the department to respond quickly and effectively to protect inmates without delays or restrictions caused by collective</p>

	<p>bargaining processes.</p> <p>PROVISIONS</p> <p>Provision (a):</p> <p>The facility, through the PAQ and accompanying documentation, reported that the State of Alabama does not engage in collective bargaining with correctional staff. This information was reaffirmed during interviews with the Personnel Director and Agency Head.</p> <p>The ADOC Memorandum dated March 19, 2019, serves as a formal declaration of this policy. It states unequivocally that ADOC correctional employees are not unionized and that the department is not bound by any collective bargaining agreements that could inhibit management's ability to make immediate staffing decisions in response to allegations of sexual abuse.</p> <p>In accordance with AR #454, facility leadership retains the authority to immediately remove a staff member from inmate contact pending the outcome of an investigation. Appropriate actions may include:</p> <p>Temporary reassignment to non-inmate contact duties Administrative leave Restriction of facility access</p> <p>During the audit review period, the facility reported no PREA-related incidents that required the removal of a staff member due to a sexual abuse allegation.</p> <p>Provision (b):</p> <p>This provision is not applicable. The Auditor is not required to assess compliance with this subsection of the standard.</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of documentation, agency policies, and staff interviews, the Auditor concludes that the agency and facility are in full compliance with PREA Standard §115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers.</p> <p>The Alabama Department of Corrections retains full and unrestricted authority to take immediate, protective action to safeguard inmates from contact with staff alleged to have committed sexual abuse. The absence of collective bargaining agreements ensures there are no procedural or contractual barriers that would delay or obstruct the agency's ability to act decisively in these circumstances.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTS

The following documentation was reviewed to assess compliance with this standard:

Pre-Audit Questionnaire (PAQ)

ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment, which outlines the agency’s commitment to preventing and responding to all forms of sexual abuse and harassment, including specific provisions addressing retaliation.

ADOC Form 454-D – Sexual Abuse/Harassment Retaliation Monitoring – This form is used to monitor for signs of retaliation against inmates or staff who report or cooperate with investigations into allegations of sexual abuse or harassment.

AR #454, Section K explicitly prohibits retaliation against any individual—whether inmate or staff—who makes a report or participates in a sexual abuse or harassment investigation. It assigns the responsibility for retaliation monitoring to the Institutional PREA Compliance Manager (IPCM) and the Warden, ensuring high-level oversight.

The policy requires that retaliation monitoring begin immediately upon receipt of an allegation and continue for a minimum of 90 days, with monitoring extended in 30-day increments if any concern of retaliation remains.

ADOC Form 454-D is the agency’s formal tool for documenting retaliation monitoring efforts. The form includes:

Weekly check-ins for up to 13 weeks

Observations and status updates

Actions taken, if any

Final determinations

IPCM signature to confirm active oversight

A review of Form 454-D submissions for the past 12 months revealed that out of 54 reported allegations of sexual abuse, zero instances of retaliation were identified or documented. The documentation provided demonstrates consistent monitoring and compliance with policy requirements.

INTERVIEWS

Agency Head or Designee (Personnel Director)

The Personnel Director affirmed that retaliation monitoring begins as soon as an allegation is made and continues for at least 90 days, unless the case is determined to be unfounded. Additionally, any inmate or staff member who expresses fear of retaliation, even if not directly involved in an allegation, is also included in the monitoring process. The Personnel Director emphasized the agency’s proactive stance in protecting all individuals from retaliation and ensuring a safe environment for reporting.

Facility Head or Designee

The Facility Head confirmed the facility’s full compliance with agency policy. A variety of protective measures are available and actively implemented to safeguard

individuals, including:

Reassignment of housing or job duties

Separation of the victim from the alleged abuser

Access to emotional support and counseling services

Monitoring of staff performance metrics (e.g., unusual reassignments or disciplinary actions) to identify potential retaliatory behavior

The Facility Head reinforced the message that retaliation is not tolerated and is closely monitored by both facility leadership and the IPCM.

Designated Retaliation Monitor (IPCM)

The IPCM, who serves as the facility's designated retaliation monitor, described a structured and consistent monitoring process. The monitor conducts weekly check-ins with the individuals under monitoring for a minimum of 90 days. The use of Form 454-D ensures proper documentation and accountability. The IPCM stated that all reports of potential retaliation are taken seriously, and that both inmates and staff are educated about their rights and protections under PREA. The IPCM confirmed that no instances of retaliation have occurred in the past year.

Inmates who reported sexual abuse

At the time of the on-site audit, no inmates were assigned to the facility who had reported sexual abuse within the past 12 months. As a result, no interviews were conducted with inmates in this category for this standard.

OBSERVATIONS

During the facility tour and based on inmate population reviews, there were:

No inmates housed in segregation due to reporting sexual abuse or expressing fear of retaliation.

No unusual housing, job, or program assignments observed that could be attributed to retaliatory action.

These observations aligned with staff statements and reviewed documentation, further supporting compliance with agency policy.

PROVISIONS

Provision (a):

The agency has a clear and formal policy prohibiting retaliation against any inmate or staff member who reports sexual abuse or cooperates in a related investigation. Monitoring begins at the time of the allegation and continues for at least 90 days, extendable based on assessed risk. The IPCM serves as the designated retaliation monitor.

Provision (b):

Protective strategies are consistently applied to reduce the risk of retaliation. These include changes in housing, work assignments, or schedules; increased supervision;

	<p>separation from alleged abusers; and the provision of counseling or support services. These strategies are verified through interviews and written policy.</p> <p>Provision (c): Retaliation monitoring involves tracking potential indicators such as negative housing or job reassignments, changes in discipline, or other adverse actions. Monitoring is formally extended if any concern persists beyond the initial 90-day period.</p> <p>Provision (d): Monitoring is documented using ADOC Form 454-D, which includes weekly entries for up to 13 weeks. These entries capture detailed observations, any actions taken, and final determinations, including signatures from the IPCM to confirm oversight.</p> <p>Provision (e): Protection and monitoring are extended to any individual—whether staff or inmate—who expresses fear of retaliation, regardless of their official role in an allegation. This was verified through both interviews and agency documentation.</p> <p>Provision (f): This provision is not auditable and therefore was not assessed.</p> <p>CONCLUSION</p> <p>Following a comprehensive review of applicable agency policies, supporting documentation, staff interviews, and facility observations, the Auditor concludes that the facility meets all requirements of PREA Standard §115.67 – Agency Protection Against Retaliation. The agency demonstrates a well-structured, proactive, and effective system for monitoring and protecting individuals from retaliation. Documentation confirms adherence to timelines, procedures, and oversight responsibilities, ensuring the integrity of the facility’s response to reports of sexual abuse or harassment.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS</p> <p>The following documentation was reviewed to assess compliance with this standard:</p> <p>Pre-Audit Questionnaire (PAQ) and Supporting Documentation: The facility reported full adherence to agency policies prohibiting the involuntary placement of sexual abuse victims in restrictive housing unless no reasonable alternative exists. The PAQ</p>

responses were consistent with agency regulations and staff interviews.
ADOC Administrative Regulation #454 (Inmate Sexual Abuse and Harassment, effective January 4, 2016): This regulation outlines agency expectations for protective custody decisions following allegations of sexual abuse, emphasizing the priority of less restrictive alternatives.

ADOC Form 454-H – PREA Post-Allegation Protective Custody: This form is required whenever an inmate is placed in restrictive housing for protective reasons related to a PREA allegation. It ensures appropriate documentation of the decision-making process, including the assessment of alternative placements and justification for segregation.

OBSERVATIONS

During the on-site facility tour, the Auditor observed no inmates assigned to restrictive housing as a result of a sexual abuse allegation or risk of victimization. Housing unit logs, rosters, and staff accounts confirmed that all inmates were housed according to standard classification protocols. There were no indications that protective custody or involuntary segregation was being used to isolate victims of sexual abuse or inmates perceived to be at risk. This supports the facility's compliance with PREA regulations prohibiting such placements unless absolutely necessary and appropriately justified.

INTERVIEWS

Facility Head or Designee

The Facility Head affirmed the facility's strict adherence to PREA policy and agency regulations regarding post-allegation housing. It was clearly stated that involuntary segregated housing is used only as a last resort when no suitable alternative housing options are available. Before any such placement, staff must conduct a thorough assessment to determine whether the inmate can be safely housed in a less restrictive environment.

The Facility Head also emphasized that if placement in restrictive housing is unavoidable, the following safeguards are in place:

Justification is clearly documented using Form 454-H.

The placement is subject to 30-day reviews to assess ongoing necessity.

Inmates retain access to education, programming, mental health services, and work assignments to the extent feasible and safe.

Transfer to another facility is considered when appropriate to better ensure the inmate's safety in a less restrictive environment.

Staff Assigned to Restrictive Housing Units

Custody staff responsible for supervising restrictive housing units demonstrated clear knowledge of policy and practice concerning PREA-related placements. Staff verified that:

Segregation is not automatically used following a report of sexual abuse.

Each case is individually assessed to determine viable alternatives.

If used, restrictive housing is documented using Form 454-H and reviewed within the required 30-day timeframe.

Programming and privileges are preserved when feasible to mitigate the impact of restrictive housing.

Inmates in Segregated Housing for PREA-Related Reasons

At the time of the audit, there were no inmates housed in segregation for protective purposes related to a sexual abuse allegation or risk of victimization. This was verified through documentation review and direct confirmation from facility leadership and custody staff.

PROVISIONS

Provision (a):

The PAQ and accompanying documentation confirm that the facility complies with PREA Standard §115.68, which strictly limits the use of involuntary segregated housing for victims of sexual abuse. The agency's policy, as outlined in ADOC AR #454, Section J, prohibits the use of such housing unless all other housing options have been assessed and ruled out. In those rare instances where restrictive housing is deemed necessary:

Form 454-H is completed to document the assessment, justification, and alternative options considered.

The placement is temporary and subject to regular review.

Inmates retain access to programs, privileges, and services, except when doing so would compromise safety or security.

Data for the Past 12 Months:

0 inmates were held in involuntary segregated housing for 1-24 hours pending assessment following a sexual abuse allegation.

0 inmates were held in such housing for longer than 30 days.

Applicable policy references:

ADOC AR #454, Section J(1): Prohibits placing victims of sexual abuse in involuntary segregation unless no alternatives exist.

ADOC AR #454, Section J(2): Mandates that such placements be temporary and justified, with preserved access to essential programs and services.

CONCLUSION

Based on the comprehensive review of the Pre-Audit Questionnaire, ADOC policies and forms, facility observations, and staff interviews, the Auditor concludes that the facility meets all provisions of PREA Standard §115.68 – Post-Allegation Protective Custody. There were no instances of involuntary segregated housing being used for victims of sexual abuse or inmates at risk of victimization in the past year, and all policies, procedures, and staff practices reflect a strong commitment to trauma-informed, rights-respecting care.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <p>The following documentation was reviewed to assess compliance with this standard:</p> <p>Pre-Audit Questionnaire (PAQ) ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment ADOC Administrative Regulation #300 – Institutional Management ADOC Standard Operating Procedure Investigations & Intelligence #454 – PREA Sexual Assault Investigations Alabama Department of Corrections Form #454-C – Investigative Summary Report Investigative Outcomes and Dispositions Investigative Review Team Meeting Minutes Notification to Inmate Forms</p> <p>INTERVIEWS</p> <p>Investigative Staff</p> <p>Interviews with investigative staff confirmed the following:</p> <p>Initiation of Investigations: Investigations begin immediately upon notification of an allegation, regardless of how it is reported (e.g., in-person, telephone, third-party, anonymous).</p> <p>Training: All investigative staff have completed specialized training in sexual abuse investigations. The Auditor verified this through review of training records and certificates.</p> <p>Process: A standardized process is followed—victims are interviewed first, then witnesses, followed by the alleged perpetrator.</p> <p>Evidence Collection: In cases of sexual abuse, evidence is collected by trained investigators or the SAFE/SANE team. Evidence is properly preserved, and investigators have NIC-certified training in evidence collection.</p> <p>Prosecutorial Consultation: Compelled interviews are only conducted following consultation with the prosecutorial authority, particularly in cases that may result in criminal prosecution.</p> <p>Credibility Assessments: The credibility of all parties—victims, witnesses, and alleged abusers—is assessed individually. Polygraphs are not utilized.</p> <p>Scope of Investigations: All investigations assess whether staff actions or inactions contributed to the incident. Findings are fully documented in comprehensive investigative reports.</p> <p>Continuation Post-Departure: Investigations continue regardless of whether the alleged victim or abuser leaves the agency’s custody or employment.</p>

PREA Director

Confirmed that investigative records are retained for the duration of the individual's incarceration or employment, plus five years.

Noted that inmate-related data is also maintained indefinitely in the SCRIBE system. Institutional PREA Compliance Manager (IPCM)

Verified that investigations are not terminated due to the departure of involved individuals.

Facility Head or Designee

Reported zero substantiated allegations referred for prosecution in the past twelve months.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no inmates assigned to the facility who reported sexual abuse. Therefore, no inmates in this category were interviewed for this standard.

PROVISIONS

Provision (a)

The facility indicated in the PAQ that the agency maintains a policy requiring prompt, thorough investigations of all allegations, which was confirmed by staff interviews. Investigative procedures follow ADOC AR #454 and SOP I&I #454. However, the Auditor identified delays in initiating certain investigations—ranging from 30 to 60 days after allegations—indicating noncompliance with PREA timeliness expectations.

PAQ Data Summary:

1 total allegation in past 12 months

0 sexual abuse cases: 0 unfounded, 0 unsubstantiated, 0 open

1 sexual harassment case: 1 unfounded, 0 unsubstantiated, 0 open

All victims received appropriate medical/mental health services, retaliation monitoring, and written notifications

Provision (b)

The facility reported and demonstrated that all investigators have completed PREA-specific training in sexual abuse investigations, as required under SOP I&I #454 and PREA Standard §115.34. Auditor verified training via personnel records.

Provision (c)

Investigators gather and preserve both direct and circumstantial evidence, including physical evidence, DNA, and electronic monitoring data. They interview victims, alleged perpetrators, and witnesses, and review any prior complaints involving the accused. These practices were consistently described in staff interviews.

Provision (d)

Compelled interviews are conducted only after consultation with the prosecutorial authority to ensure they do not compromise potential prosecutions. This was confirmed during investigative staff interviews.

Provision (e)

Credibility of all individuals is assessed on a case-by-case basis, without regard to their role as staff or inmates. No polygraph or truth-telling devices are used. These practices were verified during interviews and confirmed through documentation.

Provision (f)

Administrative investigations assess whether staff actions or inactions contributed to the incident. Findings are detailed in written reports, which include physical and testimonial evidence, credibility assessments, and conclusions.

Provision (g)

Criminal investigations are thoroughly documented in written reports, including detailed summaries of physical, testimonial, and documentary evidence. Documentary evidence is attached to reports when feasible.

Provision (h)

All investigative records are retained for the duration of the accused individual's incarceration or employment, plus five years. This retention policy was verified through policy review and confirmed by the PREA Director.

Provision (i)

Although the agency does not assign investigations to outside entities, it affirms that it would fully cooperate with any external investigative body and seek updates as appropriate. Currently, all PREA-related investigations are handled internally.

Provision (j)

Investigations continue regardless of whether the alleged abuser or victim has left the agency's custody or employment. This was confirmed by both the IPCM and PREA Director, and supported by SOP I&I #454.

Provision (k)

(Not Applicable) – Auditor is not required to audit this provision.

Provision (l)

While outside agency involvement in PREA investigations is rare, the facility reports a commitment to fully cooperate and remain informed if such cases arise. All current investigations are conducted internally by the ADOC's Law Enforcement Services Division (LESF).

	<p>CONCLUSION</p> <p>Based on the comprehensive review and analysis of all available documentation, interviews, and observed practices, the Auditor has determined that the agency/facility meets all provisions of PREA Standard §115.71 – Criminal and Administrative Investigations.</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>DOCUMENTS:</p> <p>Pre-Audit Questionnaire (PAQ) and supporting documentation ADOc Administrative Regulation #454 – Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016 ADOc Administrative Regulation #300 – Investigations and Intelligence Division, dated April 18, 2016</p> <p>INTERVIEWS:</p> <p>Investigative Staff</p> <p>During the interview process, investigative staff confirmed that in the course of an investigation, all available evidence is collected—including physical evidence, evidence from the victim and alleged perpetrator, and evidence from the scene. Interviews with all relevant parties are conducted. All compiled evidence and investigative findings are submitted to facility administration and the District Attorney’s Office for review and potential prosecutorial consideration.</p> <p>Investigative staff also reported that the standard used to determine whether allegations of sexual abuse or sexual harassment are substantiated is a preponderance of the evidence, or a lower standard of proof when applicable.</p> <p>PROVISIONS</p> <p>Provision (a):</p> <p>ADOc Administrative Regulation #454, p. 22, Section I, explicitly states that the standard of proof in all investigations of sexual abuse and sexual harassment is a preponderance of the evidence. This aligns with the PREA standard, which requires that administrative investigations be judged based on whether the available evidence makes it more likely than not that the incident occurred.</p> <p>In addition, Administrative Regulation #300, p. 5, outlines the required distribution of investigative reports conducted by the Law Enforcement Services Division (LESd, formerly I & I). Reports are distributed to the following entities:</p>

	<p>The Commissioner or designee</p> <p>The Inspector General</p> <p>Deputy/Associate Commissioners, Institutional Coordinators, Institutional Wardens, as appropriate</p> <p>The District Attorney of the county with jurisdiction if criminal conduct is identified</p> <p>The ADOC official who requested the investigation</p> <p>If central office personnel are involved, distribution is limited to the Commissioner of Corrections</p> <p>CONCLUSION:</p> <p>Based on the review of documentation and interviews with investigative staff, the Auditor finds that the agency/facility meets the requirements of PREA Standard §115.72. The agency applies the appropriate evidentiary standard—a preponderance of the evidence—to all administrative investigations of alleged sexual abuse and sexual harassment.</p>
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115.73	Reporting to inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTS</p> <p>The following materials were reviewed to assess compliance with the standard:</p> <p>Completed Pre-Audit Questionnaire (PAQ) and all supporting documentation</p> <p>Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment, dated January 4, 2016</p> <p>Investigative Outcome and Disposition Reports</p> <p>Signed Notification to Inmate forms</p> <p>Investigative Review Team Meeting documentation</p> <p>INTERVIEWS</p> <p>Investigative Staff:</p> <p>Interviews conducted with investigative personnel confirmed that the final step of the investigative process includes the issuance of a written notification to both the alleged victim and the accused. This occurs once the Law Enforcement Services Division (LESD) has concluded the investigation and determined the findings. The notifications clearly communicate whether the allegation was substantiated, unsubstantiated, or unfounded.</p> <p>PROVISIONS</p> <p>Provision (a):</p> <p>According to the PAQ and supporting documents, within the 12-month reporting</p>

period:

No allegations of sexual abuse were reported.

One allegation of sexual harassment was reported. The allegation involved inmate-on-inmate conduct and was investigated through administrative channels. The investigation determined the allegation was unfounded.

Written notifications regarding the outcome were issued to all inmates involved, consistent with policy requirements.

ADOC AR #454, p. 22, Section H.2.f, mandates that upon the conclusion of an LESD investigation, the involved inmate(s) must be informed whether the allegation was substantiated, unsubstantiated, or unfounded.

Provision (b):

This provision is marked as Not Applicable.

Provision (c):

ADOC AR #454, p. 7, Section C.6, outlines specific obligations in cases where an inmate alleges sexual abuse by a staff member. The regulation requires the agency to notify the inmate if any of the following outcomes occur:

The staff member is no longer employed by ADOC;

The staff member is no longer assigned to the inmate's facility; or

The staff member is indicted or convicted on charges related to the sexual abuse allegation.

Each of these notifications must be documented to ensure compliance and transparency.

Provision (d):

As documented in Provision (a), there were no inmate-on-inmate sexual abuse cases that led to indictments in the past 12 months.

Provision (e):

The PAQ verifies that there were no allegations of sexual abuse or sexual assault reported during the previous 12 months.

Provision (f):

This provision is not subject to audit.

CONCLUSION

Based on the comprehensive review of policies, investigative documentation, inmate notifications, and interviews with investigative staff, the Auditor finds that the agency/facility is in full compliance with the requirements of PREA Standard §115.73 - Reporting to Inmates. The facility has established a clear and consistent process for informing inmates of investigation outcomes, and ensures that all required notifications are completed and properly documented.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS</p> <p>The following documentation was reviewed to assess compliance with PREA Standard §115.76:</p> <p>Completed Pre-Audit Questionnaire (PAQ) ADOC Administrative Regulation (AR) #454 – Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016 ADOC Administrative Regulation (AR) #208 – Personnel, Employee Standards of Conduct and Discipline, dated August 17, 2005 ADOC Memorandum regarding compliance with PREA Standard §115.76 – Disciplinary Sanctions for Staff</p> <p>INTERVIEWS</p> <p>Facility Head or Designee: An interview with the Facility Head’s designee confirmed that the Alabama Department of Corrections (ADOC) holds all employees accountable under a zero-tolerance policy for sexual abuse, sexual harassment, and sexual misconduct. The designee affirmed the following:</p> <p>No staff members have been found in violation of sexual abuse, harassment, or misconduct policies in the past 12 months. No staff members have been terminated or resigned in lieu of termination for such violations during the same period. Termination is the presumptive disciplinary action for any staff member who is determined to have engaged in sexual abuse.</p> <p>PROVISIONS</p> <p>Provision (a):</p> <p>In accordance with the PAQ and agency policy, ADOC staff are subject to a range of disciplinary sanctions, including termination, for engaging in conduct that violates the agency’s sexual abuse and harassment policies.</p> <p>Key policy references:</p> <p>AR #454, p. 13, Section V.4.a: States that any staff member who has: Engaged in sexual abuse in any correctional or confinement setting,</p>

Been criminally convicted for forced or coerced sexual activity in the community, Been civilly or administratively adjudicated for such acts, may face disciplinary sanctions by the agency.

AR #454, Section V.4.d: Reaffirms that employees are subject to disciplinary actions up to and including termination for violations of agency policy related to sexual abuse and harassment.

These provisions demonstrate the agency's firm stance on eliminating staff sexual misconduct and ensuring appropriate disciplinary follow-through.

Provision (b):

Based on the PAQ and information provided during interviews:

There have been no violations of the agency's sexual abuse or harassment policies by staff in the past 12 months.

No staff were terminated or resigned in lieu of termination for violations of these policies during the same period.

Despite no recent incidents, the agency maintains termination as the presumptive sanction when a staff member is found to have engaged in sexual abuse.

The primary supporting policy is AR #208, which:

Outlines expectations for employee conduct and the consequences of policy violations.

Provides a disciplinary matrix ranging from verbal counseling to dismissal.

Includes procedures for documenting disciplinary actions, including Pre-Dismissal Conferences and Resignation in Lieu of Termination documentation.

Provision (c):

Although there were no disciplinary actions short of termination within the last 12 months, the PAQ and interview responses confirm that, if applicable, the facility would ensure:

Disciplinary sanctions are proportionate to the severity and circumstances of the offense.

Consideration is given to the staff member's prior disciplinary history.

Sanctions are consistently applied across the agency for similar infractions.

These guidelines are detailed in AR #208, which mandates fairness and equity in the disciplinary process.

Provision (d):

	<p>According to the PAQ and verified during the interview:</p> <p>All staff terminations or resignations in lieu of termination for violations involving sexual abuse or harassment are reported to law enforcement, unless the behavior is clearly not criminal in nature.</p> <p>Where applicable, such cases are also referred to relevant licensing bodies.</p> <p>In the past 12 months, no reports to law enforcement or licensing entities were required, as there were no qualifying terminations or resignations.</p> <p>AR #208 provides guidance on this reporting obligation, in alignment with Alabama state law and departmental protocol.</p> <p>CONCLUSION</p> <p>Following a detailed review of agency policies, the Pre-Audit Questionnaire, relevant documentation, and interviews with key facility personnel, the Auditor concludes that the agency/facility is in full compliance with PREA Standard §115.76 – Disciplinary Sanctions for Staff. The agency has clear, consistently applied policies that support accountability and transparency in addressing staff misconduct related to sexual abuse and harassment.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTS:</p> <p>The following documentation was reviewed to assess the facility’s compliance with this standard:</p> <p>Pre-Audit Questionnaire (PAQ) and associated supporting documents ADOC Administrative Regulation (AR) #454 – Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016 ADOC Administrative Regulation (AR) #216 – Personnel, dated December 7, 2015</p> <p>INTERVIEWS</p> <p>Facility Head or Designee:</p> <p>During the on-site interview, the Facility Head confirmed that no incidents involving contractors or volunteers engaging in sexual abuse or sexual harassment occurred in the preceding 12-month period. As a result:</p> <p>No corrective actions (e.g., removal, restriction of duties, or prohibition from inmate</p>

contact) were required.
No individuals were referred to law enforcement or licensing authorities during this period.
The Facility Head also affirmed that the facility and the agency as a whole have clear policies in place to ensure that any contractor or volunteer who engages in sexual misconduct is immediately removed from contact with inmates and referred for legal or professional accountability, where applicable.

PROVISIONS

Provision (a):

According to the Pre-Audit Questionnaire and the interview with the Facility Head, the agency’s policy requires that any contractor or volunteer found to have engaged in sexual abuse must:

- Be prohibited from any further contact with inmates,
 - Be reported to law enforcement, unless the activity is determined to be clearly non-criminal, and
 - Be reported to any relevant licensing or credentialing body.
- This policy is explicitly outlined in:

ADOC AR #454, page 13, Section V.4.b.4, which mandates disclosure and corrective action procedures for misconduct involving sexual abuse. It also directs the ADOC Personnel Division or designee to notify prospective contractors that any false statements or omissions about previous sexual misconduct—including:
Engagement in sexual abuse in a correctional or similar institutional setting,
Convictions or administrative findings for coerced or non-consensual sexual activity—are grounds for denial of access or termination of services.
Furthermore, contractors are made aware of their ongoing obligation to disclose any such incidents that occur during their tenure.

During the past 12 months, there were no reported cases involving contractors or volunteers who engaged in sexual abuse or were referred to law enforcement or licensing agencies.

Provision (b):

The PAQ and interview further indicate that, in cases where a contractor or volunteer violates agency sexual abuse or sexual harassment policies—even if the conduct does not meet the legal definition of criminal sexual abuse—the facility is prepared to:

- Take appropriate remedial actions, and
- Evaluate whether continued access to inmates is appropriate, including potential suspension or permanent removal from duties within the facility.

	<p>This practice ensures that non-criminal but inappropriate or policy-violating behavior is still met with firm corrective measures that prioritize the safety and dignity of incarcerated individuals.</p> <p>This provision is supported by:</p> <p>ADOC AR #216 – Personnel, which contains pre-employment and ongoing screening procedures (Pages 6–11). These include forms and declarations that screen for past misconduct and support decision-making regarding access approval or revocation for contractors and volunteers. These measures are in alignment with PREA’s intent to prevent individuals with problematic histories from working in environments where they may pose a risk.</p> <p>Over the last 12 months, no such violations or remedial actions have been reported.</p> <p>CONCLUSION</p> <p>Based on a thorough review of facility documentation, agency regulations, and staff interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.77 – Corrective Action for Contractors and Volunteers. The facility has policies in place to ensure that any contractor or volunteer who engages in sexual abuse or violates agency sexual misconduct policies is held accountable, removed from inmate contact, and referred to appropriate external authorities when necessary. Moreover, no incidents requiring corrective action occurred during the review period.</p>
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115.78	Disciplinary sanctions for inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTS</p> <p>The following documents were reviewed to evaluate the facility’s compliance with PREA Standard §115.78:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment, dated January 4, 2016</p> <p>ADOC Administrative Regulation (AR) #403 – Disciplinary Procedures for Inmates</p> <p>INTERVIEWS</p> <p>Facility Head or Designee:</p>

The Facility Head confirmed that the Alabama Department of Corrections (ADOC) strictly prohibits all sexual activity between inmates. During the past 12 months:

No administrative findings of inmate-on-inmate sexual abuse were recorded.

No criminal convictions for such conduct occurred.

Inmates are only subject to disciplinary action for sexual contact with staff if there is a determination that the staff member did not consent to the contact.

The facility does not impose disciplinary action on inmates who report sexual abuse in good faith, even when the report does not lead to a substantiated finding.

Medical Staff:

Medical personnel reported that the facility offers counseling, therapy, and rehabilitative programs designed to address the underlying causes or motivations for abusive behavior. These services may be mandatory for inmates who wish to participate in certain privileges or programs.

PROVISIONS

Provision (a):

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

There is a formal disciplinary process resulting in an administrative finding of guilt, or
A criminal conviction has been obtained.

During the most recent 12-month reporting period:

0 allegations of sexual abuse were received.

1 allegations of sexual harassment was reported and investigated administratively.

Applicable Policy:

AR #454, Section H, states that inmates may be subject to disciplinary sanctions only after either a substantiated administrative finding or a criminal conviction of sexual abuse.

Provision (b):

According to the PAQ and confirmed by the Facility Head, any disciplinary sanction imposed on an inmate found responsible for sexual abuse is:

Proportionate to the nature and circumstances of the misconduct,

Reflective of the inmate's disciplinary history, and

Consistent with sanctions imposed on other inmates for comparable violations.

Applicable Policy:

AR #454, p. 22, Section H.2.e, requires that disciplinary actions be individualized and consistent across similar cases.

Provision (c):

The PAQ states—and the Facility Head affirmed—that the facility's disciplinary process considers whether an inmate's mental illness or developmental disability contributed to the sexual abuse behavior. This ensures that sanctions are administered fairly and appropriately.

Applicable Policy:

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

Provision (d):

The PAQ, along with interviews with medical and mental health staff, confirm that inmates who are found responsible for sexually abusive behavior are offered:

Therapeutic interventions, including counseling and behavioral therapy.

Participation in such programs may be required for access to certain facility programs or privileges.

These interventions are designed to address root causes of abusive conduct and reduce the likelihood of recidivism.

Provision (e):

The facility confirmed that inmates are only disciplined for sexual contact with staff when it has been determined that the staff member did not consent to the contact.

Applicable Policy:

AR #454, p. 22, Section H.2.e, requires the assessment of consent and case-specific circumstances before pursuing disciplinary action.

Provision (f):

The agency's policy prohibits disciplinary action against inmates who report sexual abuse in good faith and who reasonably believe that the abuse occurred—even if the report is later unsubstantiated.

This approach is essential to maintaining a reporting culture and ensuring inmate safety.

Applicable Policy:

AR #454, p. 22, Section H.2.c, clearly protects inmates from sanctions based solely on unproven or withdrawn allegations made in good faith.

Provision (g):

The facility prohibits all forms of inmate-on-inmate sexual activity, including

	<p>consensual behavior. However, only those incidents involving coercion, threats, force, or manipulation are categorized and pursued as sexual abuse under PREA.</p> <p>Applicable Policy:</p> <p>ADOC Rules Violation Code #912 designates non-coercive sexual activity between inmates as a rules violation, while clearly defining coercive acts as PREA-related sexual abuse.</p> <p>CONCLUSION</p> <p>Based on an in-depth review of the Pre-Audit Questionnaire, applicable administrative regulations, internal disciplinary policies, and interviews with facility leadership and medical staff, the auditor concludes that the facility is in full compliance with PREA Standard §115.78 – Disciplinary Sanctions for Inmates.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTS</p> <p>To assess compliance with PREA Standard §115.81, the following documentation was reviewed:</p> <p>Pre-Audit Questionnaire (PAQ) and supporting documentation ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment, dated January 4, 2016 ADOC Form 454-C – PREA Risk Factors Checklist Risk Assessment Checklist Mental Health Referral Documentation Medical Referral Documentation Inmate Classification Spreadsheet</p> <p>These documents outline the procedures used to identify inmates with a history of sexual victimization or sexually abusive behavior and the appropriate follow-up measures taken.</p> <p>INTERVIEWS</p> <p>Risk Screening Staff: Staff responsible for conducting PREA screenings at intake confirmed that all medical and mental health records are maintained in a secure, confidential electronic health system that is accessible only to qualified healthcare personnel. Any information</p>

derived from these records that impacts inmate classification or safety is shared strictly on a need-to-know basis with classification staff and designated high-level administrators.

Medical Staff:

Medical personnel verified that informed consent is obtained prior to disclosing any information regarding an inmate’s history of sexual victimization, unless the inmate is a minor under the age of 18, in which case mandatory reporting laws apply. They also confirmed that inmates who disclose prior sexual victimization are offered a follow-up appointment with a qualified mental health practitioner within 14 days of intake. For inmates identified as having a substantial risk of victimization or sexually aggressive tendencies, prompt referrals are made to medical or mental health providers for further evaluation and intervention.

Inmates Who Disclosed Prior Victimization:

At the time of the on-site audit, there were no inmates housed at the facility who had disclosed a history of sexual victimization during the intake screening. As a result, no inmate interviews were conducted under this category.

PROVISIONS

Provision (a):

The PAQ states, and staff interviews confirmed, that inmates who disclose a history of prior sexual victimization during the screening process are provided with timely access to emergency medical care, crisis intervention services, and a follow-up appointment with a mental health professional within 14 days of intake.

Applicable Policy:

AR #454, p. 15, Section F, mandates that inmates identified during screening as being at heightened risk—whether due to a history of victimization or aggressive behavior—must be offered a mental health follow-up within 14 days to review their risk screening outcomes.

Provision (b):

The PAQ affirms that all inmates are reassessed for risk of sexual victimization or abusiveness within 30 days of arrival at the facility. The reassessment also considers any new information received after intake or incidents that could impact the inmate's risk status.

A review of 40 randomly selected inmate records demonstrated consistent compliance with this requirement, with each inmate undergoing risk reassessment within the 30-day timeframe. Notably, transgender inmates are reassessed semiannually to account for any changes in risk status.

Applicable Policy:

AR #454, p. 16, Section F.6, outlines the requirement for reassessment within 30 days of intake, and upon events such as a referral, incident, or newly received information.

Provision (c):

The facility has procedures in place to ensure that any inmate who has previously perpetrated sexual abuse is offered a mental health evaluation within 14 days of intake.

Applicable Policy:

AR #454, p. 15, Section F, supports this requirement and ensures that mental health professionals assess individuals with histories of abusive behavior to determine necessary interventions or treatment plans.

Staff interviews and documentation confirmed the consistent implementation of this policy.

Provision (d):

The intake screening results and PREA Mental Health Assessment are used to guide individualized housing, program, and work assignments to enhance inmate safety. These decisions aim to:

Prevent contact between inmates at high risk for sexual victimization and those assessed as being at high risk for sexually abusive behavior.

Support initial institutional placement and classification decisions in accordance with the ADOC Classification Manual (AR #433 and AR #435).

Applicable Policy:

AR #454, p. 16, Section F.9, mandates the integration of screening results into individualized safety and housing determinations.

Provision (e):

According to the PAQ and confirmed through interviews with the Institutional PREA Compliance Manager and medical staff, the agency requires informed consent prior to sharing any details about an inmate's history of sexual victimization—except when disclosure is required due to the inmate's minor status.

This policy ensures that sensitive information is shared only when absolutely necessary and in compliance with confidentiality standards.

CONCLUSION

Based on the comprehensive review of facility policies, inmate records, PREA screening documentation, and staff interviews, the auditor finds that the facility is in full compliance with PREA Standard §115.81 – Medical and Mental Health Screenings;

	History of Sexual Abuse.
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS</p> <p>To determine compliance with this standard, the Auditor reviewed the following documents:</p> <p>Pre-Audit Questionnaire (PAQ) and supporting documentation provided by the facility ADOX Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment, dated January 4, 2016 ADOX Form MH-008 – Referral to Mental Health Memorandum of Understanding (MOU) with the Alabama Coalition Against Rape (ACAR)</p> <p>INTERVIEWS</p> <p>Medical Staff:</p> <p>Medical staff reported that when an inmate is brought to medical following an allegation of sexual assault, they are immediately given a cursory examination by a facility physician. This preliminary assessment determines whether the inmate should be:</p> <p>Referred for a Sexual Assault Response Team (SART) evaluation, or Immediately transported to an outside hospital, depending on the nature and severity of their injuries.</p> <p>If the SART protocol is activated, the attending nurse provides treatment recommendations before the transfer, and the facility physician completes the corresponding medical orders. Inmates are informed of and offered services such as emergency contraception, STI prophylaxis, and other medically appropriate interventions, in accordance with professional healthcare standards.</p> <p>Medical staff emphasized that all treatment is rendered immediately, based solely on clinical judgment, and coordinated among available healthcare professionals to ensure that comprehensive and compassionate care is provided.</p> <p>Inmates Who Reported Sexual Abuse:</p> <p>At the time of the on-site audit, no inmates housed at the facility had reported sexual abuse within the preceding 12 months. Therefore, no inmate interviews were conducted under this standard.</p> <p>First Responders (Security and Non-Security):</p>

Security first responders stated that their responsibilities include protecting the victim, securing the scene, notifying medical and mental health personnel, and preserving any potential evidence.

Non-security first responders (e.g., teachers, chaplains, case managers) reported that their primary role is to ensure the inmate's immediate safety, contact security staff, and remain with the victim until relieved by trained security or clinical staff.

PROVISIONS

Provision (a):

The facility indicated in the PAQ—and medical staff interviews confirmed—that all inmates reporting sexual abuse are provided timely, unimpeded access to emergency medical treatment and crisis intervention services.

A review of relevant records for inmates who had previously alleged sexual abuse confirmed that each was offered a medical and mental health referral in accordance with policy.

Medical and mental health personnel determine the scope and nature of services based on their clinical judgment, and services are documented in the inmate's medical file.

If qualified health staff are unavailable at the time of the report, first responders initiate protective actions and ensure immediate notification of medical and mental health services.

Applicable Policy:

AR #454, p. 18, Section F.3.a, requires immediate referral to medical care for any inmate reporting sexual abuse, and ensures that crisis intervention services are initiated without delay. Victims must also be referred to mental health professionals for further treatment using ADOC Form MH-008.

Additionally, the facility has an MOU with the Alabama Coalition Against Rape (ACAR) to provide confidential emotional support and counseling services to victims of sexual abuse while in ADOC custody.

Forensic medical exams are conducted by Sexual Assault Nurse Examiners (SANE) at One Place Family Justice Center in Montgomery, Alabama. In rare instances when a SANE is not immediately available on-site, one is on-call 24/7 to provide forensic examinations (rape kits), documentation, and medical evidence collection.

The Institutional PREA Compliance Manager confirmed that no inmates were transported for SANE examinations during the 12-month period prior to the audit.

Provision (b):

The facility reported that when qualified medical or mental health practitioners are not on duty at the time of an allegation of recent sexual abuse, security first responders are trained to initiate protective protocols and immediately notify healthcare professionals.

	<p>Applicable Policy:</p> <p>AR #454, p. 19, Section G.3.b, outlines the responsibilities of first responders in such scenarios, emphasizing immediate action and communication with appropriate personnel to ensure victim safety and access to care.</p> <p>These procedures were validated during interviews with first responders, who described the steps they take to protect victims and preserve evidence until qualified staff arrive.</p> <p>Provision (c):</p> <p>Medical staff confirmed that inmates are offered access to emergency contraception and prophylaxis for sexually transmitted infections (STIs) when clinically indicated. Treatment decisions are made in accordance with professionally accepted standards of care.</p> <p>Applicable Policy:</p> <p>AR #454, p. 18, Section G.3, mandates that victims of sexual abuse be given timely information and access to services including pregnancy testing, emergency contraception, STI testing, and preventive medication, as appropriate.</p> <p>Provision (d):</p> <p>According to both the PAQ and medical staff interviews, all medical and mental health services related to sexual abuse are provided at no financial cost to the victim, regardless of whether the inmate:</p> <p>Identifies the abuser, or Chooses to participate in a formal investigation</p> <p>Applicable Policy:</p> <p>AR #454, p. 18, Section G.3.c, explicitly states that treatment services are provided free of charge and are not contingent on the victim's cooperation in any administrative or criminal proceedings.</p> <p>CONCLUSION</p> <p>Based on the review of facility policy, inmate records, interviews with medical staff and first responders, and the verification of protocols in practice, the Auditor concludes that the facility is in full compliance with PREA Standard §115.82 – Access to Emergency Medical and Mental Health Services.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard

Auditor Discussion**DOCUMENTATION:**

Pre-Audit Questionnaire (PAQ) and all supporting documentation were provided.

ADOC Administrative Regulation #454

ADOC Form MH-008 – Referral to Mental Health

Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR) for the provision of ongoing treatment (requires inmate signature).

INTERVIEWS:**Medical Staff:**

Medical staff consistently reported that treatment is provided immediately based on clinical judgment. Evaluations and treatment are offered to all inmates who have been victimized by sexual abuse, and services are aligned with the community standard of care.

Staff confirmed that all treatment services are provided free of charge, regardless of whether the victim names the abuser or cooperates with an investigation. Medical staff collaborate to ensure that appropriate care is delivered. When medically appropriate and in accordance with accepted professional standards, emergency contraception and prophylaxis for sexually transmitted infections (STIs) are offered.

Medical staff also confirmed that inmate victims of sexual abuse are offered STI testing as medically appropriate.

Inmates Who Reported Abuse:

At the time of the on-site audit, no inmates housed at the facility had reported sexual abuse within the preceding 12 months. Therefore, no inmate interviews were conducted under this standard.

PROVISIONS:**Provision (a):**

Per ADOC Administrative Regulation #454, Section G.3.d (p. 19), all inmates victimized by sexual abuse shall receive medical and mental health evaluations and treatment.

A Memorandum of Understanding (MOU) between ADOC and ACAR supports the provision of confidential emotional support services for inmates.

Forensic exams are conducted at the One Place Family Justice Center in Montgomery, AL, by certified SAFE/SANE professionals available 24/7.

Facility documentation confirms compliance with the community standard of care,

including STI testing, prophylaxis, psychiatric and psychological services, and crisis intervention—all provided at no cost to the inmate.

Provision (b):

Per ADOC Administrative Regulation #454, Section G.3.e (p. 19), evaluations and treatment shall include follow-up services, treatment plans, and referrals for continued care, including after transfer or release.

Provision (c):

Medical documentation and staff interviews confirm follow-up care is diligently provided. Records include detailed notes on evaluations, treatment planning, and continuity of care.

Provision (d):

ADOC Administrative Regulation #454, Section G.3 (p. 19), mandates that inmates be informed of and offered emergency contraception, pregnancy tests, STI testing, and prophylaxis, when medically appropriate.

Provision (e):

The PAQ affirms that if pregnancy results from sexual abuse in custody, the inmate receives timely, comprehensive information and access to all lawful pregnancy-related medical services.

Provision (f):

Per ADOC Administrative Regulation #454, Section G.3 (p. 19), appropriate medical services, including emergency contraception and STI-related care, are provided based on clinical need.

Provision (g):

Per ADOC Administrative Regulation #454, Section G.3.e (p. 19), ongoing medical and mental health services are delivered without financial cost, regardless of victim cooperation or identification of the perpetrator.

Provision (h):

Per ADOC Administrative Regulation #454, Section G.3.g (p. 19), mental health staff must attempt to evaluate known inmate-on-inmate abusers within 60 days of identifying their abuse history. Treatment is offered when clinically appropriate. Referrals are made using Form MH-008.

CONCLUSION:

After reviewing all relevant policies, documentation, interviews, and records, the Auditor has determined that the agency/facility meets all provisions of the standard related to ongoing medical and mental health care for sexual abuse victims

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS</p> <p>To assess compliance with this standard, the Auditor reviewed the following documents:</p> <p>Pre-Audit Questionnaire (PAQ) submitted by the facility ADOX Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment, dated January 4, 2016 ADOX Form 454-E – Sexual Abuse Incident Review Report Completed Sexual Assault Incident Review Reports and Supporting Documentation</p> <p>INTERVIEWS</p> <p>Facility Head: The Facility Head confirmed that a formal Incident Review Team (IRT) is convened following each substantiated or unsubstantiated sexual abuse investigation. The IRT is composed of executive and upper-level management staff representing various departments, including security, mental health, and investigative services. The Facility Head and their designee emphasized the facility’s commitment to reviewing each incident thoroughly and to incorporating IRT recommendations into operational improvements, when warranted.</p> <p>PREA Compliance Manager (PCM): The PCM reported that each Sexual Abuse Incident Review (SAIR) is conducted within thirty (30) days of the conclusion of the relevant investigation, consistent with PREA requirements and agency policy. The completed SAIR report is then submitted to both the PCM and the Facility Head for review and follow-up.</p> <p>Incident Review Team (IRT): IRT members described a structured and collaborative review process that includes input from key stakeholders such as line supervisors, internal investigators, and medical or mental health personnel. The team consistently evaluates incidents using all criteria required by the PREA standard. They confirmed that SAIR findings and recommendations are formally documented and submitted to facility leadership for potential implementation.</p> <p>PROVISIONS</p> <p>Provision (a):</p> <p>The facility reported in the PAQ, and interviews confirmed, that a sexual abuse</p>

incident review is conducted after every administrative or criminal investigation into an allegation of sexual abuse—unless the allegation is determined to be unfounded.

Policy Reference:

ADOC AR #454, p. 20, Section H.1.k, mandates that a review be conducted within 30 days of the conclusion of any substantiated or unsubstantiated allegation of sexual abuse or staff-on-inmate sexual harassment.

The review team must include personnel from various disciplines and is required to evaluate the circumstances of the incident, the adequacy of staffing, and the need for policy or operational changes.

Sexual Abuse/Harassment Investigations – Past 12 Months:

Sexual Abuse Allegations: 0

Sexual Harassment Allegations: 1

Type: Inmate-on-inmate

Outcome: Unfounded

Action: Victim was promptly notified of the investigation results.

SAIRs are not required for sexual harassment allegations.

Provision (b):

According to the PAQ and supported by interview statements, all applicable sexual abuse incident reviews were completed within the 30-day timeframe following the conclusion of the investigation. Over the past year, 27 reviews were conducted in a timely manner when criteria for SAIRs were met.

This practice is consistent with the requirements in ADOC AR #454, p. 20, H.1.k.

Provision (c):

The PAQ and interviews with the Facility Head, PCM, and IRT members confirmed that the Incident Review Team includes upper-level management officials, with representation from line supervisors, investigators, and medical/mental health professionals. This multidisciplinary structure allows for a broad and balanced analysis of each incident.

This aligns with PREA requirements and the procedures outlined in AR #454.

Provision (d):

Review reports created by the IRT include detailed documentation addressing the following elements:

Whether the incident suggests a need for policy or procedural changes

Whether the incident was motivated by factors such as race, gender identity, sexual orientation, or gang affiliation

Whether the location of the incident suggests any need for physical plant changes or

	<p>increased monitoring</p> <p>Whether staffing levels were adequate during the incident</p> <p>Whether staff involved had a relevant disciplinary history or prior PREA-related concerns</p> <p>Whether existing monitoring technology (e.g., cameras) should be enhanced or adjusted</p> <p>These determinations and associated recommendations are formally submitted to both the Facility Head and the PCM. This process was validated in interviews and supported by completed SAIR documentation.</p> <p>Provision (e):</p> <p>The PAQ and interviews confirmed that the facility takes appropriate steps to implement recommendations arising from SAIRs or, when not implemented, documents a clear rationale for doing so. The Facility Head affirmed that all recommended corrective actions are prioritized, tracked, and revisited as needed to ensure follow-through and accountability.</p> <p>CONCLUSION</p> <p>After reviewing documentation, conducting interviews, and analyzing facility practices, the Auditor concludes that the facility meets all requirements of PREA Standard §115.86 – Sexual Abuse Incident Reviews.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTS</p> <p>To assess compliance with this standard, the Auditor reviewed the following key documents and resources provided by the Alabama Department of Corrections (ADOC):</p> <p>Pre-Audit Questionnaire (PAQ): Provided detailed responses on the agency’s processes for collecting, aggregating, and reporting sexual abuse data.</p> <p>ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (Effective January 4, 2016): The agency’s governing policy outlining procedures for incident documentation, data collection, and reporting.</p> <p>Most Recent Survey of Sexual Victimization (SSV-2): The federally required annual report submitted to the U.S. Department of Justice Bureau of Justice Statistics (BJS).</p> <p>Most Recent Annual PREA Data Report: Published report that aggregates and analyzes agency-wide sexual abuse data and outlines identified trends and corrective actions</p>

taken.

ADOC PREA Website (<http://www.doc.state.al.us/PREA>): Contains publicly accessible PREA materials including annual data reports and information about agency compliance efforts.

INTERVIEWS

Agency Contract Administrator:

The Agency Contract Administrator confirmed that all contracts for the housing of inmates under ADOC authority include explicit PREA compliance provisions. These provisions are reviewed by the ADOC Office of General Counsel prior to contract execution. The administrator further stated that incident-based and aggregate sexual abuse data are regularly collected from contracted facilities. This data is incorporated into the agency-wide reporting process, ensuring comprehensive coverage across both state-operated and privately managed facilities.

PROVISIONS

Provision (a):

According to AR #454, Section L.1 (p. 24), the ADOC is required to collect accurate and detailed data on every reported allegation of sexual abuse and sexual harassment across its facilities. The data collection process is structured and multifaceted, drawing on several internal sources, including:

Inmate polling instruments and interviews

Grievances and written complaints

Incident reports and investigation files

Documentation from supervisory rounds (both announced and unannounced)

The policy further requires the use of standardized definitions and consistent data collection methodologies to ensure uniformity and comparability of data across facilities. Additionally, quality control mechanisms are employed to verify the accuracy and completeness of reported information before aggregation and publication.

Provision (b):

The ADOC aggregates sexual abuse data annually and submits it to the Bureau of Justice Statistics (BJS) using the Survey of Sexual Victimization (Form SSV-2). The Auditor reviewed the agency's most recent SSV-2 submission and confirmed the following:

The report was submitted on time and within the required annual reporting window.

The report was complete, with all required data fields filled accurately.

The data reported aligns with the agency's internal incident documentation.

This process demonstrates the ADOC's full compliance with federal reporting requirements.

Provision (c):

In alignment with DOJ guidance, AR #454 requires the collection of incident-based documentation sufficient to respond to all questions included in the SSV-2. This includes:

Investigation summaries and case files

Sexual abuse incident review reports

Supporting documentation from facility-level inquiries

The Auditor verified that the most recent annual PREA data report addressed all questions from the federal survey using incident-based source data. Additionally, the agency uses tools and definitions that align with the methodologies prescribed by DOJ.

Provision (d):

The ADOC not only collects and aggregates data but also analyzes it to identify trends and areas requiring corrective action. The Auditor reviewed the most recent annual PREA data report, which includes:

Data tables and charts summarizing incident rates by facility type, allegation type, and outcomes

A narrative analysis of emerging trends or systemic concerns

Documentation of corrective actions taken in response to findings

This analytical approach supports a data-driven strategy for improving facility operations and PREA compliance.

Provision (e):

ADOC Administrative Regulation #454, Section D (p. 7), assigns responsibility to the ADOC Office of General Counsel to ensure that all inmate housing contracts explicitly require compliance with PREA standards.

The Alabama Therapeutic Education Facility (ATEF), operated by The GEO Group, Inc., provides a clear example. The facility operates under ADOC Contract #CD170051713, which includes Section 3.39, requiring:

Compliance with Alabama Code §14-11-31 and 28 C.F.R. Part 115

A zero tolerance policy for custodial sexual misconduct

Mandatory reporting of all suspected or confirmed incidents

Full access to the ADOC's PREA Contract Monitor

DOJ PREA audit participation as required

PREA training for all contract staff and volunteers

These contractual provisions are monitored for compliance and incorporated into the

	<p>state's aggregate data collection and analysis.</p> <p>Provision (f):</p> <p>PREA standards require that the ADOC submit its aggregated sexual abuse data no later than June 30 for the previous calendar year. The Auditor verified that:</p> <p>The most recent SSV-2 report was submitted by the June 30 deadline. The submission included all relevant data with no material omissions. The agency's reporting timeline remains consistent with PREA expectations.</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of ADOC policies, practices, documentation, and staff interviews, the Auditor finds that the Alabama Department of Corrections is in full compliance with PREA Standard §115.87 – Data Collection.</p>
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115.88	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>DOCUMENTS</p> <p>The following documents were reviewed to evaluate the Alabama Department of Corrections' (ADOC) compliance with this standard:</p> <p>Pre-Audit Questionnaire (PAQ): Provided insight into the agency's processes for reviewing, analyzing, and reporting PREA-related data.</p> <p>ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (Effective January 4, 2016): Established agency policy guiding data review procedures, analysis, corrective action planning, and annual report publication.</p> <p>2023 Survey of Sexual Victimization (SSV-2): The most recently submitted federal report to the Bureau of Justice Statistics detailing sexual abuse allegations and outcomes.</p> <p>2024 Annual PREA Data Report: The agency's comprehensive annual report analyzing trends, corrective measures, and year-over-year progress.</p> <p>ADOC PREA Website (http://www.doc.state.al.us/PREA): Public repository for agency PREA-related materials, including annual reports dating back to 2013.</p> <p>INTERVIEWS</p> <p>Agency Head or Designee:</p> <p>The Agency Head's designee confirmed that the agency prepares an annual report that compares current year data and corrective actions with prior years. These</p>

reports are posted on the ADOC website and are intended to support continuous safety improvements for both inmates and staff. The review process is designed to identify systemic issues and guide the implementation of appropriate corrective actions.

Facility Head or Designee:

The Facility Head reported that each facility's PREA Committee is actively involved in reviewing sexual abuse allegations and submitting findings and recommendations to the PREA Coordinator. These inputs are then factored into the agency's overall annual data review.

PREA Director (PD):

The PREA Director confirmed that ADOC conducts a comprehensive analysis of the data collected under §115.87 to evaluate the effectiveness of existing policies, practices, and training related to the prevention, detection, and response to sexual abuse. The Director affirmed that a statewide report is generated annually and made available to the public, with redactions limited strictly to personally identifiable information.

PREA Compliance Manager (PCM):

The PCM affirmed that annual reports and other PREA-related documents are readily accessible on the agency's official website. The PCM highlighted that this accessibility promotes transparency and public accountability.

PROVISIONS

Provision (a):

According to the PAQ and confirmed by the PREA Director, ADOC reviews the data collected pursuant to PREA Standard §115.87 to evaluate and improve the effectiveness of its sexual abuse prevention and response initiatives. This ongoing review process includes:

Identification of problem areas at the facility and agency level;

Implementation of corrective actions in response to identified concerns;

Preparation of an annual report summarizing findings and improvements for each facility and the agency as a whole.

This is further supported by AR #454, Section L.1.c, which mandates the PREA Director to compile an annual report that identifies trends, evaluates progress, recommends policy or procedural changes, and compares data year over year.

Provision (b):

The PAQ states—and the Agency Head designee confirmed—that the annual report includes year-over-year comparisons of both sexual abuse data and corrective actions taken. This comparison is used to track agency progress in addressing systemic

	<p>concerns and implementing improvements.</p> <p>The Auditor reviewed the most recent annual report (2024) and verified that it included a clear, structured comparison of the current year’s data with that of previous years, fulfilling the requirements outlined in §115.88(b).</p> <p>Provision (c):</p> <p>The PAQ indicates that the ADOC publishes its annual PREA reports on its public website. This was confirmed through interviews and verified by the Auditor.</p> <p>The Auditor accessed the ADOC PREA webpage (http://www.doc.state.al.us/PREA) and found that all annual PREA reports dating back to 2013 are publicly available for download. This demonstrates the agency’s commitment to transparency and accountability.</p> <p>Provision (d):</p> <p>As outlined in the PAQ and verified by the PREA Director, redactions from the publicly posted annual reports are limited strictly to personally identifiable information. The PREA Director stated that no other data is withheld, and the redaction process is narrowly applied to avoid compromising the transparency of the report.</p> <p>This approach ensures that the safety and privacy of individuals are protected without undermining the agency’s public accountability.</p> <p>CONCLUSION</p> <p>Based on a thorough review of documentation, including policy, annual reports, and data submissions, as well as interviews with agency leadership and PREA staff, the Auditor concludes that the Alabama Department of Corrections is in full compliance with PREA Standard §115.88 – Data Review for Corrective Action.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS</p> <p>The following documentation was examined to assess the Alabama Department of Corrections’ (ADOC) compliance with the data storage, publication, and destruction requirements under PREA Standard §115.89:</p> <p>Pre-Audit Questionnaire (PAQ)</p>

ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment Operations & Legal Division, Effective January 4, 2016:
ADOC PREA Website (<http://www.doc.state.al.us/PREA>):
Serves as the agency’s public repository for annual reports and data summaries. Reports reviewed confirmed compliance with publication timelines and redaction standards.

INTERVIEWS

PREA Director (PD):

During the interview, the PREA Director provided a comprehensive overview of ADOC’s data retention and publication procedures. Key points include:

Local-Level Storage:

PREA-related incident data is retained within a Risk Management System at each facility. Access to this system is strictly controlled and limited to authorized personnel on a need-to-know basis.

Agency-Level Retention:

Aggregated data is centrally maintained at the agency level to support state and federal reporting requirements, including the Survey of Sexual Victimization (SSV-2) submitted to the Bureau of Justice Statistics.

Data Publication:

Aggregated sexual abuse data is published annually on the ADOC PREA webpage. Personally identifiable information is systematically redacted before release to ensure compliance with privacy standards.

Data Review:

The PD confirmed that all data collected under PREA Standard §115.87 is reviewed and analyzed for trends, with historical retention of records supporting both internal decision-making and external reporting mandates.

PROVISION

Provision (a):

According to the PAQ and AR #454, the ADOC securely retains both incident-specific and aggregated data related to allegations of sexual abuse. The agency is also responsible for publishing aggregate data from all facilities, including privately operated facilities under contract with ADOC, on at least an annual basis.

The ADOC PREA Website hosts these reports, ensuring compliance with the standard and demonstrating transparency and public accountability.

Provision (b):

The PAQ affirms that the agency ensures aggregated sexual abuse data is publicly accessible each year. The Auditor verified that multiple years of annual reports are available at <http://www.doc.state.al.us/PREA>. These reports include comprehensive

	<p>data from all facilities and are presented in accordance with PREA requirements.</p> <p>The published reports contain data broken down by facility and include key performance indicators, such as the number and outcome of sexual abuse allegations.</p> <p>Provision (c):</p> <p>The PAQ and interview with the PREA Director confirmed the following:</p> <p>Prior to publication, all personally identifiable information is removed from aggregated reports to protect the confidentiality and safety of individuals involved in sexual abuse allegations.</p> <p>ADOC retains all PREA-related data collected under §115.87 for a minimum of 10 years, unless a longer retention period is required by federal, state, or local law. This approach ensures both transparency and compliance with data privacy and security standards.</p> <p>Provision (d):</p> <p>ADOC Administrative Regulation #454, Section L.1.d & e, outlines the agency's retention policy for investigative records:</p> <p>All incident-based and aggregated data must be securely stored for at least 10 years. Records related to criminal and administrative investigations must be retained for as long as the alleged abuser is incarcerated or employed by the ADOC, plus an additional five (5) years.</p> <p>The Auditor reviewed historical data and documentation, including records dating back to August 20, 2012, and confirmed that ADOC is maintaining these records in accordance with the retention standards specified in the regulation.</p> <p>CONCLUSION</p> <p>Based on a thorough review of agency policy (AR #454), the Pre-Audit Questionnaire, interview findings, and public reports, the Auditor concludes that the Alabama Department of Corrections is in full compliance with PREA Standard §115.89 – Data Storage, Publication, and Destruction.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENTS

Publicly Accessible Website

The Alabama Department of Corrections (ADOC) maintains a publicly accessible PREA webpage at:

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

This site provides access to PREA audit reports for all ADOC facilities and aggregated data reports concerning sexual abuse and sexual harassment, in full compliance with PREA standards.

INTERVIEWS

Agency Head or Designee:

The Agency Head's designee confirmed that every facility under ADOC's jurisdiction has undergone a PREA audit within the most recent three-year audit cycle. All audit reports are posted publicly on the ADOC PREA webpage to ensure transparency and accountability.

PREA Director:

The PREA Director stated that the current audit is occurring in the second year of the fourth PREA audit cycle, in accordance with PREA's audit timeline requirements.

PROVISIONS

Provision (a):

The Agency Head's designee confirmed that each ADOC facility was audited during the previous three-year audit cycle. These audit reports are available on the ADOC PREA webpage, which also includes annual data reports on sexual abuse incidents, consistent with PREA requirements.

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

Provision (b):

The ADOC PREA webpage includes facility-specific reports and annual aggregated data reports in compliance with PREA's sexual abuse data reporting standards.

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

Provisions (c) – (g):

Not Applicable (N/A)

Provision (h):

During the on-site audit, the Auditor was granted unrestricted access to all areas of the facility. The Institutional PREA Compliance Manager (IPCM) was available throughout the visit to facilitate access and accompany the Auditor as needed.

Provision (i):

Throughout the audit, the ADOC and facility staff fully cooperated and provided all requested documentation and information in a complete and timely manner.

	<p>Provisions (j) – (l): Not Applicable (N/A)</p> <p>Provision (m): The facility provided the Auditor with a secure and private space to conduct all necessary interviews during the on-site portion of the audit.</p> <p>Provision (n): Inmate interviews confirmed that incarcerated individuals were given the opportunity to send confidential correspondence to the Auditor, in a manner consistent with legal correspondence protocols.</p> <p>Provision (o): Not Applicable (N/A)</p> <p>CONCLUSION</p> <p>Based on a thorough review of documentation, interviews, and on-site observations, the Auditor concludes that the agency/facility is in full compliance with PREA Standard §115.401 concerning the frequency and scope of audits. All applicable provisions of the standard are met</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTS:</p> <p>Alabama Department of Corrections publicly accessible website</p> <p>http://www.doc.state.al.us/PREA</p> <p>PROVISIONS</p> <p>Provision (a) through Provision (e)</p> <p>N/A – Not Applicable</p> <p>Provision (f)</p> <p>ADOC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Previous PREA reports, for all facilities can be accessed at http://www.doc.state.al.us/PREA</p> <p>CONCLUSION:</p>

	Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding audit contents and findings.
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Appendix: Provision Findings**115.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

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

Has the agency employed or designated an agency-wide PREA Coordinator?	yes
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
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115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
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Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
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115.12 (a) Contracting with other entities for the confinement of inmates

If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
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115.12 (b) Contracting with other entities for the confinement of inmates

Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes
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	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

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

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

	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.)	na
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.)	yes
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)	no

	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,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
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)			
	<table><tr><td data-bbox="306 165 1289 577">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.)</td><td data-bbox="1289 165 1498 577">yes</td></tr></table>	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.)	yes
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