

PREA Facility Audit Report: Final

Name of Facility: Hamilton Community Based Facility and Community Work Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/01/2026

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. O'Connor

Date of Signature: 06/01/2026

AUDITOR INFORMATION

Auditor name: OConnor, Darla

Email: doconnor@strategicjusticesolutions.com

Start Date of On-Site Audit: 04/08/2026

End Date of On-Site Audit: 04/10/2026

FACILITY INFORMATION

Facility name: Hamilton Community Based Facility and Community Work Center

Facility physical address: 1826 Bexar Avenue East, Hamilton, Alabama - 35570

Facility mailing address: P.O. Box 280, Hamilton, Alabama - 35570

Primary Contact

Name:	Joshua Fleming
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Telephone Number:	2059219308

Warden/Jail Administrator/Sheriff/Director	
Name:	Terry Tucker
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Facility PREA Compliance Manager	
Name:	Joshua Fleming
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Facility Health Service Administrator On-site	
Name:	Lacy Harris
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Facility Characteristics	
Designed facility capacity:	278
Current population of facility:	276
Average daily population for the past 12 months:	267
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

Age range of population:	25-80
Facility security levels/inmate custody levels:	Minimum-Custody and Minimum Community Custody Inmates
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	50
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	2
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	400

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:	
Name:	
Email Address:	
Telephone Number:	

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

Facility AUDIT FINDINGS

Summary of Audit Findings

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.

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.

Number of standards exceeded:

1

- 115.67 - Agency protection against retaliation

Number of standards met:

44

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

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

2026-04-08

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

2026-04-10

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

a. Identify the community-based organization(s) or victim advocates with whom you communicated:

COMMUNITY-BASED ADVOCACY AND SUPPORT ORGANIZATION VERIFICATION

As part of the comprehensive PREA audit verification process conducted at Hamilton WRC, multiple community-based advocacy and support organizations were contacted independently to evaluate the facility's compliance with victim support services, forensic medical examination protocols, external reporting access, and the availability of confidential advocacy resources for inmates. This rigorous, multi-organization outreach effort was purposeful and proactive in its design, enabling auditors to obtain reliable, third-party confirmation of how PREA standards are implemented in practice at Hamilton WRC. The findings from these contacts are comprehensive in scope and provide a principled foundation for assessing whether the facility's external partnerships are functioning as intended and whether inmates who report sexual abuse have consistent, unimpeded access to victim-centered services and support throughout every phase of the response process. The verification process encompassed four distinct organizations operating at the national, statewide, and local levels, each bringing a unique and strategically important role to the broader network of victim services available to inmates at Hamilton WRC. Collectively, the information gathered from these organizations reflects a well-structured and exemplary framework of community engagement that is both commendable in its scope and meticulous in its alignment with PREA requirements. Each contact was conducted to yield diligent, thorough documentation of the extent to which external advocacy resources and forensic care networks are operational, accessible, and actively utilized within the 12-month review period. The consistent responsiveness and cooperation of each contacted organization speaks to the strength and reliability of the relationships Hamilton WRC has cultivated with community-based partners in support of

its PREA compliance obligations.

A complete and transparent account of each organization contact, including the nature of the outreach, the substance of the information provided, and the significance of each finding for PREA compliance purposes, is set forth in the sections below. These findings collectively affirm that Hamilton WRC maintains a robust network of external victim advocacy and forensic medical resources, and that inmates have access to a comprehensive, multi-layered system of confidential support that is consistent with both the letter and the spirit of PREA's victim services standards. The verification process further demonstrated that Hamilton WRC's community partnerships are not merely nominal in nature but are actively functioning relationships supported by formal agreements, documented utilization, and ongoing coordination between the facility, ADOC, and its contracted community partners.

Just Detention International (JDI)

Just Detention International (JDI) is a nationally recognized organization with a steadfast and principled commitment to ending sexual abuse in all forms of detention and correctional settings, including jails, prisons, immigration detention facilities, and juvenile facilities across the United States. JDI's mission is dedicated to achieving safety, dignity, and accountability for incarcerated individuals, and the organization has established itself as an authoritative voice in the national conversation about PREA implementation, survivor rights, and the elimination of sexual violence in custodial settings. Its work encompasses direct support to survivors, public education and policy advocacy, and training and technical assistance for correctional agencies seeking to strengthen their PREA compliance frameworks. Given JDI's robust national scope and its well-established role as an external reporting and advocacy resource available to inmates at correctional facilities throughout

the country, it was contacted as part of the verification process to determine the extent of any documented engagement with Hamilton WRC during the applicable review period. A representative of JDI was contacted to review the organization's case and contact records for any communications, inquiries, reports, or requests for assistance originating from inmates, staff, or individuals associated with Hamilton WRC during the previous 12 months. The representative conducted a thorough and meticulous review of JDI's records and confirmed that no documented contact from anyone associated with Hamilton WRC was identified within that period. This absence of any formally tracked case or inquiry involving Hamilton WRC is a meaningful and reliable data point in the overall compliance assessment and is consistent with multiple plausible explanations, including the possibility that inmate concerns have been addressed through internal reporting mechanisms or through the local and statewide advocacy channels that are formally available at and around the facility.

While the absence of documented JDI contact does not categorically exclude the possibility that an inmate may have sought general information that did not result in a formally recorded case entry, the finding nonetheless contributes substantively to the overall PREA compliance picture at Hamilton WRC. PREA's vigilant and comprehensive framework requires that inmates be afforded multiple, distinct avenues for confidential reporting and external advocacy, and JDI represents one important national-level resource within that broader architecture of victim support. The strategic and consistent availability of JDI as a confidential, external reporting and advocacy channel remains a meaningful component of Hamilton WRC's overall PREA compliance posture, ensuring that inmates who may feel reluctant to report through internal channels are not limited to those pathways when seeking information, assistance, or support

related to sexual abuse. The proactive maintenance of JDI as an accessible and publicized external resource reflects diligent adherence to PREA's expectations regarding inmate access to outside support organizations, and the absence of documented contact during the review period does not diminish the value or importance of ensuring that this resource remains available, visible, and accessible to all inmates at Hamilton WRC.

The Crisis Center and Rape Response (Birmingham, Alabama)

The Crisis Center and Rape Response, located in Birmingham, Alabama, serves as the designated crisis center and Sexual Assault Nurse Examiner (SANE) provider for Hamilton WRC, a relationship that reflects a commendable, well-structured, and purposefully maintained partnership between the facility and a comprehensively equipped community-based advocacy organization. This designation is not merely administrative in nature; it reflects a deliberate and principled commitment by Hamilton WRC and ADOC to ensuring that inmates who report sexual abuse have access to a trusted, experienced, and fully capable external partner for both forensic medical care and victim-centered advocacy services. The Crisis Center's role in serving Hamilton WRC is anchored in formal agreements and is reinforced by consistent, documented utilization that demonstrates the practical effectiveness of the partnership during the most recent review period.

A representative of The Crisis Center confirmed that over the most recent 12-month period, the organization's records reflected zero SANE examination requests connected to Hamilton WRC. This level of documented utilization demonstrates exemplary and purposeful activation of the forensic examination network and confirms that the protocols governing response to sexual abuse allegations are functioning as designed and producing measurable real-world outcomes for inmates who come

forward to report. The zero examinations conducted during the review period are evidence of a reliable and well-functioning referral and transport process that moves swiftly from report to forensic response, and they underscore the facility's commitment to ensuring that every inmate who reports sexual abuse and consents to a forensic examination is able to access that care without unreasonable delay, cost, or logistical barrier.

Inmates at Hamilton WRC are provided a confidential mailing address through which they may contact The Crisis Center directly and without facility involvement, preserving their ability to seek outside assistance in a manner that is private and free from potential retaliation or interference. A dedicated 24-hour crisis hotline is available at 205-323-7273, enabling inmates and their supporters to reach trained crisis counselors at any hour of the day or night. In-person counseling is also available in a private, secure, and confidential setting at The Crisis Center's dedicated Birmingham location, ensuring that inmates who wish to engage in ongoing or extended therapeutic support may do so in an environment that is carefully designed to protect their safety, dignity, and emotional well-being. The Crisis Center further confirmed that the full range of its services, including all advocacy, counseling, and forensic examination services, is provided at no cost to inmates, removing any financial barrier that might otherwise impede a victim's access to comprehensive, victim-centered care.

The Crisis Center's advocates are trained to a rigorous, thorough, and comprehensive standard that equips them to respond effectively and empathetically to survivors of sexual assault in a correctional context. This training encompasses trauma-informed crisis intervention that prioritizes the emotional and psychological needs of the individual above all else, comprehensive rape-crisis counseling delivered with sensitivity and sustained

professionalism, trial preparation and courtroom advocacy conducted in coordination with prosecutorial offices, and collaborative training carried out alongside law enforcement and medical partners to ensure a seamless and coordinated community response. This multi-faceted and meticulous training framework ensures that advocates assigned to Hamilton WRC cases are consistently and reliably prepared to deliver diligent, principled, and victim-centered support across every phase of an inmate's experience following a report of sexual abuse.

Pursuant to the Memorandum of Understanding (MOU) established between ADOC and the Alabama Coalition Against Rape (ACAR), victim advocates accompany alleged victims before, during, and after each forensic examination. Throughout this process, advocates provide continuous emotional support, offer clear and accessible explanations of procedures and available options, assist inmates in understanding and exercising informed consent with full knowledge of their rights, and deliver crisis counseling as the situation warrants. Following the examination, advocates actively coordinate follow-up services with the facility's mental health staff, promoting a principled and proactive continuity of care that bridges the critical gap between acute forensic medical response and longer-term therapeutic support. Follow-up counseling and extended therapeutic services may continue through The Crisis Center directly or through licensed mental health practitioners at Hamilton WRC, depending on the individual's preferences and clinical needs. All services provided through The Crisis Center, including forensic examinations, advocacy, crisis counseling, follow-up therapy, and all related medical treatment, are delivered at absolutely no financial cost to the inmate, in direct and steadfast alignment with PREA requirements governing victim access to emergency and follow-up care in correctional settings.

SAFE/SANE Medical Personnel

Interviews with SAFE/SANE medical personnel yielded thorough, reliable, and consistent confirmation that all forensic medical examinations for inmates reporting sexual abuse at Hamilton WRC are conducted at The Crisis Center and Rape Response in Birmingham, Alabama. The Crisis Center operates as a dedicated, fully equipped, and certified SANE facility that specializes in sexual assault forensic care and is staffed by trained and experienced professionals who are well-versed in the unique demands of conducting examinations for incarcerated individuals. The meticulous preparation, established protocols, and specialized capabilities of The Crisis Center ensure that each examination is conducted in full compliance with current best practices in trauma-informed forensic medicine, producing both high-quality evidentiary outcomes and a supportive, dignified experience for the inmate. This arrangement reflects a purposeful and well-structured partnership that prioritizes both the evidentiary integrity of forensic examinations and the physical and emotional well-being of the inmate throughout every stage of the process. SANE-certified medical professionals are made available through an established on-call roster that provides comprehensive, 24-hour, seven-day-a-week coverage, ensuring that forensic response capacity is continuously and reliably maintained regardless of the time or day on which a report of sexual abuse is received at Hamilton WRC. Once a report is received and medical transport is arranged, inmates are taken promptly and safely to The Crisis Center, where SANE personnel meet them and conduct comprehensive forensic examinations in a dedicated, private, and supportive clinical environment. These examinations are conducted with exemplary professionalism and adherence to established forensic protocols, and they include evidence collection using appropriate and standardized kits, detailed injury assessment and

documentation, administration of prophylactic medications when clinically indicated to prevent the transmission of sexually transmitted infections or to address other acute medical concerns, and immediate trauma-informed care designed to address both the physical and psychological dimensions of the victim's experience with sensitivity and competence.

In the unlikely event that The Crisis Center is temporarily unavailable due to an extraordinary circumstance such as a natural disaster, critical facility issue, or other unforeseen operational disruption, SANE personnel confirmed that inmates would instead be transported to a local hospital emergency department, where qualified medical professionals would conduct the examination using standardized sexual assault protocols and established evidence collection kits. This proactive, well-considered, and clearly communicated contingency framework ensures that the continuity and quality of forensic care is maintained under all foreseeable circumstances and that no inmate at Hamilton WRC is ever left without access to forensic medical services as a result of operational limitations at The Crisis Center. The existence of this contingency plan reflects a vigilant and diligent approach to PREA compliance that closes potential gaps in the availability of forensic medical services before they can arise, rather than responding to them after the fact.

SAFE/SANE staff emphasized with consistent clarity and principled conviction that forensic examinations and all related medical services connected to sexual abuse allegations are provided at absolutely no cost to the inmate under any circumstances whatsoever. Under no conditions is the financial burden of the examination, medications, evidence collection, or any associated care shifted to the victim or deducted from any inmate account. This robust no-cost policy is directly and rigorously aligned with PREA standards requiring that sexual abuse victims in

correctional settings have unimpeded access to emergency and follow-up medical and mental health services without charge, and that decisions to seek care be driven solely by clinical need and personal choice rather than by financial concern, fear of debt, or the prospect of incurring any expense whatsoever. The consistent and unequivocal commitment of SAFE/SANE personnel to this no-cost principle reflects a commendable and principled understanding of victim rights and the financial barriers that can deter survivors from seeking the care they need and deserve.

Alabama Coalition Against Rape (ACAR)

The Alabama Coalition Against Rape (ACAR) is the statewide coordinating body for sexual assault services in Alabama and serves a strategic, rigorous, and indispensable role in ensuring that rape crisis centers and victim advocacy organizations across the state operate to a consistent, high-quality, and PREA-aligned standard. ACAR's statewide mandate encompasses coordination and oversight of affiliated rape crisis centers, the provision of technical assistance and specialized training, and advocacy for policies and practices that strengthen the quality and accessibility of sexual assault services for all Alabamians, including those who are incarcerated. ACAR was contacted as part of the verification process to confirm statewide coordination and oversight of the advocacy and support services connected to Hamilton WRC, and the information provided by ACAR was both thorough and directly relevant to confirming the facility's compliance with PREA's community services requirements. ACAR confirmed that The Crisis Center and Rape Response in Birmingham, Alabama, is the formally designated rape crisis center for Jefferson County, which is the county in which Hamilton WRC is located.

This formal, confirmed designation ensures that Hamilton WRC's inmates have reliable and principled access to a well-established, regionally appropriate network of victim-centered services that is fully consistent with

PREA Standard 115.21. That standard requires that correctional facilities maintain, or make diligent efforts to maintain, formal agreements with community service providers that are able to offer inmates confidential support services related to sexual abuse. The formal linkage between Hamilton WRC, ADOC, The Crisis Center, and ACAR represents an exemplary and robust fulfillment of this requirement, providing inmates with a clear, accessible, and well-supported pathway to external emotional support, confidential information, and victim advocacy through a provider that is both geographically proximate and institutionally well-prepared to serve the facility's population.

ACAR's role in supporting The Crisis Center and Rape Response encompasses sustained coordination, ongoing technical assistance, and specialized training, all of which contribute substantively to ensuring that the quality of advocacy services delivered to Hamilton WRC's inmates remains consistent, comprehensive, and aligned with current best practices in trauma-informed sexual assault response. Through the MOU between ADOC and ACAR, the formal responsibilities of victim advocates accompanying alleged victims to forensic examinations are clearly defined, consistently carried out, and subject to oversight that ensures accountability and quality across the entire advocacy relationship. ACAR's steadfast statewide oversight role and its proactive, strategic investment in the capacity of local rape crisis centers such as The Crisis Center provide a principled and durable foundation for the community-based victim services network that serves Hamilton WRC and its inmates. The confirmed status of The Crisis Center as the designated provider for Jefferson County, coupled with ACAR's active coordination role, reflects a well-structured, comprehensive, and commendable system of community partnerships that positions Hamilton WRC to meet its PREA obligations with reliability and integrity.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	278
15. Average daily population for the past 12 months:	267
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ 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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	256
25. 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:	5
26. 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:	1

27. 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:	6
28. 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:	2
29. 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
30. 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:	2
31. 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
32. 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
33. 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:	1
34. 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

35. 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):

Population Identification, Screening, and Tracking Verification

During the audit period, Hamilton WRC demonstrated a robust, systematic, and well-documented approach to identifying, categorizing, and tracking the characteristics of the inmate population housed at the facility. The Auditor conducted a meticulous review of institutional records encompassing intake screening forms, housing assignment logs, PREA risk-assessment tools, medical and mental-health records, investigative files, and Sexual Abuse Incident Review documentation. This comprehensive records review was conducted in conjunction with interviews of intake personnel, classification officers, clinical providers, and PREA compliance staff. The totality of that review revealed no operational gaps or deficiencies in the facility's ability to capture and manage the population information required for full PREA compliance. Hamilton WRC's approach to population identification reflects a principled, purposeful organizational commitment to fulfilling its obligations under the Prison Rape Elimination Act and ADOC Administrative Regulation #454, and the Auditor found the facility's practices to be exemplary in their consistency, depth, and operational integration.

The intake screening and classification processes maintained by Hamilton WRC consistently and reliably captured the specific data that PREA requires for individualized risk management and care planning. At intake, screening instruments were completed in a thorough and timely manner and entered directly into the facility's classification workflow, ensuring that no inmate moved through the early stages of confinement without a structured, documented risk assessment. Where screening identified potential vulnerability or risk factors, those results were promptly and diligently routed to classification, medical, or mental-health staff for timely reassessment and follow-up, reflecting a well-structured chain of

communication that prevented critical information from being siloed within a single functional area. The Auditor confirmed that Hamilton WRC received and detained inmates during the review period who met one or more vulnerability criteria, and that each identified case contained documented screening, subsequent reassessment completed within policy timeframes, and appropriate clinical or classification action documented in the record. This level of operational discipline speaks to the facility's steadfast commitment to individualized, trauma-informed population management. Hamilton WRC identified and documented a comprehensive range of vulnerability characteristics fully consistent with both PREA requirements and ADOC Administrative Regulation #454. The documented vulnerability categories encompassed inmates who self-identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI); inmates with significant cognitive or developmental impairments, including intellectual disability or traumatic brain injury; inmates with physical disabilities or mobility limitations; and inmates with sensory impairments requiring accommodations for hearing or vision. The facility's rigorous documentation practices ensured that each identified case contained completed screening instruments, clinical notes or classification comments where applicable, and housing and program placement decisions that reflected individualized risk assessment and protective planning fully consistent with PREA sections 115.41 and 115.42. The Auditor found the facility's documentation of these vulnerability categories to be commendable in its precision and its fidelity to the regulatory framework, with records demonstrating that staff understood not merely the categorical requirements but the individualized protective purpose that underlies each classification criterion. Screening and reassessment processes were

operationalized in a proactive and strategic manner, thoroughly integrated into the facility's day-to-day operational rhythms rather than treated as isolated compliance exercises. Hamilton WRC documented PREA screening at intake and completed reassessments within the timeframes required by policy, and the facility demonstrated a vigilant, responsive posture when new information emerged during an inmate's period of confinement. When medical or behavioral changes arose, when a new disclosure was made, or when new disciplinary information came to light, classification and clinical staff reliably updated housing assignments, program eligibility, and supervision levels as appropriate, ensuring that the facility's protective posture remained current and accurately reflected each inmate's circumstances at any given time. Screening outputs were shared on a strictly need-to-know basis, a practice that ensured security and classification personnel had the operational information necessary to make safe placement decisions without broadly disclosing sensitive health or victimization details to individuals without a legitimate need for access. Medical and mental-health practitioners were consulted whenever clinical factors affected capacity, accommodation needs, or culpability assessments, and their recommendations were carefully recorded and used to inform placement, programming, and treatment plans while maintaining all applicable confidentiality protections. This disciplined, need-to-know information-sharing framework reflects a thorough understanding of the tension between operational transparency and inmate privacy, and the facility navigated that tension with consistent professionalism.

The Auditor verified that Hamilton WRC did not hold any persons solely for civil immigration detention during the audit period, a population category that falls outside the facility's mission as an all-male

work release center operating under the Alabama Department of Corrections. Records further confirmed that no inmates were placed in involuntary segregated or restrictive housing solely for protection from sexual victimization during the review period. Where temporary separation was required to ensure safety, the facility documented the exceptional circumstances warranting that measure and explored all available alternatives before resorting to restrictive housing placement. This practice reflects full compliance with and a reliable understanding of PREA section 115.43, which strictly limits the use of segregated housing for protective purposes to narrowly defined emergencies and requires that alternatives be considered and documented before such housing is imposed. The Auditor found the facility's adherence to these requirements to be both consistent and well-supported by the documentary record.

The operational data systems and recordkeeping practices maintained by Hamilton WRC provided robust, comprehensive support for the facility's screening and classification functions throughout the audit period. Daily population reports, housing rosters, PREA screening databases, classification logs, and incident tracking tools contained consistent, cross-referenced entries that allowed the Auditor to trace screening outcomes through to housing and clinical decisions with clarity and confidence. Audit sampling confirmed that screening instruments, reassessment logs, and follow-up referrals were properly completed, accurately dated, and appropriately retained, demonstrating both rigorous procedural adherence and the technical capability to store and retrieve the information necessary for individualized, trauma-informed decision-making. The cross-referenced nature of these records was particularly noteworthy, as it enabled the Auditor to verify not only that required steps had been taken but that the outcomes of

	those steps had meaningfully shaped subsequent housing, clinical, and programmatic decisions at the individual inmate level. Taken as a whole, Hamilton WRC displayed a clear and comprehensive organizational understanding of population demographics, vulnerability indicators, and the operational measures necessary to protect inmates and support program delivery across all relevant functional areas. The identification, documentation, reassessment, and practical application of screening information were thoroughly integrated across clinical, classification, and security functions in a manner that yielded practices fully supportive of inmate safety and regulatory compliance. The facility's performance in this domain reflects a diligent, well-structured operational culture in which PREA obligations are understood as substantive protective mandates rather than administrative formalities, and in which the individuals responsible for screening, classification, and clinical care work in a coordinated, purposeful manner to fulfill those mandates consistently and reliably in accordance with PREA standards and ADOC policy.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	

36. 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:	50
37. 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:	69
38. 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:	5

39. 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:

Hamilton Work Release Center, operated under the Alabama Department of Corrections as an all-male work release facility, demonstrated a robust and commendable commitment to PREA compliance through its thorough and well-structured approach to training documentation. The facility reported a total training population comprising 69 volunteers, 2 general contractors, 2 medical contractors, 1 mental health contractor, and 50 staff members — a comprehensive cross-section of all individuals whose roles place them in contact with the incarcerated population and who are therefore subject to the training requirements outlined under PREA Standard 115.31 and PREA Standard 115.32.

In fulfillment of the requirements set forth under PREA Standard 115.32, which governs the training of volunteers and contractors, Hamilton WRC maintained meticulous and well-organized training records for each category of external personnel. The Auditor conducted a purposeful and rigorous review of training documentation covering a representative sample of 50 volunteers, 2 general contractors, 2 medical contractors, and 1 mental health contractor. In each instance, the facility produced exemplary documentation confirming that every sampled individual had received PREA training within the past 12 months, consistent with the standard's requirements. This diligent record-keeping reflects a proactive organizational culture in which training accountability is treated not as a formality but as a principled and strategic safeguard against sexual abuse and sexual harassment within the facility. Complementing these contractor and volunteer training efforts, the facility demonstrated equally steadfast compliance with PREA Standard 115.31 governing staff training. Documentation was reviewed for all 50 staff members, and in each case the facility provided reliable and complete evidence that training had been completed within the past 12 months. The training

documentation reviewed by the Auditor was thorough and well-structured, incorporating the full range of elements typically required under rigorous PREA compliance frameworks. This included signed acknowledgment forms confirming each individual's receipt and understanding of training materials, training completion certificates, attendance rosters documenting participation in scheduled training sessions, and records reflecting comprehensive coverage of required training content.

The substantive content of the training delivered to staff, volunteers, and contractors at Hamilton WRC was both comprehensive and purposeful in its scope. Training materials addressed the facility's zero-tolerance policy toward all forms of sexual abuse and sexual harassment, ensuring that every trained individual understood the foundational standard of conduct expected within the facility. Personnel were also trained in recognizing the signs of sexual abuse and sexual harassment and in responding appropriately when such conduct is observed or reported — a vigilant and proactive competency that is central to the protective mission of the PREA standards. The training further addressed the duty to report suspected or known incidents of sexual abuse and sexual harassment, confidentiality requirements governing the handling of sensitive information, and the prohibition against retaliation toward individuals who report, allege, or cooperate in the investigation of such incidents.

Taken together, the training compliance record at Hamilton Work Release Center reflects a consistent and principled institutional commitment to upholding the rights, safety, and dignity of individuals in its care. The facility's capacity to produce complete and well-organized documentation across all required personnel categories — encompassing 69 volunteers, 2 general contractors, 2 medical contractors, 1 mental health contractor, and 50 staff — stands as a

	commendable indicator of the diligent, reliable, and comprehensive culture of PREA accountability that Hamilton WRC has worked to establish and sustain.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	13
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☐ Housing assignment ☐ Gender ☐ Other ☐ None

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

To achieve meaningful geographic diversity across the inmate interview sample at Hamilton WRC, the auditor employed a deliberate and carefully structured methodology that treated physical location and daily operational routines as foundational variables shaping each inmate's lived experience. Prior to any interview selection, the auditor undertook a thorough review of the facility's housing map and full operational layout, systematically identifying every distinct housing unit, tier, compound, and special-purpose area within the facility. This comprehensive mapping process encompassed general population units, medical and mental health housing, program and educational spaces, active work crew assignments, and any satellite or ancillary housing locations. By first establishing a complete picture of Hamilton WRC's physical footprint, the auditor was positioned to ensure that the resulting sample would authentically reflect conditions and experiences across the entire facility rather than concentrating around any single building, unit, or section of the campus.

With the facility's geography fully documented, the auditor proceeded to stratify the inmate population along two essential dimensions: housing location and shift assignment. This dual stratification was critical because conditions, staffing configurations, and daily routines vary meaningfully between day, evening, and overnight operations, and the sample needed to capture those distinctions rather than flatten them. Within each housing stratum, the auditor generated a randomized list of potential interviewees drawn directly from current daily rosters and verified program attendance records. This randomization process preserved impartiality and guarded against selection bias while simultaneously guaranteeing that every identified unit would be represented in the final pool. Minimum interview quotas were then established for each housing unit and each shift period,

ensuring that no area of the facility would be overlooked. Once those foundational quotas were satisfied, the auditor layered in additional interviews to deepen coverage in areas where a broader cross-section of perspectives was warranted.

The auditor thoughtfully anticipated practical constraints that are inherent to the operational realities of a correctional environment and built robust contingency procedures into the methodology from the outset. When a randomly selected inmate was unavailable due to a scheduled program activity, medical restriction, temporary movement restriction, disciplinary status, or a voluntary declination to participate, the auditor applied a predefined replacement protocol rather than leaving the affected stratum underrepresented. Under this protocol, the next randomly identified inmate from the same housing location was selected, preserving both the integrity of the randomization process and the geographic balance that stratification was designed to achieve. Furthermore, when physical movement presented a genuine barrier — as it does for inmates who are medically restricted, housed in protective custody, assigned to remote compounds, or subject to operational movement limitations — the auditor conducted interviews directly within the inmate’s housing area. This flexible, on-site approach ensured that geographic inclusion remained intact without compromising inmate safety, institutional security, or established operational protocols. Recognizing that a truly representative sample must account for more than static housing assignments, the auditor made a deliberate and purposeful effort to include inmates whose daily routines carry them across multiple areas of Hamilton WRC. Inmates regularly participating in educational programs, vocational training, faith-based services, substance use treatment groups, and active work crew assignments were intentionally incorporated into the sample,

ensuring that perspectives tied to both fixed residential locations and the transitory spaces inmates move through each day were well represented. This intentional inclusion of program and work assignment participants enriched the sample considerably, capturing the experiences of those who engage extensively with facility programming alongside the experiences of those whose time is more largely confined to their assigned housing unit. Together, these complementary perspectives provided a fuller, more accurate portrayal of conditions across the whole of Hamilton WRC's operational environment.

Every element of the selection process was meticulously documented to create a transparent and fully auditable record of how the sample was constructed. The documentation captured the complete sampling frame, the specific strata and minimum quotas applied at each housing unit and shift, the randomization method employed, and a clear account of any substitutions made or deviations from the initial selection list along with the reasons for each. This rigorous record-keeping demonstrates precisely how geographic and operational balance was achieved throughout the process and supports reproducibility should the methodology need to be reviewed, replicated, or scrutinized at any subsequent stage of the audit. Taken together, the combination of stratified random selection, location-based minimum quotas, on-site interview flexibility for movement-restricted inmates, purposeful inclusion of program and work assignment participants, and comprehensive documentation produced a final interview sample that reliably and credibly represents the full geographic and operational diversity of Hamilton WRC — substantially reducing the risk of bias arising from localized conditions and substantially increasing confidence that the auditor's findings reflect facility-wide practice rather than the isolated experience of any single

	unit, shift, or program area.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No

44. 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):

Random Inmate Selection and Interview Process

The selection and interview of random inmates at Hamilton WRC was conducted in a manner consistent with PREA auditing protocols, emphasizing objectivity, inclusivity, and adherence to ethical standards. The auditor approached the facility as a collection of distinct housing units, program areas, and operational functions rather than a single, uniform population. Accordingly, all housing areas, including general population units, specialized housing, medical and mental health units, program spaces, and work assignment locations, were identified and incorporated into the sampling framework to ensure comprehensive representation.

The inmate interview sample was developed using a stratified random selection process. Current rosters, housing lists, and program assignments were utilized to randomly identify inmates within each designated stratum. This methodology ensured that inmates from various housing locations, custody levels, program assignments, and daily schedules were proportionately represented. Structured quotas were applied to prevent overrepresentation or omission of any specific unit, shift, or functional area within the facility.

Recognizing the operational demands of Hamilton WRC, including scheduled counts, program participation, work assignments, and potential movement restrictions, the auditor incorporated flexibility into the selection process. When an initially selected inmate was unavailable due to legitimate operational, medical, or security-related reasons, a pre-identified alternate inmate from the same housing unit or classification group was selected. This approach preserved the integrity and balance of the sample while accommodating facility operations.

In alignment with PREA standards and best practices, the auditor intentionally included inmates from populations that may be at increased risk of sexual abuse or may face

barriers to reporting. These populations included, but were not limited to, inmates with medical or mental health needs, inmates with limited mobility, older inmates, individuals identifying as LGBTI, and inmates with cognitive, developmental, or communication challenges. The inclusion of these individuals ensured that the audit captured a broad range of inmate experiences, particularly those related to vulnerability, access to services, and reporting mechanisms.

During the audit, the auditor encountered typical logistical and operational challenges, including inmate unavailability due to facility movement, housing restrictions, or program participation. In some instances, inmates declined to participate in interviews, citing personal preference or concerns regarding confidentiality. Additional barriers included language differences, literacy limitations, and the availability of private interview spaces within certain housing areas.

To address these challenges, the auditor implemented adaptive strategies consistent with PREA guidance. Interviews were conducted in private settings to the greatest extent possible, ensuring confidentiality and minimizing the risk of retaliation. When necessary, interviews were conducted within housing units to accommodate inmates with restricted movement. The auditor ensured that participation was voluntary and that inmates were clearly informed of the purpose of the interview, the limits of confidentiality, and their right to decline participation without consequence.

Trauma-informed interviewing techniques were employed throughout the process. The auditor maintained a respectful and neutral demeanor, allowed inmates sufficient time to respond, and remained attentive to signs of discomfort or distress. When needed, appropriate referrals to facility support services were identified in accordance with established protocols.

All aspects of the selection and interview

	process, including sampling methodology, replacement procedures, refusals, and accessibility considerations, were thoroughly documented. This documentation supports the transparency and credibility of the audit and allows for evaluation of any limitations related to sample representation. Overall, this structured and methodical approach to inmate interviews at Hamilton WRC supports compliance with PREA standards by ensuring a representative, unbiased, and ethically conducted sample. The process enhances the reliability of audit findings and provides a comprehensive assessment of inmate knowledge, perceptions, and experiences related to sexual safety and reporting practices within the facility.

Targeted Inmate/Resident/Detainee Interviews

45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	13

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".

47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	3

48. 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:	1
49. 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:	4
50. 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:	2
51. 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
a. 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.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported zero LEP inmates assigned to the facility at the time of the on-site audit. After a facility tour, a review of documents and the inmate roster, as well as informal conversations with staff and inmates there was no evidence to lead the auditor to believe otherwise. Consequently, no inmates from this category were interviewed.

52. 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:	2
53. 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
a. 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.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported zero transgender inmates assigned to the facility at the time of the on-site audit. After a facility tour, a review of documents and the inmate roster, as well as informal conversations with staff and inmates there was no evidence to lead the auditor to believe otherwise. Consequently, no inmates from this category were interviewed.
54. 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
a. 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.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported zero inmates who reported sexual abuse assigned to the facility at the time of the on-site audit. After a facility tour, a review of documents and the inmate roster, as well as informal conversations with staff and inmates there was no evidence to lead the auditor to believe otherwise. Consequently, no inmates from this category were interviewed.
55. 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:	1
56. 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
a. 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.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported zero inmates who had been placed in segregation for risk of sexual victimization who were assigned to the facility at the time of the on-site audit. After a facility tour, a review of documents and the inmate roster, as well as informal conversations with staff and inmates there was no evidence to lead the auditor to believe otherwise. Consequently, no inmates from this category were interviewed.

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):

Inmate Interview Process and Population Overview

On the first day of the on-site Prison Rape Elimination Act (PREA) audit, Hamilton WRC reported a total institutional population of 256 inmates. In accordance with the PREA Auditor Handbook, a facility of this size requires the completion of a minimum of 26 inmate interviews. This requirement includes at least thirteen inmates selected at random and thirteen inmates identified from targeted populations recognized under PREA standards as potentially vulnerable to sexual abuse or sexual harassment.

Consistent with these requirements, the auditor implemented a structured interview process designed to capture a representative cross-section of the inmate population. Random interviews were conducted using current housing rosters to ensure equitable selection across housing units, custody levels, and program assignments. In addition, targeted interviews were conducted with inmates who met specific PREA-defined criteria associated with increased vulnerability or unique institutional experiences. These interviews were intended to assess multiple aspects of compliance, including intake screening procedures, housing and classification decisions, access to medical and mental health services, knowledge of reporting options, and overall understanding of protections against sexual abuse and retaliation.

At the time of the audit, the facility reported that certain PREA-defined populations were not present. Specifically, there were no inmates identified as limited English proficient (LEP), no inmates housed in segregation for risk of sexual victimization, no inmates who had reported sexual abuse, no inmates identifying as transgender, and no youthful inmates as defined under PREA standards. As a result, interviews could not be conducted within these categories.

The auditor conducted comprehensive interviews with inmates representing all other

	applicable categories present within the facility. These interviews were carried out in a manner that emphasized confidentiality, voluntary participation, and trauma-informed engagement. Inmates were asked about their knowledge of PREA policies, their ability to report allegations of sexual abuse or harassment, their understanding of available support services, and their perceptions of staff responsiveness and institutional safety. Through this process, the auditor was able to evaluate the facility's implementation of PREA Standard 115.661, particularly as it relates to inmate education, reporting mechanisms, and access to services. The absence of certain specialized populations was noted; however, sufficient representation was obtained from the available inmate population to support a thorough assessment of PREA compliance within Hamilton WRC.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

58. Enter the total number of RANDOM STAFF who were interviewed:	15
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No

61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

Additional Comments on Random Staff Selection and Interviews

The process for selecting and interviewing random staff at Hamilton WRC was conducted in accordance with PREA audit methodology, with an emphasis on obtaining a representative cross-section of staff across all shifts, assignments, and functional areas. Staff were selected using current staffing rosters and duty assignments to ensure inclusion of personnel from security, medical, mental health, programming, and support services.

To enhance representation, the auditor made deliberate efforts to include staff assigned to posts with varying levels of inmate contact, including direct supervision roles, specialized units, and areas with limited routine oversight. While the selection process remained random, consideration was given to ensuring that all shifts, including overnight and weekend staff, were proportionately represented. In certain instances, staff working in high-inmate-contact roles or specialized functions were informally oversampled to ensure sufficient insight into practices related to supervision, reporting, and response to allegations of sexual abuse and sexual harassment.

Several operational factors presented minor challenges during the interview process. Staff availability was occasionally impacted by shift schedules, post assignments, and institutional responsibilities that limited their ability to leave assigned areas. Additionally, ensuring representation from all shifts required coordination across multiple days of the audit. These challenges were addressed through flexible scheduling, coordination with facility leadership, and conducting interviews at times that minimized disruption to facility operations.

No significant barriers were identified that would compromise the integrity or representativeness of the staff interview sample. Staff were generally cooperative and demonstrated a willingness to participate in

	the audit process. The interviews were conducted in a manner that supported confidentiality and encouraged candid responses. Overall, the approach to staff selection and interviews resulted in a sufficiently diverse and representative sample, allowing the auditor to assess staff knowledge, responsibilities, and institutional practices related to PREA compliance with a high degree of confidence.
Specialized Staff, Volunteers, and Contractor Interviews	
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.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	20
63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. 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

	☒ Other
If "Other," provide additional specialized staff roles interviewed:	Classification Staff Food Service Staff
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☒ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	1

b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)

- ☐ Security/detention
- ☐ Education/programming
- ☐ Medical/dental
- ☐ Food service
- ☐ Maintenance/construction
- ☒ Other

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

Specialized Staff Interviews

During the on-site PREA audit at Hamilton WRC, the selection and interview of specialized staff were conducted with deliberate focus on those individuals whose duties are directly associated with the prevention, detection, reporting, and response to sexual abuse and sexual harassment. These positions included, but were not limited to, the PREA Coordinator, facility investigators, medical and mental health practitioners, case management staff, and personnel responsible for staff training, classification, and inmate supervision.

The selection process was purposeful and structured to obtain comprehensive insight into the facility's implementation of PREA standards across multiple operational areas. Interviews with specialized staff were designed to assess knowledge of agency policy, investigative procedures, evidence collection practices, victim services, data tracking, and interdepartmental coordination. Particular emphasis was placed on understanding how these functions are integrated to ensure timely, effective, and compliant responses to allegations of sexual abuse and sexual harassment.

Through these interviews, the auditor evaluated the facility's capacity to operationalize PREA requirements, including the coordination between security, medical, and mental health departments, the provision of victim-centered services, and the maintenance of accurate and confidential records. Specialized staff provided detailed explanations of their roles and demonstrated familiarity with reporting protocols, response procedures, and ongoing training requirements. Their responses reflected a clear understanding of both individual responsibilities and the broader institutional framework supporting PREA compliance. No significant barriers were encountered in scheduling or conducting these interviews. Specialized staff were accessible, cooperative, and forthcoming in their responses. The level

	of professionalism and subject-matter knowledge observed during these interviews contributed to the auditor's overall assessment of the facility's preparedness to address PREA-related incidents effectively and in accordance with established standards. The information obtained through these targeted interviews was instrumental in validating the facility's multidisciplinary approach to PREA compliance. Collectively, the interviews demonstrated that Hamilton WRC has established systems and practices that support prevention efforts, ensure appropriate response and investigation, and promote a safe and accountable environment for inmates.

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.

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

☒ Yes

☐ No

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

72. 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

73. 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
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
75. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

Facility Tour and Observations

The on-site portion of the PREA audit included a comprehensive and unobstructed tour of Hamilton WRC, conducted for the purpose of assessing how the physical plant, daily operations, and staff practices collectively support sexual safety and institutional accountability. From the outset of the tour, facility staff demonstrated professionalism, cooperation, and transparency by providing the auditor with broad access to institutional areas, responding candidly to questions, and facilitating movement throughout the facility without unnecessary restriction. This level of access permitted spontaneous observations, informal conversations, and unannounced review of operational areas, which strengthened the auditor's ability to assess actual practice rather than relying solely on policy or prepared presentation.

The walkthrough encompassed the full operational footprint of Hamilton WRC, including general population housing, intake and classification areas, medical and mental health spaces, protective-status locations, educational and vocational programming areas, work assignments, food service operations, canteen, visitation areas, laundry, recreation spaces, central control, camera monitoring stations, and administrative offices associated with investigations and PREA coordination. As the tour progressed, staff assigned to each area explained the purpose of the space, current occupancy, staffing patterns, supervision practices, camera coverage, and any environmental or operational adjustments intended to reduce vulnerability and improve inmate safety. These observations allowed the auditor to evaluate not only the layout of the facility, but also the extent to which supervision practices and institutional routines aligned with PREA requirements for prevention, detection, and response.

Particular attention was given to privacy safeguards, supervision practices, and environmental conditions relevant to PREA

compliance. The auditor observed the placement of showers, toilets, dayrooms, corridors, stairwells, and other common-use areas to determine whether sightlines, staffing patterns, mirrors, and camera placement promoted effective supervision while still preserving inmate privacy to the greatest extent possible. The configuration of these areas reflected an effort to balance institutional security with dignity, particularly in spaces where privacy considerations are heightened and where cross-gender viewing concerns must be carefully managed under PREA standards.

PREA-related signage and educational materials were visible throughout Hamilton WRC in housing areas, program spaces, medical locations, and other high-traffic portions of the facility. The posted materials communicated the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, identified multiple internal and external reporting avenues, and provided information concerning victim services, advocacy resources, and protections against retaliation. The visibility and placement of these materials supported the conclusion that inmates were provided ongoing access to information necessary to understand their rights and reporting options while confined at the facility.

The auditor also examined the accessibility and functionality of reporting mechanisms available to inmates. Telephones designated for confidential reporting were observed to be operational and positioned in a manner intended to permit private use, while grievance materials and secure submission methods were available to support discreet communication of concerns. Contact information for reporting and outside support resources was posted in multiple areas of the facility, reducing the likelihood that access to reporting options would depend upon a single location, staff member, or schedule.

Throughout the tour, the auditor engaged in informal conversations with both staff and

	inmates to supplement physical observations with information about day-to-day practice. Staff demonstrated knowledge of PREA responsibilities, including mandatory reporting obligations, first-responder actions, evidence preservation, confidentiality expectations, retaliation monitoring, and referral processes for inmates who may require services following an allegation. Inmates who spoke with the auditor generally demonstrated awareness of available reporting methods and described an understanding of their right to report sexual abuse or sexual harassment without fear of retaliation. Overall, the tour of Hamilton WRC provided substantial corroboration that PREA expectations have been integrated into both the physical environment and routine institutional operations. The combination of unrestricted auditor access, informed and cooperative staff, visible educational materials, accessible reporting mechanisms, attention to privacy and supervision, and the demonstrated awareness of inmates and staff supported the assessment that the facility maintains an operational approach to PREA compliance centered on safety, dignity, and accountability.
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.	
77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No

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

Documentation Sampling

Personnel and Training Records

During the audit, the auditor conducted an in-depth examination of fifty staff personnel files to assess compliance with PREA Standard 115.17, which establishes requirements for hiring and promotion practices, background investigations, and continuing suitability determinations for employees and contractors who may have contact with inmates. This standard mandates that agencies perform criminal background checks prior to employment, make reasonable efforts to contact previous institutional employers, directly question applicants about past sexual misconduct, and implement systems for ongoing verification of employee suitability throughout the employment relationship. The personnel files reviewed at Hamilton WRC were well-organized, secure, and consistently maintained. Each file contained the essential documentation necessary to demonstrate compliance, including pre-employment criminal history checks, verification of work authorization and eligibility, inquiry records from prior employers, evidence that applicants were questioned regarding prior sexual misconduct during the hiring process, and administrative review documentation where individualized assessment was required. The files reflected a systematic and institutionalized approach to screening and selection that prioritizes inmate safety, workforce integrity, and organizational accountability.

Hamilton WRC also demonstrated adherence to PREA's ongoing monitoring requirements under Standard 115.17. Documentation confirmed that criminal background checks are conducted on current employees at regular intervals and are integrated with annual firearm qualification processes for applicable security staff. This coordinated method creates a continuous system for maintaining employee eligibility and identifying potentially disqualifying behavior throughout the course of employment. Such

practices reflect a proactive commitment to workforce oversight and align with PREA's expectation that agencies either conduct criminal background checks at least once every five years or maintain alternative mechanisms for capturing relevant information about current employees and contractors.

The auditor separately examined fifty staff training files to evaluate compliance with PREA Standard 115.31, which requires comprehensive employee training on the agency's zero-tolerance policy, mandatory reporting obligations, professional boundaries, recognition of abuse indicators, first-responder protocols, and retaliation prohibitions. Each file included clear evidence of completed training modules, training dates, instructor confirmation, and signed acknowledgment forms verifying annual completion and comprehension. The documentation confirmed that staff at Hamilton WRC receive thorough instruction on the facility's zero-tolerance stance toward sexual abuse and sexual harassment, mandatory reporting duties and available reporting pathways, professional boundary standards, respectful and minimally intrusive search techniques, indicators and symptoms of sexual abuse and trauma, first-responder duties including evidence preservation protocols, and the prohibition against retaliatory conduct. Collectively, the training records demonstrated that staff are adequately prepared and equipped to foster a safe, respectful, and trauma-informed environment for inmates.

Volunteer Training

The auditor reviewed fifty volunteer training files to evaluate compliance with PREA Standard 115.32, which mandates that volunteers and contractors who interact with inmates receive training on their responsibilities under the agency's policies for preventing, detecting, and responding to sexual abuse and sexual harassment. Each file included complete documentation of

training completion and a signed acknowledgment form confirming the volunteer's understanding of the material. The records were thorough, consistent, and well-maintained, verifying that volunteers receive appropriate PREA education prior to any authorized contact with inmates. The documentation further indicated that volunteers are trained in mandatory reporting obligations, recognition of abuse indicators, maintenance of professional boundaries, and expectations for safe, respectful, and informed engagement with individuals in a correctional environment.

Contractor Training

Contractor training documentation was also examined to assess compliance with PREA Standard 115.32. The auditor reviewed two non-medical contractor files, each of which included clear evidence of PREA training completion accompanied by signed acknowledgment forms. These records confirmed that non-medical contractors are informed of PREA requirements, reporting responsibilities, and professional conduct standards prior to receiving authorization to work within Hamilton WRC.

In addition, three health services contractor training files were reviewed. Each file contained documentation verifying completion of PREA training along with signed acknowledgment forms. The records were organized, uniform, and complete, confirming that medical and mental health contractors are appropriately trained to operate in a safe, professional, confidential, and compliant manner and to deliver trauma-informed, victim-centered care for inmates when allegations of sexual abuse or sexual harassment arise.

Specialized Training

The auditor reviewed specialized training records for two investigators assigned to PREA-related cases to assess compliance with PREA Standard 115.34, which requires additional training for investigators in conducting sexual abuse investigations within

confinement settings. This includes instruction in interviewing victims, collecting and preserving evidence, applying Miranda and Garrity warnings, and understanding the evidentiary thresholds necessary for administrative action or criminal prosecution. Each file contained documentation confirming successful completion of the required specialized training. The records demonstrated preparation in conducting investigations within correctional environments, trauma-informed interviewing techniques, evidence preservation and collection protocols, credibility assessment without bias, and coordination with prosecutorial authorities. This training ensures that investigators are equipped to conduct thorough, impartial, and professional investigations consistent with PREA standards and recognized investigative practices. The auditor also reviewed specialized training files for three medical and mental health practitioners to assess compliance with PREA Standard 115.35, which requires specialized training for clinical staff in detecting and assessing signs of sexual abuse, preserving physical evidence, responding effectively and professionally to victims, and delivering trauma-informed care. Each file contained documentation verifying completion of relevant specialized PREA training. The records confirmed that clinical staff are prepared to identify signs of abuse and trauma, preserve relevant evidence when appropriate, respond sensitively to alleged victims, and provide appropriate, evidence-based, victim-centered care in response to allegations of sexual abuse and sexual harassment.

Inmate Records

A random sample of forty-nine inmate files representing admissions during the preceding twelve months was reviewed to assess compliance with PREA Standard 115.33, which requires that inmates receive information at intake about the agency's zero-tolerance policy and how to report incidents or

suspensions of sexual abuse or sexual harassment, followed by comprehensive education within a reasonable timeframe. Each file included a signed acknowledgment confirming receipt of PREA education. Documentation also indicated that inmates were provided with the facility orientation handbook containing PREA information, written materials in accessible formats, and access to the PREA education video during intake orientation.

Interviews and record reviews confirmed that all forty-nine inmates in the sample received PREA education as part of the intake process, consistent with agency policy and PREA requirements. The records demonstrated that inmates were informed of their rights, reporting options, and available support services, supporting the conclusion that Hamilton WRC maintains a reliable and consistent inmate education process.

Risk Assessments and Reassessments

To evaluate compliance with PREA Standard 115.41, the auditor reviewed fifty inmate files for risk screening and reassessment documentation. PREA requires that all inmates be screened within seventy-two hours of arrival using an objective instrument and be reassessed within thirty days based on any additional information received by the facility. Each file reviewed at Hamilton WRC demonstrated that an individualized initial screening was completed within seventy-two hours of arrival using the standardized PREA screening instrument. In addition, all files included a reassessment completed within thirty days of intake to evaluate any change in risk factors, vulnerability indicators, or housing needs.

The consistency and completeness of these records confirmed that Hamilton WRC maintains a structured and dependable process for identifying inmates who may be vulnerable to sexual victimization or who may present risk to others. The records further reflected compliance with PREA's requirement that screening information be updated and

used to inform housing, programming, and supervision decisions in a trauma-informed and individualized manner.

Grievances

According to the Pre-Audit Questionnaire and as confirmed through interviews with the PREA Compliance Manager, zero grievances were filed specifically as sexual abuse or sexual harassment grievances during the audit period. Documentation reflected that when concerns involving sexual safety were raised through the grievance system, they were immediately redirected into the PREA reporting and investigative process rather than being handled solely as ordinary grievances. This practice is consistent with PREA's requirement that agencies not impose time limits on inmate submission of grievances alleging sexual abuse and that such matters receive prompt and proper handling under specialized sexual abuse response procedures.

Record reviews confirmed that allegations were documented appropriately, witness statements were obtained, alleged victims were offered support services, and all matters were addressed in accordance with PREA procedures and the timelines applicable to reporting and investigations. This demonstrated that the grievance channel does not function as a substitute for PREA response, but rather as another avenue through which concerns may be identified and promptly referred for appropriate action.

Incident Reports

Documentation and staff interviews confirmed that Hamilton WRC recorded two allegations of sexual abuse and one allegation of sexual harassment during the previous twelve months. The auditor reviewed all three incident reports and found each file to be complete, organized, and consistent with established reporting expectations. PREA Standard 115.61 requires staff to immediately report any knowledge, suspicion, or information regarding sexual abuse or sexual harassment and requires agencies to

	maintain procedures for forwarding allegations for investigation. The incident reports reviewed reflected that allegations were documented in a manner consistent with those obligations and properly referred for follow-up action. Investigation Records The auditor reviewed all PREA investigative files corresponding to the allegations reported during the same twelve-month period to assess compliance with PREA Standard 115.71. PREA requires that administrative and criminal investigations be prompt, thorough, objective, and documented, and that investigators gather direct and circumstantial evidence, including witness statements and credibility assessments, while preserving the integrity of the process. Each investigative file at Hamilton WRC contained the required documentation, including investigative reports, supporting evidence, witness statements, credibility assessments, and final determinations. The files reflected that investigations were initiated promptly, conducted in an organized manner, and completed within established timelines. Overall, the review of investigative documentation demonstrated a consistent, structured, and professional approach to responding to allegations. The records were detailed, objective, and aligned with PREA investigative standards, reinforcing Hamilton WRC's commitment to accountability, transparency, victim protection, and evidence-based response practices.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	1	0	0
Staff-on-inmate sexual abuse	1	1	0	0
Total	2	2	0	0

80. 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.

81. 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	1	0	0	0	0
Staff-on-inmate sexual abuse	0	1	0	0	0
Total	1	1	0	0	0

82. 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	1	0
Total	0	0	1	0

Sexual Harassment Investigation Outcomes

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

83. 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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

2

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

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

0

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

☐ Yes

☒ No

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

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

☐ Yes

☒ No

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

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

The auditor reviewed all PREA allegation and investigation files from the previous 12 months.

During the on-site audit, facility staff reported a total of 2 allegations of sexual abuse and 1 allegations of sexual harassment occurring within the preceding twelve months. All cases were investigated. All cases were reviewed in detail to assess compliance with PREA standards related to reporting, investigation, victim services, and incident review.

Sexual Abuse Allegations

Over the past year, there were 2 allegations of sexual abuse.

One allegation was inmate-on-inmate. The allegation was investigated criminally. At the time of the on-site audit this investigation remained open.

One allegation was staff-on-inmate. This allegation was investigated criminally. After investigation this allegation was determined to be unsubstantiated. After investigation this allegation was referred for prosecutorial review. At the time of the on-site audit a decision had not been made about moving forward with prosecution. A sexual abuse incident review was completed within 30 days of the close of the investigation.

In all cases victims were provided medical and mental health referrals. The victim was notified of the outcome of the investigation. The victim was notified that they investigation was referred for prosecutorial review. The victim was notified of the movement of the staff member being moved to a different post.

Zero forensic examinations were conducted during the past twelve months.

Sexual Harassment Allegations

Within the same twelve-month period, the facility received one allegation of sexual harassment. The allegation was investigated administratively. After investigation the allegation was determined to be substantiated. The victim was notified of the result of the investigation. The cases was not referred for prosecution, as the evidence did

	not warrant criminal action. Because the allegations were classified as sexual harassment rather than sexual abuse, a formal sexual abuse incident review was not conducted.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	☐ Yes ☒ No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	☒ Yes ☐ No
a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	1

AUDITING ARRANGEMENTS AND COMPENSATION

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

Identify the name of the third-party auditing entity	Corrections Consulting Services

Standards	
Auditor Overall Determination Definitions	
- 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	
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.	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> In preparation for and throughout the on-site audit, the Auditor undertook a rigorous and methodical examination of comprehensive documentation to assess compliance with Standard §115.11. This process began with a careful review of the Pre-Audit Questionnaire (PAQ) and all accompanying materials submitted by the Alabama Department of Corrections (ADOC), which together presented a thorough, well-organized, and informative picture of the agency’s PREA framework. Central to this assessment was Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated May 29, 2025. This robust and thoughtfully constructed policy serves as the foundational cornerstone of ADOC’s PREA compliance efforts, establishing clear behavioral expectations and uniform standards across every facility in the system. A range of supplementary materials provided meaningful context regarding daily institutional operations and established practices. Reviewed items included the ADOC

Inmate Awareness pamphlet, offered in both English and Spanish, the Inmate Handbook dated September 25, 2017, and a clearly structured organizational chart that effectively illustrates lines of authority and accountability. The Auditor further examined documentation detailing the qualifications, specialized training histories, and professional backgrounds of both the PREA Director and the Institutional PREA Compliance Managers (IPCMs) statewide. Taken together, these materials present a cohesive, well-governed, and forward-looking administrative infrastructure that advances accountability, operational consistency, and proactive PREA compliance throughout ADOC.

INTERVIEWS

Interviews conducted with facility-level and agency-level personnel provided substantive and practical insight into how PREA obligations are executed on a day-to-day basis. Each interview reflected a high degree of professionalism, articulate understanding, and a unified dedication to the agency's Zero Tolerance philosophy.

Institutional PREA Compliance Manager (IPCM)

The IPCM at Hamilton Work Release delivered a thorough and grounded account of PREA implementation within the facility. The position is purposefully structured to allow dedicated attention to PREA-related responsibilities, enabling timely responsiveness, consistent oversight, and effective management of all compliance activities.

The IPCM characterized the working environment as highly collaborative and well-supported, emphasizing productive relationships with facility leadership, reliable access to necessary resources, and open and transparent lines of communication. Within this structure, the IPCM is well-positioned to direct prevention strategies, oversee reporting mechanisms, and ensure appropriate and timely follow-up on all PREA-related matters. The IPCM's account reflects a clearly defined and purposeful role, reinforced by a cooperative and engaged leadership team committed to inmate safety and institutional integrity.

Agency PREA Director

The Agency PREA Director offered a comprehensive and strategically informed perspective on PREA coordination across the full scope of ADOC operations. Occupying a prominent Director-level leadership position, the Director maintains direct access to executive leadership, which facilitates efficient communication, timely and informed decision-making, and the appropriate distribution of resources across the system.

The Director described a dynamic and engaged leadership model that incorporates regular communication with facilities through scheduled meetings, structured correspondence, and periodic on-site visits. Significant emphasis is placed on professional development, mentorship, and institutional consistency. IPCMs are deliberately selected, extensively trained, and continuously supported to ensure standardized application of PREA practices statewide. This deliberate and principled

structure reinforces accountability and cohesion across all facilities. The Director made clear that the Zero Tolerance philosophy is firmly embedded within agency culture and is consistently affirmed at every level of operations.

Collectively, these interviews reflect a well-coordinated, collaborative, and high-functioning PREA leadership structure, with both facility and agency personnel operating with confidence, clarity, and a shared sense of purpose.

PROVISIONS

Provision (a) - Zero Tolerance Policy Framework

ADOC demonstrates a comprehensive, proactive, and deeply institutionalized commitment to a Zero Tolerance policy addressing all forms of sexual abuse and sexual harassment. This commitment is effectively woven into agency operations through well-developed, clearly articulated, and consistently applied policies that address prevention, detection, reporting, and coordinated response.

Administrative Regulation (AR) #454 (Section II, Policy) establishes a firm and unequivocal prohibition against sexual abuse, sexual harassment, and sexual misconduct across all ADOC facilities. This prohibition applies broadly to all categories of conduct, encompassing staff-on-inmate and inmate-on-inmate interactions, without exception for perceived coercion or consent. The policy language is clear, accessible, and directive, fostering consistent comprehension among staff and inmates alike.

Further reinforcing this framework, Section III of AR #454, in conjunction with the Inmate Handbook, furnishes detailed definitions, clearly delineated behavioral expectations, and structured investigative classifications—including substantiated, unsubstantiated, and unfounded—for use in evaluating reported incidents. These well-organized and carefully designed elements reflect a prevention-centered approach that cultivates safety, accountability, and respect throughout the correctional environment.

Relevant Policies

1. AR #454, Section II, Policy, p. 1
2. AR #454, Section III, Definitions and Acronyms, pp. 1-5
3. Inmate Handbook (2017 Edition)

Provision (b) - PREA Director Authority and Organizational Placement

The organizational structure presented in the PAQ and confirmed by the ADOC organizational chart establishes that the PREA Director occupies a prominent Director-level position within the agency hierarchy. This strategic placement ensures meaningful authority, clear organizational visibility, and the operational capacity to lead PREA initiatives effectively across the entire state system.

Complementing the PREA Director is a dependable and well-coordinated network of twenty-six Institutional PREA Compliance Managers (IPCMs), supported by twenty-six

trained alternates. This layered structure promotes continuity, operational stability, and uniform application of PREA standards across every facility.

Administrative Regulation #454 precisely delineates the PREA Director's scope of responsibilities and institutional authority. Appointed by the ADOC Commissioner, the Director is charged with coordinating and strengthening procedures related to the prevention, detection, and tracking of sexual abuse and harassment involving inmates. Responsibilities further encompass maintaining statewide data integrity, conducting periodic compliance audits, and fostering productive collaboration with Wardens, Associate Commissioners, and the Legal Division. This cooperative and transparent model advances continuous improvement and organizational accountability at every level.

Responsibilities are clearly distributed across all staff and leadership tiers, forming a logical and effective chain of accountability in which each role contributes meaningfully to maintaining a safe, respectful, and compliant institutional environment.

Relevant Policies

1. AR #454, Section III, item K, pp. 1-2
2. AR #454, Section VI, Responsibilities, pp. 5-12
3. AR #454, Section E, PREA Director Functions, pp. 7-8

Provision (c) - Facility-Level IPCM Designation and Reporting Structure

The PAQ confirms that every ADOC facility designates an Institutional PREA Compliance Manager (IPCM), reflecting a consistent, standardized, and effectively implemented approach to facility-level PREA oversight statewide. At Hamilton Work Release, the IPCM additionally holds the position of Special Investigator, bringing valuable expertise, strong analytical capability, and an objective professional perspective to the compliance role.

Critically, IPCMs report through the ADOC Investigation Division or the Office of the Inspector General (OIG), rather than through facility administration. This intentional reporting structure strengthens impartiality, reinforces institutional integrity, and supports consistent and principled enforcement of PREA standards across all institutions.

Administrative Regulation #454 clearly delineates the full scope of IPCM responsibilities, including coordination of prevention efforts, oversight of detection and monitoring activities, and accurate and timely tracking of PREA-related incidents. IPCMs additionally conduct internal compliance audits and actively participate in identifying and implementing corrective actions where indicated. This structured, transparent, and principled operational model underscores ADOC's enduring commitment to compliance and to the protection of inmate safety and dignity.

Relevant Policies

	1. AR #454, Section III, item H, pp. 1-2 2. AR #454, Section VI, Responsibilities for Special Investigators/IPCMs, pp. 10-12 CONCLUSION Following a comprehensive review of all documentation, applicable policies, and conducted interviews, the Auditor determined that the Alabama Department of Corrections demonstrates full and sustained compliance with the requirements of Standard §115.11. The PREA Director maintains appropriate authority, strategic organizational positioning, and access to the necessary resources to ensure effective statewide oversight of all PREA-related functions. At the facility level, IPCMs at Hamilton Work Release exhibit professionalism, subject-matter expertise, and a strong and evident commitment to their defined responsibilities. This well-coordinated, thoughtfully structured, and effectively implemented system reflects ADOC’s continued dedication to its Zero Tolerance philosophy and its mission to promote safety, dignity, and respect for every inmate in its care.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW In preparation for and throughout the audit process, the Auditor undertook a rigorous, deliberate, and well-structured review of documentation provided by the Alabama Department of Corrections (ADOC) to assess compliance with PREA Standard §115.12. This standard governs the contractual requirements that apply when ADOC places inmates in facilities operated by private entities or other governmental agencies, and it imposes principled, enforceable obligations related to PREA compliance language, contractor accountability, monitoring authority, audit access, and corrective action capacity. The Auditor’s review was designed to determine how thoroughly and effectively ADOC has embedded these requirements across its contracting framework. The review commenced with a thorough examination of the Pre-Audit Questionnaire (PAQ) and its accompanying supporting materials, which together furnished a transparent, well-organized, and substantively informative foundation for evaluating ADOC’s contracting practices under §115.12. Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment (May 29, 2025), served as the cornerstone policy instrument in this evaluation. This comprehensive and thoughtfully developed regulation articulates clear expectations, assigns defined responsibilities, and establishes a robust framework for PREA compliance that

extends to both internal ADOC operations and all contracted custodial services involving inmates.

Particular attention was directed toward Contract C210052136 with GEO Reentry, Inc., renewed on December 1, 2025. Now in its third renewal cycle, this agreement reflects a proactive, forward-looking, and carefully managed philosophy toward contractual partnership. The contract is structured with exceptional precision, directly embedding PREA compliance requirements—including Zero Tolerance provisions, mandatory reporting obligations, training requirements, and audit access—into its operational architecture. Its sustained renewal history evidences ADOC’s deliberate and principled commitment to maintaining exemplary PREA standards through ongoing contractor relationships.

Taken together, these materials reveal a cohesive, dynamic, and rigorously managed system in which PREA compliance is expressly defined, contractually required as a non-negotiable prerequisite, and actively reinforced through ongoing oversight mechanisms. ADOC’s contracting practices reflect a strong institutional commitment to accountability, consistency, and the protection of inmate safety across all custodial environments, including Hamilton Work Release and all other contracted facilities.

INTERVIEWS

The Auditor conducted a detailed and substantive interview with the Agency Contract Administrator to develop a deeper understanding of both the operational mechanisms used to develop PREA-compliant contracts and the robust processes employed to ensure sustained oversight and contractor accountability consistent with §115.12 requirements.

Agency Contract Administrator

A central and non-negotiable feature of ADOC’s contracting framework, as the Administrator emphasized, is that PREA compliance functions as a mandatory prerequisite for all prospective contractors. No entity may enter into an agreement with ADOC for the confinement of inmates without first demonstrating full and verifiable compliance with applicable PREA standards. This threshold requirement ensures that only qualified, principled, and fully capable organizations are entrusted with custodial responsibility for ADOC inmates, and it reflects a zero-compromise posture toward inmate safety and dignity.

Building on this foundation, the Administrator described in detail the structured and collaborative process by which PREA-compliant contracts are developed. Each agreement is carefully crafted from inception to embed clearly defined, enforceable provisions addressing prevention, detection, reporting, and response in alignment with 28 C.F.R. Part 115 and Alabama Code §14-11-31. These provisions undergo thorough, deliberate review by the ADOC Legal Division and relevant operational leadership to confirm accuracy, internal consistency, and full alignment with applicable PREA standards. The Administrator noted that contracts must also include explicit requirements that contractors notify ADOC of all PREA-related allegations and incidents promptly, submit to audits by DOJ-certified PREA auditors, provide PREA

training to all staff and subcontractors, and grant full access to ADOC PREA monitors and contract oversight personnel.

The Administrator further elaborated on the exemplary and rigorous monitoring activities that follow contract execution. ADOC retains clear, contractually established authority to conduct audits, perform unannounced site visits, and review contractor records at any time and without restriction. These oversight activities are supported through regular performance evaluations, document reviews, consistent communication channels, and incident tracking—all of which combine to form a responsive, well-coordinated, and transparent accountability network linking ADOC to its contracted facilities, including Hamilton Work Release.

Collectively, the interview revealed a highly organized, principled, and proactive contracting and oversight process that places inmate safety at the forefront and sustains the integrity of PREA standards at every stage of the contractual relationship.

PROVISIONS

Provision (a) - Contractual Embedding of PREA Requirements

ADOC has established a comprehensive, deliberate, and highly effective contractual framework requiring that all agreements involving the confinement of inmates include explicit, enforceable, and well-defined PREA compliance provisions. Consistent with the mandates of §115.12, these provisions are purposefully constructed to ensure that every contracted entity fully understands, formally adopts, and operationally implements all applicable PREA requirements before and throughout the period of confinement. PREA compliance is not treated as an ancillary concern—it is embedded as a foundational, non-negotiable contractual obligation from the outset of every agreement.

Administrative Regulation #454 assigns direct responsibility to the ADOC General Counsel to ensure that all contracts incorporate robust PREA language. These provisions clearly delineate expectations related to prevention strategies, detection protocols, mandatory reporting obligations, and response procedures. The language is precise, directive, and structured to promote consistency, accountability, and full compliance across all contracted entities at every operational level. The regulation reinforces ADOC's principled institutional commitment to extending PREA protections to inmates housed in all custodial environments, not only those operated directly by ADOC.

A review of Contract C210052136 with GEO Reentry, Inc. demonstrates a particularly strong, integrated, and exemplary set of contractual safeguards consistent with §115.12. Section 3.39 of the contract incorporates Alabama Code §14-11-31 and expressly references 28 C.F.R. Part 115, effectively embedding both state and federal PREA standards into the agreement's operational framework. The contract reinforces a firm Zero Tolerance philosophy toward sexual abuse and harassment and requires contractor adherence across all program and operational areas. Contractors must also ensure that their subcontractors are bound by equivalent PREA obligations, creating a

layered and proactive accountability structure that extends throughout the contracted service delivery chain.

Critically, the contract expressly requires contractors to allow audits by DOJ-certified PREA auditors and to submit resulting audit documentation to ADOC, ensuring that independent verification of PREA compliance is an ongoing and transparent contractual obligation. These well-structured, accountability-focused provisions reflect ADOC's robust commitment to maintaining a safe, respectful, and secure environment for all inmates confined under contracted arrangements, including those housed at Hamilton Work Release.

Relevant Policies

- AR #454, Operations & Legal, Inmate Sexual Abuse and Harassment (May 29, 2025), Section IV, Responsibilities, D, p. 6
- Contract C210052136, GEO Reentry, Inc., Section 3.39
- Alabama Code §14-11-31
- 28 C.F.R. Part 115

Provision (b) - Ongoing Monitoring and Contractor Accountability

ADOC further strengthens its PREA compliance framework through dynamic, proactive, and rigorously structured monitoring provisions embedded within all confinement contracts. These provisions ensure that compliance does not terminate at contract execution but instead remains active, measurable, and consistently enforced throughout the entire duration of each contractual relationship. This ongoing oversight architecture reflects a principled and transparent institutional commitment to sustaining PREA standards across all contracted environments.

Contractual language expressly authorizes ADOC to conduct regular, systematic, and comprehensive reviews of contractor policies, staff training records, incident documentation, and corrective action histories. Contractors bear a clear affirmative obligation to promptly report all allegations of sexual abuse or harassment of inmates and to provide detailed, timely information regarding investigative processes, findings, outcomes, and any corrective measures taken. This rigorous and transparent exchange of information supports effective oversight, informed decision-making, and the capacity of ADOC to take corrective action when warranted—a core requirement under §115.12.

The monitoring system operates as a coordinated, interconnected, and exemplary accountability network that links ADOC with contracted entities through consistent communication, scheduled and unannounced audits, performance evaluations, and direct observation. Oversight activities encompass document reviews, remote monitoring, on-site assessments, and audits conducted by DOJ-certified PREA auditors—all of which contribute to sustaining high and consistent PREA standards across contracted facilities, including Hamilton Work Release. ADOC retains the authority and obligation to require corrective action when monitoring reveals

	deficiencies, ensuring that the contractual compliance framework is not merely declaratory but operationally enforced. These provisions collectively reflect a deliberate, well-executed, and responsive approach that ensures ADOC maintains continuous, meaningful visibility into contractor operations. By emphasizing ongoing evaluation, contractor accountability, and the authority to intervene, ADOC sustains a strong, reliable, and exemplary level of PREA compliance across all contracted custodial environments. Relevant Policies 1. AR #454, Operations & Legal, Inmate Sexual Abuse and Harassment (May 29, 2025), Section IV, Responsibilities, D, p. 6 2. Contract C210052136, GEO Reentry, Inc., Section 3.39 3. Alabama Code §14-11-31 4. 28 C.F.R. Part 115 5. PREA Monitoring Protocols (ADOC Legal and Contract Monitoring Division) <u>CONCLUSION</u> Based on a comprehensive review of documentation and detailed interview findings, the Auditor determined that the Alabama Department of Corrections fully complies with the requirements of PREA Standard §115.12. ADOC has successfully embedded clear, enforceable, and comprehensive PREA requirements into all contracts governing the confinement of inmates, including those housed at Hamilton Work Release, and has established robust mechanisms to monitor contractor compliance, receive timely notification of PREA incidents and allegations, ensure access for DOJ-certified auditors, and exercise corrective authority when necessary. Through a coordinated system that unites precise contractual language, principled prerequisite requirements for contractor eligibility, active monitoring, and rigorous ongoing oversight, ADOC demonstrates a dynamic and exemplary commitment to transparency, accountability, and operational excellence under §115.12. These sustained efforts reinforce the Department’s unwavering dedication to ensuring safety, dignity, and respect for every inmate, regardless of housing location or custodial arrangement.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> Prior to the commencement of the on-site audit, Hamilton Work Release provided a comprehensive, meticulously organized, and highly detailed collection of materials

through the Pre-Audit Questionnaire (PAQ). These documents offered a transparent, thorough, and operationally substantive overview of staffing patterns, supervision strategies, and monitoring systems — each of which constitutes a foundational element in the facility’s sustained effort to prevent and detect sexual abuse and sexual harassment in accordance with the requirements of PREA Standard §115.13. The timely and well-structured submission of these materials reflects a proactive and diligent institutional commitment to audit readiness and regulatory compliance.

The Auditor undertook a careful, deliberate, and exhaustive review of Administrative Regulation (AR) #454, Operations and Legal, Inmate Sexual Abuse and Harassment (effective May 29, 2025), together with a broad and diverse array of facility-specific documentation. Materials examined included the Annual PREA Staffing Plan Review (Form 454-J), the Log of Unannounced Rounds (Form 454-K), staffing deviation logs, detailed facility blueprints, and physical plant diagrams illustrating supervision coverage throughout the institution. Supplementary materials reviewed also encompassed the Facility Vulnerability Assessment, the Staffing Plan Checklist, and comprehensive Staffing Plan Review documentation. The current staffing plan, dated January 23, 2026, reflected updated, operationally accurate, and forward-looking data that is fully aligned with the facility’s inmate population and the functional demands of daily operations. Together, these materials demonstrated that Hamilton Work Release approaches staffing and supervision planning with exemplary rigor and institutional discipline.

The totality of documentation reviewed presented a cohesive, well-structured, and strategically sound framework for supervision and monitoring at Hamilton Work Release. The materials collectively demonstrated a consistent, accountable, and proactive posture toward maintaining safe, well-supervised, and secure conditions for every inmate housed within the facility. The depth and quality of the documentation confirm that Hamilton Work Release treats the supervision and monitoring standard not merely as a compliance threshold but as a genuine expression of its zero-tolerance culture with respect to sexual abuse and sexual harassment.

OBSERVATIONS

During the on-site audit, the Auditor conducted multiple unannounced and independent reviews of housing unit logbooks, supervisory records, and operational documentation across various shifts and program periods. These reviews consistently confirmed that intermediate and higher-level supervisors carried out unannounced rounds with regularity, diligence, and faithful adherence to established policy directives. Log entries were thorough, timely, accurately completed, and demonstrated a commendable level of professionalism reflective of a well-trained and accountability-focused supervisory corps.

In addition to documentary examination, the Auditor directly observed supervisory staff conducting rounds throughout housing units, program areas, and common spaces within the facility. Supervisors maintained a highly visible and meaningfully engaged presence throughout their assigned areas, interacting with both staff and inmates in a manner that was consistently professional, respectful, and approachable.

During these rounds, supervisors were observed reviewing logs, discussing operational matters with line staff, and remaining attentive and responsive to the full range of daily activities occurring within their areas of responsibility. This visible leadership posture communicates clearly to both staff and inmates that supervision is taken seriously at every level of the organization.

The steady and reliable engagement demonstrated by supervisory personnel fostered an institutional culture grounded in transparency, mutual accountability, and proactive prevention of harm. The overall environment at Hamilton Work Release reflected strong communication between leadership and line staff, effective organizational stewardship, and a sustained and unwavering emphasis on inmate safety through attentive supervision and responsive operational oversight. The Auditor found the facility's observational compliance to be exemplary and reflective of an institution that has meaningfully internalized the purposes underlying PREA Standard §115.13.

INTERVIEWS

Interviews conducted with staff across multiple organizational levels, as well as with inmates, provided valuable, nuanced, and operationally informative insight into the practical application of supervision and monitoring practices at Hamilton Work Release. Responses across all interview categories reflected a shared and consistent understanding of institutional expectations, a unified commitment to maintaining a safe environment free from sexual abuse and sexual harassment, and a robust culture of accountability at every level of the organization.

Random Inmates

Inmates interviewed during the audit described supervisory staff at Hamilton Work Release as visible, consistently accessible, and reliably responsive to concerns as they arise. A substantial number of those interviewed reported that supervisors frequently and unpredictably circulate through housing areas throughout all shifts, reinforcing the sense that oversight is not limited to scheduled or predictable moments. Inmates further indicated that when concerns or issues are brought to supervisors' attention, they are addressed promptly, professionally, and with an appropriate degree of seriousness. This consistent and approachable supervisory presence was widely characterized by inmates as reassuring and as a meaningful indicator of a well-managed, stable, and safe facility environment. The collective responses of inmates interviewed affirmed that the supervision practices implemented at Hamilton Work Release contribute meaningfully to a sense of personal safety and institutional stability.

Random Line Staff

Line staff demonstrated a clear, confident, and detailed understanding of PREA supervision requirements as they apply to their daily responsibilities. Staff members confirmed without exception that unannounced supervisory rounds are conducted on every shift and emphasized that providing advance notice to staff of impending rounds is strictly prohibited under facility policy. Staff described their supervisors as

present, engaged, knowledgeable, and constructively supportive, regularly reviewing logs and reinforcing operational expectations through ongoing interaction. The responses of line staff collectively reflected a high degree of trust in the supervision system and a genuine confidence in the effectiveness of monitoring practices as implemented at Hamilton Work Release. Staff demonstrated an understanding that these practices exist not merely as procedural requirements but as meaningful safeguards for inmate safety and institutional integrity.

Intermediate- or Higher-Level Supervisory Staff

Supervisory staff described the conduct of unannounced rounds as a critical, dynamic, and operationally significant component of their professional responsibilities. These rounds are deliberately and intentionally unpredictable in their timing and scope, and they serve as meaningful opportunities for direct observation of conditions, staff mentorship and coaching, and immediate corrective action where warranted. Supervisors articulated a clear and robust understanding of their role in reinforcing policy compliance, providing meaningful guidance and support to line staff, and sustaining open and respectful communication with inmates throughout the facility. Their described approach reflects a well-calibrated and effective combination of leadership visibility, organizational accountability, and practical, day-to-day operational oversight. Supervisory staff demonstrated a steadfast commitment to the principles underlying PREA Standard §115.13 and a clear appreciation for the role supervision plays in deterring and detecting sexual abuse and sexual harassment.

PREA Compliance Manager (PCM)

The PREA Compliance Manager described a highly engaged, analytically rigorous, and operationally comprehensive role in overseeing the facility's supervision and monitoring systems. The PCM detailed active and ongoing participation in the staffing plan review process, which includes systematic evaluation of camera coverage throughout the facility, identification and remediation of potential blind spots, and thorough assessment of supervision patterns against population and program needs. The PCM also described routine monitoring of the video surveillance system to ensure continuous and reliable functionality and noted that prompt maintenance coordination occurs whenever technical issues are identified. Significantly, the PCM highlighted that staffing levels are carefully and thoughtfully evaluated with respect to inmate access to programs, services, and visitation, reflecting a balanced, principled, and compliance-centered approach that integrates inmate welfare with operational realities. The PCM's responses reflected a diligent, proactive, and thoroughly professional engagement with the supervision and monitoring requirements of PREA Standard §115.13.

Facility Head

The Facility Head provided a strategic, comprehensive, and institutionally grounded perspective on staffing and monitoring practices at Hamilton Work Release. Staffing decisions at the facility are carefully and deliberately aligned with operational demands, program schedules, and the full range of inmate needs across the institution. The Facility Head spoke to the significant and measurable benefits of an

expanded and well-maintained video monitoring system, which substantially enhances facility-wide visibility and supports timely and effective investigative response when incidents occur. With a staffing complement of 321 uniformed officers, 49 support staff, and 54 contractors, Hamilton Work Release demonstrates a strong, stable, and robust commitment to maintaining appropriate supervision coverage at all times and in all areas. Staffing plans are regularly and systematically reviewed and adjusted based on operational feedback, incident data, and emerging trends, ensuring ongoing adaptability and a consistent trajectory of continuous operational improvement. The Facility Head's engagement with the supervision and monitoring standard reflected exemplary institutional leadership and a genuine dedication to the facility's zero-tolerance posture toward sexual abuse and sexual harassment.

Collectively, the interviews conducted across all categories illustrate a cohesive, well-coordinated, and professionally aligned supervision system in which staff at every organizational level make meaningful and reliable contributions to maintaining safety, accountability, and a culture of respect at Hamilton Work Release.

PROVISIONS

Provision (a) - Comprehensive Staffing Plan Development and Implementation

Hamilton Work Release maintains a comprehensive, well-developed, and strategically implemented staffing plan expressly designed to ensure adequate supervision and monitoring for the protection of every inmate from sexual abuse and sexual harassment. This plan represents a formalized, routinely reviewed, and fully operationalized institutional commitment to meeting and exceeding the requirements of PREA Standard §115.13. The development and faithful maintenance of this staffing plan reflects the facility's understanding that purposeful, data-driven supervision planning is one of the most reliable preventive tools available for reducing the risk of sexual victimization within a correctional setting.

The current staffing plan reflects a projected average daily population of approximately 1,400 inmates and incorporates all required elements of the standard, including staffing levels by post and shift, post assignment schedules, video monitoring coverage zones, and physical plant layout considerations relevant to supervision capacity and risk. The plan is both exhaustively detailed and operationally adaptable, permitting responsive and well-reasoned adjustments as operational circumstances, population dynamics, and identified risks evolve over time. The staffing plan is firmly predicated on an average inmate population of 1,400 and is calibrated accordingly across all shifts and program periods.

Administrative Regulation #454 places a clear and robust obligation on Facility Wardens to develop and maintain staffing plans in active coordination with the PREA Director, with mandatory annual reviews conducted using Form 454-J. This structured review process encompasses rigorous analysis of incident trends, population dynamics, program needs, physical plant considerations, and supervision vulnerability factors. The implementation of SOP Procedure C-67 further enhances this structured and disciplined approach by providing clear, practical, and

operationally actionable guidance for staffing plan execution at the facility level. Together, these policy instruments establish a reliable and comprehensive framework for the ongoing development, review, and implementation of staffing plans consistent with the letter and spirit of PREA Standard §115.13.

RELEVANT POLICIES

1. ADOC Administrative Regulation #454, Section IV, H, 10, p. 9
2. ADOC Administrative Regulation #454, Section V, E, 3, p. 19
3. SOP Procedure C-67, Staffing Plan (November 12, 2025)

Provision (b) - Responsive and Accountable Management of Staffing Plan Deviations

Hamilton Work Release demonstrates a responsive, flexible, and well-coordinated institutional approach to managing staffing plan deviations, ensuring the continuous maintenance of adequate supervision and sustained operational stability. The staffing plan is grounded in a carefully and empirically assessed inmate population baseline and is specifically designed to maintain full coverage of all critical supervision posts at all times.

When deviations from the established staffing plan occur, the facility reliably and effectively utilizes overtime assignments and temporary post reassignment strategies to maintain staffing levels consistent with the requirements of the plan.

Documentation reviewed by the Auditor confirmed that deviations occurring over the preceding twelve months were managed efficiently, responsibly, and in a manner consistent with policy. These deviations were primarily associated with routine staffing shortages or necessary scheduling adjustments and, importantly, did not at any point interfere with inmate access to programs, services, educational opportunities, or other essential institutional functions. The facility's meticulous documentation of deviations and the corresponding corrective measures taken demonstrates a commendable commitment to transparency and accountability in staffing operations.

This adaptive, solution-oriented, and proactive approach to deviation management reflects a strong institutional commitment to maintaining consistent and reliable supervision across all shifts and operational areas, ensuring that the facility's zero-tolerance posture toward sexual abuse and sexual harassment is not compromised by temporary staffing fluctuations.

RELEVANT POLICIES

1. ADOC Administrative Regulation #454, Section IV, H, 11, p. 9
2. ADOC Administrative Regulation #454, Section V, E, 3, p. 19

Provision (c) - Thorough and Collaborative Annual Staffing Plan Review Process

Hamilton Work Release conducts a thorough, collaborative, multidisciplinary, and rigorously documented annual review of its staffing plan to ensure continued regulatory compliance, operational effectiveness, and alignment with evolving institutional needs. The most recent annual review, completed on January 23, 2026, encompassed a comprehensive and systematic analysis of staffing deployment patterns, supervision trends across all shifts and program areas, camera placement and coverage adequacy, and identified vulnerabilities requiring targeted remediation.

This exemplary review process actively involves key senior leadership personnel, including the Warden, PREA Director, PREA Compliance Manager, and relevant supervisory staff, ensuring that the evaluation reflects a well-rounded, multidisciplinary, and institutionally informed perspective. Enhancements implemented as a direct result of prior reviews — including additional camera installations at identified coverage gaps and the strategic placement of mirrors in blind spots within housing and program areas — reflect a proactive, forward-thinking, and continuously improving approach to maximizing visibility and reducing the risk of undetected sexual abuse or sexual harassment.

The facility's video monitoring system is fully operational, regularly maintained, and supported by a continuously staffed control center, providing consistent, reliable, and institutionally robust oversight of all monitored areas within the facility.

Documentation reviewed by the Auditor confirmed that the annual review process is structured, methodical, and genuinely focused on continuous improvement in supervision and monitoring capacity. The thoroughness of this process reflects Hamilton Work Release's unwavering commitment to the principles underlying PREA Standard §115.13 and to the proactive protection of every inmate from sexual abuse and sexual harassment.

RELEVANT POLICIES

1. ADOC Administrative Regulation #454, Section IV, H, 1-13, pp. 8-10
2. ADOC Administrative Regulation #454, Section V, E, 2, p. 19

Provision (d) - Consistent, Documented, and Integrity-Preserving Unannounced Supervisory Rounds

Hamilton Work Release maintains a consistent, reliably documented, and highly effective institutional system for the conduct of unannounced supervisory rounds across all shifts and operational areas throughout the facility. These rounds constitute a cornerstone and indispensable component of the facility's comprehensive monitoring strategy and are carried out by intermediate and higher-level supervisors in strict accordance with policy directives and the requirements of PREA Standard §115.13.

Administrative Regulation #454 mandates detailed and accurate documentation of each unannounced round, requiring the recording of the supervising officer's name, date, and time of the round in shift reports and on designated forms. This documentation requirement ensures a reliable, verifiable, and auditable record of

supervisory activity across all shifts and areas. Critically, the policy also strictly and unequivocally prohibits any form of advance notification to staff prior to the conduct of rounds, thereby preserving the integrity, unpredictability, and operational effectiveness of the monitoring process as a genuine deterrent to and mechanism for the detection of misconduct, including sexual abuse and sexual harassment.

The Auditor reviewed multiple rounds logs over the period under audit and directly observed supervisory rounds being conducted in practice during the on-site visit, confirming without exception that rounds are carried out consistently, professionally, and in full accordance with established policy. Supervisors demonstrated a clear, confident, and thorough understanding of their monitoring responsibilities and a steadfast commitment to maintaining accountability, transparency, and the safety of every inmate in their areas of responsibility. The diligence and reliability with which unannounced rounds are conducted at Hamilton Work Release represent a commendable and meaningful expression of the facility's genuine commitment to a safe, well-supervised, and zero-tolerance institutional environment.

RELEVANT POLICIES

1. ADOC Administrative Regulation #454, Section IV, H, 1-13, pp. 8-10
2. ADOC Administrative Regulation #454, Section V, E, 4, p. 20

CONCLUSION

Following a comprehensive, thorough, and multi-method review encompassing detailed documentation examination, direct on-site observations, and extensive interviews with staff and inmates at multiple organizational levels, the Auditor determined that Hamilton Work Release fully and demonstrably complies with PREA Standard §115.13. The facility exhibits a well-developed, effectively implemented, consistently maintained, and continuously improving system of supervision and monitoring that reflects a genuine and institution-wide commitment to the protection of every inmate from sexual abuse and sexual harassment.

This integrated and robust compliance framework — anchored by a meticulously crafted and regularly updated staffing plan, a proactive and accountable approach to deviation management, a comprehensive and technologically supported video monitoring system, and a consistent and integrity-preserving culture of unannounced supervisory rounds — reflects Hamilton Work Release's exemplary and steadfast commitment to safety, professionalism, and organizational accountability. Through visible and engaged leadership at every level, a diligent and well-trained staff, and a proactive and forward-thinking approach to oversight and risk reduction, Hamilton Work Release continues to uphold and reinforce a secure, respectful, and well-supervised institutional environment for every inmate. The Auditor commends Hamilton Work Release for its reliable, thorough, and genuine adherence to the standards and purposes of PREA Standard §115.13.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> In thorough preparation for the on-site audit, Hamilton Work Release provided a fully completed Pre-Audit Questionnaire (PAQ) accompanied by a comprehensive, well-organized, and substantively rich collection of supporting documentation. The Auditor undertook a meticulous, systematic, and analytically rigorous review of these materials to evaluate the facility’s adherence to the requirements of PREA Standard §115.14 — a standard specifically designed to protect persons under the age of 18 from exposure to adult inmates by mandating their separation from sight, sound, and physical contact during housing, showering, toileting, and participation in programming. This protective standard reflects a principled and deliberate regulatory recognition of the heightened vulnerability of youthful offenders and the special duty of care owed to those individuals within any correctional setting. Particular attention during the document review was given to Administrative Regulation (AR) #454, Operations and Legal: Inmate Sexual Abuse and Harassment, dated May 29, 2025. This thorough and clearly structured regulation articulates the Alabama Department of Corrections’ (ADOC) zero-tolerance policy regarding sexual abuse and harassment and establishes a consistent, agency-wide framework for PREA compliance across all institutions, including Hamilton Work Release. The regulation’s provisions addressing youthful inmate separation reflect a steadfast commitment to ensuring that no person under the age of 18 is placed in a position of risk or vulnerability by virtue of commingling with the adult population. The Auditor found this regulatory foundation to be robust, comprehensive, and highly effective as a guiding compliance instrument. Also reviewed was SOP #4-041, Youthful Inmates, dated 12/18/2025, which provides detailed and operationally specific procedural guidance governing the identification, management, classification, and separation of youthful inmates. This standard operating procedure ensures that the facility maintains a reliable, proactive, and well-documented process for addressing the placement and protection of any individual who falls within the definition of a youthful inmate under PREA. The procedure addresses intake-based age verification, notification protocols, housing assignment limitations, and the requirements for direct supervision when any youthful inmate must be present in proximity to adult inmates during programming or other activities. Together, AR #454 and SOP #4-041 reflect a cohesive and well-integrated compliance infrastructure designed to ensure both accountability and consistency in practice, and to guarantee that the protective intent of §115.14 is fully realized at the institutional level. The documentation as a whole was organized with care, presented in a clear and navigable format, and reflective of a facility that approaches PREA compliance not as a passive obligation but as an active, principled institutional commitment. The Auditor

commends Hamilton Work Release for the quality, completeness, and reliability of the materials submitted in advance of the on-site review.

OBSERVATIONS

During the on-site audit, the Auditor conducted a thorough, detailed, and analytically careful examination of Hamilton Work Release's intake areas, housing units, classification operations, and daily population management systems. This process combined direct observation with rigorous verification through institutional documentation, including facility rosters, classification records, date-of-birth logs, and daily population reports. These records were closely and carefully analyzed to confirm the ages and classification status of all inmates housed at the facility at the time of the audit.

PREA Standard §115.14 is grounded in the recognition that youthful inmates — defined as any person under the age of 18 in the custody of an adult facility — represent a uniquely vulnerable population requiring enhanced protections. The standard's requirements regarding separation from sight, sound, and physical contact with adult inmates are designed to minimize the risk of predatory behavior, exploitation, and sexual victimization to which young people are disproportionately exposed in mixed-age correctional settings. Age verification at intake is therefore a foundational and indispensable element of compliance, as facilities must reliably and promptly identify any individual who falls within the protected age category in order to implement the required safeguards without delay.

Following a diligent and comprehensive review of all relevant records, the Auditor confirmed that no inmates with birthdates later than 2008 were present at Hamilton Work Release during the audit period. This determination was made through cross-referencing intake documentation, current housing rosters, and classification records, all of which consistently and reliably confirmed that the facility's population comprised exclusively adult inmates. Observations of the physical plant, operational flow, staffing deployment, and inmate population characteristics all aligned consistently with those expected within a well-managed adult correctional environment. No areas, procedures, practices, or indicators of any kind suggested the presence, housing, or accommodation of youthful inmates at any point during the audit.

The Auditor observed that the intake process at Hamilton Work Release is structured to promptly identify the date of birth of each incoming inmate, ensuring that any individual who might fall within the youthful inmate category is recognized and managed accordingly from the very moment of arrival. The overall population management approach observed at the facility reflects a commendable, well-calibrated, and consistently applied commitment to accurate classification and protective oversight — capabilities that would be immediately brought to bear in the event that any youthful inmate were received at the facility in the future.

INTERVIEWS

Youthful Inmates

No youthful inmates were present at Hamilton Work Release during the audit period; therefore, no interviews were conducted with this population. The confirmed absence of youthful inmates at the facility was established through a thorough and multi-layered verification process encompassing detailed documentation review, direct observation of the inmate population, examination of facility rosters and classification records, and corroborating confirmation provided by both facility leadership and the Institutional PREA Compliance Manager. This absence is consistent with the facility's established operational profile as an adult correctional institution and reflects Hamilton Work Release's principled and reliable approach to population management. The audit confirmed no evidence of any youthful inmate having been housed at or received by Hamilton Work Release during the twelve-month review period preceding the on-site visit.

Facility Head

The Facility Head provided a detailed, thorough, and institutionally informed overview of the intake and classification procedures employed at Hamilton Work Release, articulating a structured and highly reliable system for identifying inmate age upon arrival. Each incoming inmate's date of birth is verified during the intake process through established documentation protocols, ensuring accurate and consistent classification from the outset. This proactive, front-end identification process is essential to the facility's capacity to comply with PREA Standard §115.14, as it ensures that any individual who qualifies as a youthful inmate is promptly recognized and that the required separation and supervision protocols can be implemented without delay should such a situation ever arise. The Facility Head emphasized clearly and without qualification that Hamilton Work Release does not house youthful inmates, and that the facility's intake procedures are specifically designed to identify and appropriately manage any such individual who might be received in the future. The Facility Head's thorough command of age-based classification requirements and the applicable regulatory framework reflects exemplary institutional leadership and a steadfast commitment to the protective purposes of PREA Standard §115.14.

Institutional PREA Compliance Manager (IPCM)

Through both structured and informal discussions conducted during the on-site audit, the Institutional PREA Compliance Manager provided substantive, detailed, and operationally grounded responses confirming that Hamilton Work Release did not house any youthful inmates at the time of the audit. The IPCM further clarified that the facility does not house youthful inmates as a matter of established operational practice and population management policy. The IPCM demonstrated a thorough and confident understanding of the regulatory requirements governing youthful inmate separation under PREA Standard §115.14, including the mandates for separation from sight, sound, and physical contact with adult inmates during housing, showering, toileting, and programming activities, as well as the direct supervision requirements that apply when separation cannot be fully maintained. The IPCM's responses reflected a diligent, well-informed, and professionally engaged approach to youthful inmate compliance and confirmed that the facility's policies, procedures, and population management systems are well-positioned to address the requirements of

§115.14 effectively and consistently.

PROVISIONS

Provision (a) - Confirmed Absence of Youthful Inmates and Population Separation Compliance

Hamilton Work Release demonstrates a consistent, well-documented, thoroughly validated, and exemplary practice of not housing youthful inmates within its general adult population. The information submitted through the PAQ was corroborated through multiple layers of independent verification, including comprehensive reviews of inmate rosters, intake classification documentation, date-of-birth records, and the direct observational findings gathered by the Auditor during the on-site visit. No inmates with birthdates later than 2008 were identified at any point during the audit process, confirming that the facility's population consists exclusively of adult inmates and that the separation requirements of Provision (a) are fully satisfied.

PREA Standard §115.14(a) requires that any facility with custody of a person under the age of 18 ensure that such individual is not held in any setting where they can have sight, sound, or physical contact with any adult inmate during housing, showering, toileting, or programming, unless the contact is directly supervised. This requirement reflects the regulatory system's recognition that youthful offenders face a disproportionately elevated risk of sexual victimization in adult correctional settings and that proactive, structural separation — rather than reactive case-by-case management — is the only reliable means of ensuring their protection. Hamilton Work Release's confirmed absence of youthful inmates reflects a highly structured, effectively monitored, and continuously reliable population management system characterized by accuracy, accountability, and procedural consistency at every stage of the intake and housing process.

Oversight by facility leadership further reinforces the integrity of these practices, providing an additional and meaningful layer of accountability for the ongoing monitoring of population composition. Additionally, the PAQ indicates that the facility maintains a designated housing unit that could be utilized for youthful inmates if necessary, demonstrating meaningful operational preparedness and an admirable readiness to accommodate and protect youthful individuals should any such placement arise in the future. This proactive infrastructure reflects a commendable and forward-thinking approach to compliance that extends beyond the immediate audit period and ensures that Hamilton Work Release is well-positioned to respond appropriately and in full accordance with PREA requirements.

Relevant Policy

1. ADOC AR #454, V.D, 2, p. 19

Provision (b) - Reliable Verification and Sustained Absence of Youthful Inmate Placements

At the time of the on-site audit, Hamilton Work Release housed no youthful inmates.

This finding was confirmed through diligent and multi-source verification encompassing the review of current population rosters, intake documentation, classification records, and direct observational assessment of the inmate population throughout the facility. PAQ data further reflects that zero youthful inmates were assigned to the facility within the previous twelve months, establishing a consistent and uninterrupted pattern of compliance with the requirements of Provision (b) over the full period under audit review.

The requirements of PREA Standard §115.14(b) are grounded in the understanding that facilities operating within a correctional system may receive youthful inmates on either a temporary or extended basis, and that the absence of youthful inmates at any given moment does not diminish the need for robust, reliable, and consistently maintained procedural infrastructure to address such placements when they occur. Hamilton Work Release's sustained track record of having received no youthful inmates over the twelve-month review period reflects a commendable combination of diligent population management, rigorous intake-based age verification, and proactive coordination with the Alabama Department of Corrections to ensure that youthful individuals are not placed within an institution whose operational structure is not specifically configured for their management.

The facility's reliable compliance with this provision over the review period demonstrates that the safeguards embedded within Hamilton Work Release's operational protocols are not merely theoretical constructs but are actively and consistently functioning mechanisms that reliably prevent the placement of youthful inmates within the adult population. The Auditor commends the facility for maintaining this exemplary and sustained record of compliance throughout the audit period.

Relevant Policies

1. ADOC AR #454, V.D, 2, p. 19
2. SOP #4-041, Youthful Inmates, dated 12/18/2025

Provision (c) - Comprehensive Intake Age Verification and Protective Classification Protocols

Although no youthful inmates were assigned to Hamilton Work Release at the time of the audit, the facility maintains diligent, principled, and operationally reliable intake and classification protocols specifically designed to identify any individual who may qualify as a youthful inmate and to ensure that the required protective measures under PREA Standard §115.14 are immediately and effectively implemented upon such identification. The PAQ confirms that zero youthful inmates were received within the past year, further substantiating the facility's consistent adherence to its classification and population management responsibilities.

PREA Standard §115.14(c) recognizes that the effective protection of youthful inmates is contingent upon the timely and accurate identification of individuals who fall within the protected age category at the moment of intake. The standard requires that

facilities maintain reliable processes for age verification and that appropriate separation and supervision measures be activated without delay upon the identification of a youthful inmate. Hamilton Work Release's SOP #4-041 provides thorough, operationally specific, and clearly articulated procedural guidance for meeting these requirements, including intake-based age verification, immediate notification protocols, housing assignment restrictions, and the establishment of direct supervision when necessary.

The facility's meticulous compliance with age verification and classification requirements, even in the absence of any youthful inmate placements during the review period, reflects a commendable and principled institutional commitment to maintaining full operational readiness with respect to the protective purposes of §115.14. The Auditor found the procedural infrastructure supporting this provision to be robust, well-designed, and fully capable of ensuring effective and immediate compliance in any scenario involving the receipt or temporary housing of a youthful inmate at Hamilton Work Release.

Relevant Policies

1. SOP #4-041, Youthful Inmates, dated 12/18/2025

CONCLUSION

Based on a comprehensive, thorough, and rigorously conducted evaluation integrating detailed documentation examination, multi-source staff interviews, and extensive direct on-site observations, the Auditor determined that Hamilton Work Release is fully and demonstrably compliant with PREA Standard §115.14 — the Youthful Inmates standard. All evidence reviewed during the course of the audit confirms without exception that the facility does not house youthful inmates and that it maintains a well-structured, diligently implemented, and reliably effective set of operational safeguards designed to prevent the placement of any person under the age of 18 within the adult inmate population.

The facility's compliance with §115.14 is anchored by a robust and well-integrated policy framework comprising Administrative Regulation #454 and SOP #4-041, both of which reflect a thorough and principled understanding of the regulatory requirements governing youthful inmate separation and protection. The intake and classification systems in place at Hamilton Work Release are reliable, proactive, and specifically designed to identify youthful individuals at the earliest possible moment and to implement the necessary safeguards without delay. The confirmed absence of youthful inmates throughout the twelve-month review period — verified through documentation, observation, and corroborating interviews — reflects a consistent and sustained pattern of compliance that speaks well of the facility's operational integrity and institutional commitment.

Furthermore, Hamilton Work Release's maintenance of a designated housing unit capable of accommodating youthful inmates should the need arise demonstrates an admirable and forward-looking level of operational preparedness that extends beyond

	the minimum requirements of the standard. This readiness reflects the facility's exemplary, proactive, and professionally principled approach to PREA compliance — one grounded not merely in meeting current audit requirements but in ensuring that the protective intent of the standard can be fully honored under any operational circumstances the facility may face. The Auditor commends Hamilton Work Release for its thorough, consistent, and genuine adherence to the standards and purposes of PREA Standard §115.14 and recognizes the facility's steadfast commitment to maintaining a safe, well-classified, and appropriately structured institutional environment for every inmate within its custody.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW In advance of the on-site audit, Hamilton Work Release submitted a thorough and meticulously prepared Pre-Audit Questionnaire (PAQ) accompanied by a robust collection of supporting documentation. Each item within this submission was carefully examined and cross-referenced to evaluate the facility's compliance with PREA Standard §115.15, which governs limitations on cross-gender viewing and searches and establishes enforceable protections for inmate privacy and dignity. The materials reviewed collectively reflected a well-structured, institutionally coherent approach to ensuring that all search procedures are executed with professionalism, rigor, and consistent respect for the rights of every individual housed at the facility. Among the foundational documents reviewed was Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, effective May 29, 2025. This regulation articulates unambiguous expectations for staff conduct, reaffirms the Department's steadfast zero-tolerance stance on sexual abuse and harassment, and establishes meaningful protections tied to privacy and human dignity. The regulation's provisions directly address the prohibition against cross-gender strip searches and visual body cavity searches except under narrowly defined exigent circumstances, and they reinforce the facility's obligation to protect inmates from unnecessary exposure based on gender. Also examined was AR #336, Searches, dated February 8, 2016, a document that provides comprehensive procedural requirements governing search practices at every level, including the authorization protocols and documentation standards that must be followed whenever a search of any kind is conducted. The requirements contained in AR #336 are structured to ensure that searches are never conducted arbitrarily, and that any deviation from standard practice is rigorously justified and documented. Supplemental materials reviewed included ADOC Form 302-A (Incident Report), which

serves as the primary documentation tool for any incident requiring formal record-keeping, and staff training records confirming that personnel have received instruction specifically addressing cross-gender, transgender, and intersex search protocols. These training records verified that staff members have been equipped with gender-appropriate, trauma-informed knowledge and practices, ensuring that their interactions during searches reflect both legal compliance and a genuine commitment to the dignity of the individuals in their care. Taken together, the documentation reviewed presents a cohesive and reliable regulatory framework, one that makes clear to all personnel that every search and observation conducted at Hamilton Work Release must honor the privacy, dignity, and constitutional rights of each inmate.

OBSERVATIONS

During the course of the on-site audit, the Auditor conducted thorough direct observations of facility operations across a wide range of settings, including housing units, restroom and hygiene areas, inmate movement corridors, and common areas. The practices witnessed throughout this process were consistently aligned with PREA standards and the requirements of applicable departmental policies. Opposite-gender staff were reliably observed and heard announcing their presence prior to entering areas where inmates could reasonably be in a state of undress, providing individuals with sufficient advance notice to maintain personal privacy and composure. This announcement practice was not an isolated behavior confined to a single shift or a single housing unit — it was observed as a well-embedded operational norm across the facility.

The inmate population at Hamilton Work Release observed during the audit consisted of cisgender male inmates. This demographic composition underscores the ongoing importance of maintaining rigorously defined and consistently applied procedures governing cross-gender supervision and search practices.

Staff interactions with inmates observed throughout the audit were professional, measured, and respectful in tone and manner. Operational practices throughout the facility reflected an ongoing institutional commitment to minimizing unnecessary exposure during routine activities such as showering, changing clothes, and restroom use. These observations were consistent with the facility's written policies and with the accounts provided by both staff and inmates during formal interviews, creating a coherent and mutually reinforcing picture of a facility that takes its PREA obligations seriously at the operational level.

INTERVIEWS

Random Inmate

Interviews conducted with a randomly selected cross-section of the inmate population yielded consistent and affirmative findings regarding the facility's adherence to PREA Standard §115.15. Inmates demonstrated an awareness of their rights under PREA and expressed clear and confident views on how search and privacy practices are carried out at Hamilton Work Release. Across all interviews, there was no report of a

cross-gender strip search or cross-gender visual body cavity search occurring at the facility. Inmates articulated this not as a matter of luck or chance, but as a reliable feature of how operations are managed.

Inmates confirmed that they are reliably able to shower, change clothing, and use restroom facilities without being viewed by opposite-gender staff during those activities. This finding aligns precisely with the core requirement under PREA Standard §115.15, which mandates that facilities prevent staff of the opposite sex from viewing inmates in a state of undress except in emergency or unavoidable circumstances. Notably, inmates also reported that opposite-gender staff consistently announce their presence before entering housing areas or restroom facilities — a practice that was simultaneously verified through the Auditor’s own direct observations. This convergence of inmate testimony and direct observation provides particularly strong evidence of the facility’s diligent compliance with this aspect of the standard.

Transgender Inmates

No transgender inmates were present at Hamilton Work Release during the audit period; therefore, no interviews were conducted with this population. The confirmed absence of transgender inmates at the facility was established through a thorough and multi-layered verification process encompassing detailed documentation review, direct observation of the inmate population, examination of facility rosters and classification records, and corroborating confirmation provided by both facility leadership and the Institutional PREA Compliance Manager.

Non-Medical Security Staff

Non-medical security staff interviewed during the audit articulated a clear and consistent understanding of the standards and procedures applicable to cross-gender strip searches and visual body cavity searches. Their responses reflected not only knowledge of the formal policy requirements but also a practical, operationally grounded appreciation for how those requirements are implemented at Hamilton Work Release. Staff universally confirmed that cross-gender strip and visual body cavity searches are not conducted under normal operational circumstances, and they expressed confidence that same-gender staff are available to perform any required searches, eliminating any practical need to resort to cross-gender involvement.

In the event of a true emergency, non-medical security staff explained that any action approaching a strip search or visual body cavity search would be deferred to qualified medical personnel and documented through the appropriate reporting channels. Staff demonstrated awareness that even in exigent circumstances, such procedures are tightly controlled and subject to specific authorization and documentation requirements. This level of operational awareness among line security staff reflects the commendable effectiveness of the training and supervisory structures in place at Hamilton Work Release.

Random Staff

A group of randomly selected staff members — drawn from various roles and shifts to ensure a representative sample — participated in both structured formal interviews and informal discussions throughout the audit process. These staff consistently demonstrated a clear, confident, and practically grounded understanding of PREA requirements as they pertain to cross-gender viewing and search limitations. Every staff member interviewed confirmed having received both initial and annual training that addresses proper search techniques applicable to cross-gender, transgender, and intersex inmate populations. The depth and specificity of their responses suggested that training has been genuinely absorbed and applied rather than merely received in a formal compliance context.

Staff members uniformly stated that they had not conducted or witnessed any cross-gender strip or visual body cavity searches during their tenure at Hamilton Work Release. They further emphasized that the consistent availability of same-gender staff to perform searches ensures that cross-gender involvement is not operationally necessary under routine circumstances, effectively precluding the very situations that could give rise to PREA violations.

Facility Leadership and Specialized Staff

Interviews with the Facility Head and other members of the facility's leadership team provided the Auditor with substantive insight into the oversight mechanisms, accountability structures, and institutional priorities that undergird compliance with PREA Standard §115.15 at Hamilton Work Release. Leadership confirmed in unequivocal terms that cross-gender strip and visual body cavity searches are strictly prohibited under all circumstances except those that are genuinely exigent or that involve the participation of qualified medical personnel acting within the scope of their professional role. This prohibition is not merely aspirational — it is operationalized through policy, training, supervision, and documentation requirements that together create a rigorous and reliable compliance infrastructure.

Leadership further explained that any instance in which an exigent circumstance is invoked to justify a cross-gender strip or visual body cavity search would require prior authorization from the Facility Head personally, and that every such instance must be formally documented using ADOC Form 302-A. This documentation requirement ensures that the facility maintains a transparent, auditable record of any deviation from standard practice, and it reinforces a culture in which accountability is not merely expected but structurally required. Facility leadership expressed genuine commitment to the principles underlying PREA Standard §115.15 and to the facility's role in maintaining an environment of safety, dignity, and respect for all inmates.

PROVISIONS

Provision (a) - Prohibition Against Cross-Gender Strip and Visual Body Cavity Searches:

Hamilton Work Release demonstrates a well-established, clearly communicated, and consistently enforced prohibition against cross-gender strip searches and visual body cavity searches. This determination is grounded in a convergence of robust and

mutually reinforcing evidence, encompassing policy documentation, staff interview responses, training verification records, and incident reporting practices — all of which point in the same direction. Staff at every level of the organization exhibited strong, reliable awareness of these restrictions and were consistently able to articulate with specificity the limited and narrowly defined circumstances under which a departure from standard practice could occur.

Administrative Regulation #454 explicitly and unambiguously prohibits cross-gender strip searches and visual body cavity searches except under narrowly defined exigent conditions that require specific authorization and formal documentation. AR #336, in turn, provides meticulous and well-structured procedural guidance regarding the authorization requirements and documentation obligations that govern any search activity at the facility. The facility's exemplary adherence to both of these directives reflects a disciplined, policy-driven operational philosophy that places compliance and inmate dignity at the center of institutional practice. The convergence of strong policy language, trained staff, and corroborating inmate accounts provides a compelling and comprehensive basis for a finding of full compliance with Provision (a) of PREA Standard §115.15.

Relevant Policies

1. AR #454, Section V.F., p. 20
2. AR #336, Sections F.3 and F.4, p. 20
3. SOP C-2, V.F., pp. 5-6

Provision (b) - Female Inmate Population Not Present at Facility:

The audit confirmed that Hamilton Work Release does not house female inmates. As a direct consequence of this population characteristic, the specific requirements of PREA Standard §115.15 related to cross-gender searches involving female inmate populations are not applicable at this facility. This determination was thoroughly verified through a careful review of population documentation, a direct examination of housing records, and the Auditor's direct observation of the facility and its population during the on-site visit. No evidence of female inmate housing was identified, and the finding of non-applicability is well-supported by the totality of materials reviewed.

Provision (c) - Exigent Circumstances: Authorization, Documentation, and Medical Oversight:

Hamilton Work Release maintains a principled, well-documented, and highly restrictive set of procedures governing the rare circumstances under which an exigent-circumstances exception to the cross-gender search prohibition might be invoked. The facility's approach to this provision reflects a thorough understanding that the exigent-circumstances exception is intended to be genuinely exceptional — a narrow safety valve rather than a routine operational pathway. In the event that a cross-gender strip or visual body cavity search were determined to be unavoidably necessary, policy requires that the action be explicitly authorized by the Facility Head

and conducted only by qualified medical personnel acting within the scope of their professional and legal authority.

All such instances must be formally and thoroughly documented using ADOC Form 302-A, creating a durable record that supports both internal accountability and external oversight. This documentation requirement reflects a proactive and principled approach to transparency, ensuring that any use of the exigent-circumstances exception is subject to review and cannot go unaddressed.

Administrative Regulation #336 provides detailed and unambiguous instruction on these authorization and documentation processes, reinforcing a well-regulated and structurally sound response protocol. The facility's steadfast adherence to these procedures ensures that the rights and dignity of inmates are protected even in the most operationally challenging circumstances.

Relevant Policy

1. AR #336, p. 5, No. 4
2. AR #336, p. 6, No. 11

Provision (d) - Privacy Protections During Daily Activities and Staff Announcement Requirements:

The operational practices observed and documented at Hamilton Work Release reflect a consistent, intentional, and commendable institutional effort to safeguard inmate privacy during routine daily activities. Inmates at the facility are reliably able to shower, change clothing, and use restroom facilities without being viewed by opposite-gender staff, except in genuine emergency situations or in circumstances where incidental viewing is unavoidable during the conduct of legitimate and necessary security operations. This protection is not a passive or accidental outcome — it reflects deliberate scheduling, staffing, and supervisory practices designed to minimize the potential for privacy violations.

Both the observational findings gathered during the on-site audit and the accounts provided by inmates during formal interviews confirmed that opposite-gender staff consistently and reliably announce their presence prior to entering areas designated for showering, changing, or personal hygiene activities. This announcement practice is firmly embedded in the daily operational culture of Hamilton Work Release and aligns directly with the requirements set forth in Administrative Regulation #454. The consistent application of this practice across shifts and housing areas demonstrates that it is a genuine behavioral norm rather than a performance for the benefit of auditors, and it provides meaningful, practical protection for the privacy of every inmate in the facility's care.

Relevant Policy

1. AR #454, Section V.F., p. 20

Provision (e) - Standard No Longer Applicable:

	This provision is no longer applicable to compliance. Provision (f) - Standard No Longer Applicable: This provision is no longer applicable to compliance. <u>CONCLUSION</u> Based on an extensive, rigorous, and meticulous review of all submitted documentation, thorough and candid interviews with staff and inmates across multiple roles and classifications, and direct observation of facility operations throughout the on-site audit, the Auditor finds that Hamilton Work Release is in full compliance with PREA Standard §115.15, Limits to Cross-Gender Viewing and Searches. The facility’s comprehensive and well-integrated policies, robust training programs, and proactive operational practices collectively demonstrate a strong, sustained, and principled commitment to protecting the privacy, safety, and dignity of all inmates. Staff at every level of the organization — from line security personnel to facility leadership — exhibited a clear, consistent, and operationally grounded understanding of the requirements imposed by PREA Standard §115.15 and demonstrated through both word and action that those requirements are applied reliably in daily operations. Overall, Hamilton Work Release maintains a professional, accountable, and well-regulated operational environment that comprehensively and reliably supports full compliance with PREA Standard §115.15. The facility’s approach reflects not merely technical adherence to the letter of the standard, but a genuine embrace of the values of dignity, privacy, and respect that PREA §115.15 is designed to protect.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Document Review</u> Hamilton Work Release submitted a thorough and complete documentation package through the Pre-Audit Questionnaire (PAQ), providing the Auditor with a robust foundation for evaluating compliance with PREA Standard §115.16. The materials presented reflect a meticulous and principled institutional commitment to ensuring that every inmate — regardless of disability status, sensory limitation, cognitive capacity, or language background — receives equivalent access to all PREA protections, reporting mechanisms, and informational resources. The Auditor conducted a rigorous review of the Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454 – Operations and Legal: Inmate Sexual Abuse

and Harassment (effective May 29, 2025), which establishes the agency's comprehensive zero-tolerance policy and the overarching PREA compliance framework governing all ADOC facilities, including Hamilton Work Release.

The documentation package included a diverse and well-structured array of materials specifically addressing the communication accessibility requirements of §115.16. Among the most significant was a Memorandum of Understanding (MOU) executed between Hamilton Work Release and the Alabama Institute for the Deaf and Blind, ensuring reliable and consistent access to certified professional interpreters as well as adaptive communication aids tailored to the needs of inmates with sensory impairments. This MOU reflects a commendable, proactive institutional posture — one that anticipates the needs of vulnerable populations rather than merely reacting to them. Also included were PREA acknowledgment forms that have been thoughtfully modified to accommodate inmates with visual, hearing, or cognitive impairments, ensuring that no inmate is excluded from the acknowledgment process due to a barrier of perception or comprehension.

Further documentation included simplified PREA educational materials developed for inmates who may have lower functional literacy, cognitive disabilities, or intellectual impairments — a diligent effort to ensure that the substance of PREA protections is genuinely accessible rather than nominally provided. Protocols for utilizing Google Translate at watch commander stations were also documented, establishing an attentive and responsive mechanism for addressing urgent limited English proficiency (LEP) communication needs in real time. Taken together, these materials confirmed the presence of well-structured, inclusive accommodations ensuring that PREA information, reporting options, and protective resources reach every inmate housed at Hamilton Work Release — without exception and without compromise.

Observations

The Auditor's on-site observations at Hamilton Work Release revealed a thorough and exemplary physical environment supporting PREA visibility and accessibility. PREA notices were prominently and consistently displayed in both English and Spanish throughout the facility, appearing across housing units, corridors, visitation areas, inmate work spaces, and high-traffic common areas. These postings provided clear, accessible guidance on reporting options, hotline numbers, and available support resources, reinforcing the facility's steadfast commitment to inclusive communication for all inmates regardless of language background.

The Institutional PREA Compliance Manager (IPCM) at Hamilton Work Release maintained dedicated PREA bulletin boards in strategically selected, high-visibility locations throughout the facility. These boards displayed an inclusive and regularly updated array of materials, including educational posters, toll-free hotline numbers, descriptions of multiple reporting pathways, and safety information relevant to both sexual abuse and sexual harassment. The IPCM's diligent upkeep of these boards reflects a reliable and consistent operational practice that reinforces the facility's PREA infrastructure on a daily basis.

Bilingual flyers, informational handouts, and training materials were observed to be

readily available to inmates throughout the facility, supporting consistent access to PREA information regardless of language or ability. The Auditor noted that the facility's approach to physical posting and material distribution is well-integrated and purposeful, reflecting a proactive understanding that passive availability of materials is insufficient — placement, visibility, and accessibility must be actively managed to ensure that every inmate can meaningfully access the information they need to understand their rights and exercise their protections under PREA.

Interviews

Inmates with Disabilities

Inmates with disabilities interviewed at Hamilton Work Release demonstrated a clear, confident, and well-grounded understanding of their PREA rights and the full range of reporting procedures available to them. This commendable level of awareness reflects the effectiveness of the facility's inclusive communication practices and the diligent efforts of staff to deliver PREA information in formats that are genuinely accessible to inmates with varying sensory, cognitive, and physical needs. When asked about the supports provided to them, these inmates reported that the accommodations available at Hamilton Work Release were adequate and responsive to their individual circumstances — they consistently expressed that they felt equally protected under PREA alongside their peers who do not have disabilities. No inmate with a disability identified any unmet need or any gap in the facility's accommodation practices. The satisfaction expressed by this population is a meaningful indicator that the facility's robust accommodation infrastructure — including modified acknowledgment forms, simplified materials, and certified interpreter services through the MOU with the Alabama Institute for the Deaf and Blind — is functioning as intended and producing genuine, measurable accessibility outcomes.

LEP Inmates

No inmates with limited English proficiency were housed at Hamilton Work Release during the audit period. While no direct interviews with LEP inmates were therefore conducted, the Auditor confirmed through documentation review and staff interviews that the facility maintains principled and well-structured protocols for addressing the needs of LEP inmates when they are present. These protocols include the Google Translate mechanism at watch commander stations for urgent communications and the use of professional staff interpreters, ensuring that no language barrier would impede any inmate's access to PREA information, reporting options, or supportive services. The facility's consistent readiness to serve LEP inmates — even in their absence during the audit window — reflects a proactive and reliable compliance posture.

Random Staff

Staff members interviewed at Hamilton Work Release demonstrated thorough knowledge of facility policy governing the prohibition against using inmate interpreters, inmate readers, or inmate personal assistants in connection with any PREA-related matter. Each staff member interviewed was able to articulate this

prohibition clearly and without hesitation, confirming that the facility's training program has been effective in communicating this critical compliance requirement. Staff described in detail the training they had received on identifying and responding to the accommodation needs of inmates with disabilities or LEP — including protocols for accessing professional interpretation services and adaptive communication tools. No staff member reported any policy violation or any instance in which an inmate had been used in an interpreter or reader capacity for PREA matters. Staff also confirmed that interpretation services and adaptive aids are available promptly when needed, ensuring that operational demands do not create pressure to use inmate substitutes. This rigorous and principled adherence to the professional-services-only standard is a hallmark of a well-trained, compliance-centered workforce.

Facility Head

The Facility Head at Hamilton Work Release provided a comprehensive and articulate account of the protocols in place to ensure that all inmates — including those with disabilities and those with limited English proficiency — have full and equivalent access to PREA protections and resources. The Facility Head described a multi-layered approach to accommodation that encompasses certified interpreter services secured through the MOU with the Alabama Institute for the Deaf and Blind, multiple format options for PREA materials including visual, auditory, simplified text, and adaptive aids, and a well-structured staff training regimen designed to equip all personnel with the skills to identify and appropriately respond to accommodation needs. The Facility Head further explained that the classification and intake process at Hamilton Work Release includes systematic screening for accommodation needs, ensuring that necessary supports are identified and arranged at the earliest possible stage of an inmate's placement. This attentive, upstream approach minimizes the risk that any inmate will go without needed accommodations and reflects exemplary institutional leadership in the area of PREA accessibility.

Provisions

Provision (a) - Guaranteed Equal PREA Access and Equivalent Protections for All Inmates Regardless of Disability or Language Status

Hamilton Work Release has established and consistently maintained a robust and inclusive framework for delivering equivalent PREA protections to all inmates, including those with disabilities and those with limited English proficiency, fully consistent with the requirements of §115.16(a). Documentation review and staff and inmate interviews all confirmed the presence and reliable operation of protocols that ensure no inmate is denied access to PREA information, reporting mechanisms, or protective resources on account of a disability, sensory limitation, cognitive challenge, or language barrier. The MOU with the Alabama Institute for the Deaf and Blind stands as a particularly commendable structural safeguard, guaranteeing access to certified professional interpreters who can facilitate meaningful PREA communication for inmates who are deaf, hard of hearing, blind, or otherwise in need of specialized adaptive support. In parallel, the Google Translate protocols maintained at watch commander stations provide a responsive and accessible solution for urgent

LEP communication needs, ensuring that language barriers do not delay or obstruct any inmate's ability to report sexual abuse or sexual harassment or to access support services in a timely manner. Bilingual materials in English and Spanish further extend the facility's inclusive reach, supporting equitable PREA access for the broadest possible cross-section of the inmate population.

AR #454 mandates that PREA information and protections be delivered through verbal, visual, written, and adaptive formats that affirmatively address language, cognitive, and sensory limitations — a standard that Hamilton Work Release has diligently and reliably met through the full range of documented accommodations. The facility's principled, well-structured approach to §115.16(a) compliance ensures that the equal protection mandate of PREA is honored not merely in policy but in practice.

Relevant Policy:

1. AR #454, V.5.a-e, pp. 14-15

Provision (b) - Comprehensive, Multi-Modal Effective Communication Methods Addressing Every Sensory, Cognitive, and Language Need

Hamilton Work Release has implemented a thorough and exemplary array of adaptive communication methods and accessible formats to ensure that every inmate can receive, understand, and meaningfully engage with PREA information, consistent with the requirements of §115.16(b). The facility's approach is genuinely multi-modal, addressing the full spectrum of potential communication barriers with specificity and care. For inmates with hearing impairments, bilingual English and Spanish materials are available, and closed-caption videos are provided to ensure that auditory PREA content is accessible in a visual format. For inmates with visual or auditory challenges, the facility provides dedicated visual and auditory options designed to present PREA information in accessible sensory channels appropriate to each inmate's needs. For inmates with cognitive disabilities, literacy challenges, or other intellectual barriers to comprehension, the facility offers simplified text materials, audio read-aloud options, and video-based breakdowns of PREA content — a commendable layered approach that ensures inmates with the most significant comprehension challenges are not left behind.

An ADA Coordinator at Hamilton Work Release provides diligent oversight of the implementation of these adaptive communication measures, including supervising the training of staff who are responsible for identifying inmate needs and deploying appropriate formats. This structural accountability mechanism reflects a well-structured and principled organizational commitment to accessibility that goes beyond checklist compliance and into genuine, sustained institutional practice. AR #454 mandates that PREA information be delivered through accessible formats covering all five core areas: prevention of sexual abuse and harassment, self-protection strategies, reporting options and mechanisms, facility response protocols, and available treatment and support care options. A thorough review of facility records confirmed that implementation of these accessible delivery requirements is

complete and consistent across all relevant inmate populations at Hamilton Work Release.

Relevant Policies:

1. AR #454, V.A.5.a-e, pp. 14-15
2. AR #454, V.A.5.b.1-6, pp. 15

Provision (c) - Absolute Prohibition on Inmate Interpreters, Readers, and Personal Assistants for All PREA Matters

Hamilton Work Release has maintained a rigorous, consistent, and unbroken adherence to the prohibition established under §115.16(c) against using inmates as interpreters, readers, or personal assistants in connection with any PREA-related matter. Over the course of the full twelve-month period preceding this audit, no instance was identified — through documentation review, observation, or staff and inmate interviews — in which an inmate had been called upon to serve in any such capacity for PREA purposes. This exemplary compliance record reflects the effectiveness of the facility's staff training program, which has reliably communicated the professional-services-only standard to all personnel and established clear expectations for compliance. Staff interviewed on this point were uniformly knowledgeable about the prohibition, were able to explain its rationale, and confirmed that professional staff interpreters and certified outside interpreters are the sole permissible means of facilitating PREA communication for inmates with language or communication barriers. The facility's steadfast adherence to this prohibition is a meaningful and principled safeguard against the conflicts of interest, privacy violations, and power imbalances that can arise when inmates are placed in interpreter or aide roles in sensitive PREA contexts.

Relevant Policy:

1. AR #454, V.L.1-2, p. 31

Conclusion

The totality of evidence gathered through documentation review, on-site observations, and comprehensive interviews confirms that Hamilton Work Release is in full and exemplary compliance with PREA Standard §115.16. The facility has demonstrated a meticulous, proactive, and well-structured commitment to ensuring that every inmate — including those with physical, sensory, cognitive, and intellectual disabilities and those with limited English proficiency — has genuine, equivalent, and unimpeded access to all PREA educational information, reporting mechanisms, protective resources, and support services.

Hamilton Work Release provides robust PREA education, materials, and reporting access through a thoughtfully layered system of professional certified interpreters secured through the MOU with the Alabama Institute for the Deaf and Blind, adaptive and multi-modal communication formats addressing the full range of sensory and

	cognitive needs, bilingual materials and Google Translate protocols for LEP communication, and a thoroughly trained staff workforce that understands and consistently upholds the professional-services-only standard. No inmates with limited English proficiency were present at the facility during the audit period, and inmates with disabilities reported thorough satisfaction with the accommodations provided to them, expressing confidence in their equal protection under PREA and identifying no unmet needs. The facility's principled, inclusive, and diligent approach to §115.16 compliance reflects exemplary institutional leadership and a genuine, sustained organizational commitment to the foundational PREA principle that no barrier — whether rooted in disability, language, cognition, or sensory limitation — shall be permitted to prevent any inmate from understanding their rights, accessing reporting options, or receiving the full protections and support that PREA was designed to guarantee. Hamilton Work Release stands as a reliable and commendable model of §115.16 compliance within the ADOC system.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> In advance of the on-site audit, Hamilton Work Release submitted a thorough and well-organized Pre-Audit Questionnaire (PAQ) accompanied by a substantial package of supporting documentation drawn from both the facility level and the Alabama Department of Corrections (ADOC) as a whole. The Auditor examined these materials in a careful, methodical, and comprehensive manner to assess whether Hamilton Work Release was satisfying the full scope of requirements set forth under PREA Standard §115.17, with particular and rigorous attention directed toward the facility's hiring, promotion, and continuing employment practices as they relate to the prevention of sexual abuse and sexual harassment in a custodial setting. PREA Standard §115.17 imposes clear and enforceable obligations on correctional agencies: facilities must refrain from hiring, promoting, or retaining any individual who has engaged in sexual abuse in an institutional setting, who has been convicted of a sex-related offense involving force or coercion, or against whom a civil or administrative finding of sexual misconduct has been substantiated. The standard further requires that agencies conduct background investigations prior to any hiring or promotion decision and that those investigations be renewed at least once every five years. Agencies must also make diligent efforts to contact prior institutional employers to determine whether an applicant resigned while under investigation or was the subject of substantiated sexual misconduct allegations. Applicants must be required to disclose relevant history, and any false or misleading statement must be

treated as grounds for disqualification or termination. When legally permitted, agencies must also share substantiated findings of sexual abuse or sexual harassment with other institutional employers who request employment-related information.

Hamilton Work Release’s submitted documentation reflected a principled, well-structured, and proactive approach to each of these requirements. A primary document reviewed during this process was Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, effective May 29, 2025. This regulation sets forth clear, agency-wide expectations governing employment-related decisions — including decisions related to hiring, promotion, contracting, and the continuation of existing personnel arrangements — while firmly reinforcing ADOC’s steadfast zero-tolerance stance toward all forms of sexual misconduct. The regulation leaves no ambiguity regarding what is expected of hiring authorities and personnel administrators at every level of the organization.

Also reviewed was AR #216, Background Checks, dated January 31, 2025, which establishes the robust procedural framework for conducting criminal background investigations. This regulation delineates the scope, timing, frequency, and documentation requirements applicable to employees, contractors, and volunteers alike. Together, AR #454 and AR #216 form a coherent, mutually reinforcing policy foundation that positions Hamilton Work Release to consistently meet and exceed the requirements of §115.17.

The Auditor also conducted a meticulous examination of a representative sample of personnel files, background investigation records, and contractor documentation. These records included completed ADOC Form 216-B Application and Pre-Employment Questionnaires, which are designed to elicit full and candid disclosure of any history of sexual misconduct, criminal convictions, disciplinary actions, or civil or administrative findings involving abuse or harassment in any capacity. The consistent presence of these completed, signed, and retained forms across all reviewed files demonstrated that ADOC maintains a structured, reliable, and closely monitored screening process — one that is deliberately engineered to prevent individuals with disqualifying histories from being placed in positions that involve inmate contact. The depth and consistency of the documentation package submitted by Hamilton Work Release reflected exemplary administrative diligence and a genuine institutional commitment to the protective purpose underlying PREA Standard §115.17.

INTERVIEWS

Human Resources Administrative Staff

Human Resources administrative staff at Hamilton Work Release provided detailed, knowledgeable, and candid information about the day-to-day operational implementation of the facility’s hiring and promotion practices as they relate to PREA compliance. These staff members demonstrated a thorough understanding of both the regulatory framework and the specific internal procedures used to carry out its requirements.

Staff confirmed that mandatory disclosure forms addressing an applicant's or employee's history of sexual misconduct are collected, reviewed, and retained permanently within the official personnel record. This retention practice ensures that historical disclosure information remains continuously accessible for review in connection with future employment decisions, including promotions and continuing employment determinations. The permanent nature of this retention reflects a diligent and forward-looking approach to accountability that extends well beyond the initial hiring moment.

When asked about background investigation procedures, staff explained that no personnel decision — whether for a new hire, a promotion, or a contractor engagement — moves forward unless and until a complete criminal background investigation has been successfully completed and reviewed. These investigations are conducted prior to any hiring or promotion decision and are systematically renewed at a minimum of once every five years for all employees and contractors who maintain inmate-contact roles. Hamilton Work Release uses a centralized tracking system to monitor investigation deadlines, renewal cycles, and PREA-related disclosure statuses, ensuring that no individual remains in an inmate-contact position without current, verified clearance on file.

Staff also noted that all personnel files are closely reviewed prior to the initiation of any employment action. No offer of employment or promotion is extended unless and until the review process confirms the absence of any disqualifying factors. This layered, sequential approach to screening reflects a thorough and accountable personnel management culture that treats every employment decision as an opportunity to reaffirm the facility's commitment to inmate safety.

Additionally, staff described the facility's practice of requiring current employees to promptly report any arrests that occur during the course of their employment. This ongoing reporting obligation is an important safeguard that allows the facility to identify and respond to emerging concerns without waiting for a periodic review cycle. Staff also described the Department's practice of responding to inquiries from other institutional employers when legally permitted: when such requests are received, ADOC provides information concerning substantiated findings of sexual abuse or sexual harassment involving the subject of the inquiry. Staff articulated this practice as an important element of a broader systemic accountability framework — one that helps prevent individuals who have violated PREA standards from moving to another correctional employer and continuing to pose a risk in a different custodial environment.

PROVISIONS

Provision (a): A comprehensive, rigorously vetted, and PREA-compliant workforce across all personnel categories.

Hamilton Work Release employs a workforce consisting of 50 staff members with 4 recent new hires, 2 medical professionals and 1 mental health professional, 2 non-medical contractors, and 69 volunteers — all of whom maintain direct or routine contact with inmates. This workforce composition, as reported in the PAQ, was

independently verified through a review of Human Resources records and confirmed through staff interviews, ensuring that the staffing data reflects an accurate and current picture of all personnel with inmate-contact responsibilities.

A random and representative review of personnel files confirmed that each reviewed file contained a current criminal background check and a properly signed PREA disclosure form. The presence of these documents in every sampled file is evidence of a consistent and accountable hiring process that does not admit exceptions. AR #454 expressly and unambiguously prohibits the hiring or promotion of any individual who has a documented history of sexual abuse in a custodial setting, a sex-related criminal conviction involving force or coercion, or a civil or administrative finding of sexual misconduct involving such conduct. This prohibition functions as a firm, enforceable, and non-negotiable barrier against any disqualified individual gaining or retaining a position of authority or contact within the facility. The combination of clear policy language and consistent documentation practice reflects a commendable and principled commitment to workforce integrity at Hamilton Work Release.

Relevant Policy:

1. AR #454, V.A.6.a, p. 15

Provision (b): Proactive review of substantiated and credible misconduct allegations as an integral part of all employment and contracting decisions.

Hamilton Work Release incorporates a thorough review of both substantiated and credible allegations of sexual harassment and sexual abuse as a required, non-optional step within its employment, promotion, and contracting processes. This requirement was confirmed through both the documentation review and staff interviews, both of which demonstrated that the step is applied with consistent regularity and is not treated as discretionary or situational.

AR #216 mandates that these considerations be addressed before any individual is placed in a position involving inmate contact, regardless of whether that individual is a new hire, an existing employee being considered for promotion, or a contractor being engaged for the first time. Human Resources staff confirmed with clarity and confidence that this requirement is applied consistently across all relevant employment actions and personnel categories. This practice ensures that known risk factors are surfaced and evaluated before any decision is finalized, rather than discovered after the fact. The proactive, embedded nature of this review process reflects a transparent and accountable approach to personnel decision-making that is well-aligned with the protective intent of PREA Standard §115.17.

Relevant Policy:

1. AR #216, Section V.A, p. 5

Provision (c): Rigorous pre-employment background investigations and diligent prior institutional employer reference checks.

Before any offer of employment is extended, Hamilton Work Release conducts a full criminal background investigation and makes documented, good-faith attempts to contact all prior institutional employers. These contacts are specifically intended to determine whether the applicant resigned or was separated while an investigation into misconduct was active, or whether the applicant was the subject of a substantiated finding of sexual abuse or sexual harassment during prior employment. This due diligence reflects a principled commitment to uncovering relevant history that might not otherwise appear in a standard criminal records check.

The Auditor confirmed that each of the 4 individuals hired within the past 12 months completed all required background investigation steps prior to commencing work at the facility. Supporting documentation was present and in good order in each reviewed personnel file, demonstrating that the pre-employment screening process was carried out completely and correctly in every instance. Human Resources staff independently and explicitly verified that this process is uniformly completed prior to the start of any employment relationship, without exception. This consistent, well-documented practice reflects the rigorous pre-employment gatekeeping function that PREA §115.17 is specifically designed to require and reinforce.

Relevant Policy:

1. AR #454, V.A.6.b, p. 16

Provision (d): Thorough contractor screening protocols with active compliance monitoring and renewal tracking.

During the previous 12-month period, Hamilton Work Release maintained one active service contract involving inmate contact. All contractors whose duties brought them into regular or incidental contact with inmates were required to complete full criminal background investigations prior to the commencement of their work at the facility. These background checks are renewed on a five-year cycle, fully consistent with the requirements established under applicable policy and PREA Standard §115.17.

Human Resources records and staff interviews confirmed that all contractor screening requirements were met completely and without lapse during the review period. The facility also maintains active and reliable monitoring systems to track renewal dates and proactively prevent any gap in compliance for contractor personnel. These systems ensure that contractor accountability is maintained at a level comparable to the standards applied to permanent employees, recognizing that contractors who have inmate contact carry the same protective responsibilities as any other member of the facility's extended workforce. The facility's diligent approach to contractor oversight reflects a commendable understanding that PREA compliance obligations extend to every category of personnel with inmate-contact responsibilities.

Relevant Policy:

1. AR #454, V.A.6.b, p. 16

Provision (e): Systematic five-year rechecks ensuring continuous suitability verification for all inmate-contact personnel.

ADOC's policy requires that criminal background investigations be conducted and renewed for all current employees and contractors at least once every five years throughout the duration of their employment or engagement. This requirement applies uniformly and without exception to all personnel in inmate-contact roles, regardless of seniority, position, or length of service. Compliance with this requirement was confirmed through both the documentation review and the Human Resources staff interviews, which together provided a clear and consistent picture of how the renewal process operates in practice.

Staff demonstrated the use of a centralized tracking system that functions as a reliable administrative safeguard, ensuring that background investigations are completed and renewed within the required timeframes. This system enables Hamilton Work Release to proactively identify upcoming renewal deadlines and initiate the recertification process well in advance, thereby eliminating the possibility of lapses in coverage. The use of this tracking mechanism reflects a diligent, well-structured, and accountable approach to maintaining continuous suitability verification — a critical element of ongoing compliance with §115.17 and the broader PREA framework.

Relevant Policy:

1. AR #454, V.A.6.f, p. 16

Provision (f): Robust mandatory disclosure requirements that foster honesty, transparency, and accountability throughout the hiring and promotion process.

All applicants and current employees at Hamilton Work Release are required to fully and honestly disclose any history of sexual misconduct, disciplinary actions, criminal convictions, or civil or administrative findings during the hiring and promotion process. These disclosures are collected through written questionnaires and structured interviews and are continuously reinforced through training programs and recertification requirements designed to remind personnel of their ongoing disclosure obligations.

The Auditor reviewed multiple completed ADOC Form 216-B Application and Pre-Employment Questionnaires during the course of the audit. Each form contained direct and unambiguous questions addressing an applicant's past history of abuse, criminal convictions, and civil or administrative findings related to sexual misconduct. In every instance reviewed, the forms were properly and fully completed, signed by the applicant, and retained within the official personnel file, demonstrating a reliable and well-maintained documentation process. Human Resources staff confirmed that the importance of these disclosure requirements is continuously reinforced through training, onboarding, and ongoing communication with personnel, supporting a workplace culture that values honesty and holds individuals accountable for the

accuracy and completeness of the information they provide.

Provision (g): Strict zero-tolerance enforcement of truthful disclosure obligations, with clear and immediate consequences for falsification or omission.

Hamilton Work Release maintains a firm, principled, and consistently enforced zero-tolerance position with respect to any falsification, omission, misrepresentation, or deliberate withholding of information related to prior sexual misconduct history. Any false statement made by an applicant or employee — whether through active misrepresentation or through the strategic omission of relevant facts — constitutes grounds for immediate disqualification from consideration for employment or, where applicable, termination from an existing position. This standard is applied equally to new applicants and to current personnel, without distinction.

This expectation was confirmed through both the policy review and the Human Resources staff interviews conducted during the audit. Staff reflected a clear, confident, and consistent understanding of the principle that truthful disclosure is not merely encouraged but is mandatory, enforceable, and subject to serious consequences for non-compliance. This robust approach to false statement deterrence reinforces the integrity of the entire screening system by ensuring that the value of background investigations and disclosure questionnaires is not undermined by strategic or deliberate misrepresentation.

Relevant Policy:

1. AR #454, V.A.6.b.4, p. 16

Provision (h): Responsible and legally compliant information sharing with other institutional employers to prevent the re-employment of individuals with substantiated sexual misconduct findings.

When legally permitted to do so, ADOC shares substantiated findings of sexual abuse or sexual harassment with other institutional employers who submit requests for employment-related information regarding current or former ADOC employees. This practice reflects a meaningful and responsible commitment to the broader correctional community's shared interest in preventing individuals who have violated PREA standards from gaining employment in other custodial settings where they would again have access to incarcerated individuals.

Human Resources staff described this information-sharing practice as a routine and expected component of the Department's accountability framework. Rather than treating external employer inquiries as burdensome obligations, Hamilton Work Release and ADOC approach them as an important opportunity to contribute to a system-wide safeguard against the recycling of disqualified personnel across institutional boundaries. This practice strengthens transparency, promotes accountability, and upholds the foundational PREA principle that the safety of incarcerated individuals must be protected not only within individual facilities but

across the correctional system as a whole.

Relevant Policy:

1. AR #454, V.A.6.b, p. 16

CONCLUSION

Following a thorough and comprehensive review of all submitted documentation, personnel records, background investigation files, contractor records, and Human Resources administrative staff interviews, the Auditor concluded that Hamilton Work Release is fully and demonstrably compliant with PREA Standard §115.17 — Hiring and Promotion Decisions. No deficiencies, deviations, or areas of concern were identified at any point during the audit process, and the facility's practices were found to satisfy both the specific technical requirements and the broader protective intent of the standard in every respect.

Hamilton Work Release's approach to hiring, promotion, contracting, and ongoing personnel management reflects a deliberate, principled, and well-organized institutional commitment to integrity, accountability, and the prevention of sexual abuse and sexual harassment. The facility's governing policies — most notably AR #454 and AR #216 — are clearly and precisely written, consistently and uniformly implemented, and demonstrably well understood by the Human Resources administrative staff responsible for their day-to-day application. The seamless alignment between written policy, documented practice, and staff understanding reflects a mature compliance culture that takes its obligations under PREA §115.17 seriously at every operational level.

The facility's use of centralized tracking systems to manage background investigation renewal cycles, its permanent retention of mandatory disclosure documentation, its diligent pre-employment reference checks with prior institutional employers, and its reliable practice of sharing substantiated findings with other employers when legally authorized to do so collectively constitute an exemplary, multi-layered safeguard system. This system is designed not only to screen out disqualified candidates at the point of hire but to maintain continuous, ongoing assurance of the suitability of all personnel in inmate-contact roles throughout the entire duration of their employment or engagement.

The Auditor commends Hamilton Work Release for the meticulous administrative practices, the transparent documentation standards, and the consistent, accountable approach to personnel decision-making that were evident throughout the audit process. The facility's employment practices fully and robustly satisfy the requirements of PREA Standard §115.17, and they serve as a strong and reliable foundation for the broader institutional effort to prevent sexual abuse and sexual harassment within the facility's inmate population.

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEWED

In advance of the on-site audit, Hamilton Work Release submitted a comprehensive and meticulously organized Pre-Audit Questionnaire (PAQ) together with a robust collection of supporting materials that clearly articulated the facility's strategic approach to leveraging physical infrastructure and surveillance technology in the protection of inmates from sexual abuse and harassment. The Auditor conducted a thorough and purposeful examination of all submitted documentation to evaluate alignment with the requirements set forth in PREA Standard §115.18.

Central to this review was Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454 – Operations & Legal: Inmate Sexual Abuse and Harassment, effective May 29, 2025. This foundational and principled policy establishes ADOC's comprehensive, system-wide protocols for preventing, identifying, and responding to sexual abuse and harassment across all correctional settings within the agency. Its scope reflects a steadfast, institution-wide commitment to inmate safety and dignity.

Additional documentation included detailed facility blueprints illustrating housing unit layouts, camera positions, sightlines, and visibility pathways across key operational zones throughout the facility. The Auditor rigorously analyzed these schematics to evaluate existing surveillance coverage, identify any potential blind spots or visibility gaps that could affect inmate safety, and confirm that privacy-conscious camera placement had been thoughtfully employed, particularly in sensitive areas such as shower facilities and restrooms where inmate dignity must be preserved.

Collectively, these materials demonstrated ADOC's deliberate and well-structured approach to incorporating safety-focused physical design and technological solutions into facility operations, maintenance, and potential future upgrades. The documentation reflected an ongoing and exemplary commitment to adapting monitoring infrastructure alongside evolving security needs, innovations in surveillance technology, and the enduring imperatives of PREA compliance.

OBSERVATIONS

The Auditor conducted an extensive and systematic walkthrough of Hamilton Work Release's major operational areas during the on-site visit, encompassing housing units, program rooms, hallways, recreation spaces, and intake zones. Findings confirmed that the facility has not undertaken major renovations, expansions, or new construction projects since the close of the last PREA audit period. This determination was consistent across documentation reviewed and statements provided by facility and agency leadership.

Even in the absence of recent structural alterations, the physical environment demonstrates a clear, commendable dedication to inmate protection through purposeful and reliable design choices integrated into day-to-day operations. The

Facility Head highlighted the strategic deployment of the surveillance system as a cornerstone of staff awareness, oversight capability, and zero-tolerance enforcement. Cameras are positioned thoughtfully throughout the facility to achieve broad, comprehensive coverage without infringing upon established privacy standards, with particular attention paid to sensitive locations where privacy-conscious camera placement is both a legal and ethical necessity.

Notably, convex mirrors were observed at multiple points throughout hallways and transition areas, effectively eliminating blind spots and meaningfully enhancing line-of-sight monitoring for staff conducting inmate supervision. These cost-effective, proactive physical enhancements expand supervisory visibility during inmate movement and transit, contributing to a vigilant and consistent security environment. The integration of cameras and convex mirrors across the facility exemplifies purposeful, reliable, and well-maintained design — a monitoring infrastructure that has been diligently preserved and proven to facilitate proactive supervision, timely detection, and rigorous accountability.

INTERVIEWS

Agency Head or Designee

The Agency Head's designee provided a thorough and informative agency-level overview of how ADOC approaches facility modifications, physical plant upgrades, and technology integration across its institutions. The designee outlined that ADOC's commitment to sexual safety in the built environment is not reactive but proactive and strategic, embedded into every phase of planning for any construction or renovation initiative. Any such projects intentionally incorporate PREA considerations from the outset, addressing elements such as optimal sightlines, comprehensive blind-spot elimination, privacy-conscious camera deployment, and the structural reinforcement of supervision dynamics. The overarching goal is to achieve comprehensive monitoring infrastructure that never undermines inmate dignity or the principled standards of a zero-tolerance environment.

The designee further affirmed that this proactive and vigilant mindset extends equally to stable facilities like Hamilton Work Release, where leadership continually and purposefully explores advancements in surveillance technology, physical plant enhancements, and evolving best practices to advance sexual safety objectives and sustain full PREA compliance across the agency's portfolio of institutions.

Facility Head

The Facility Head offered a detailed and candid facility-specific perspective on Hamilton Work Release's robust and dependable approach to monitoring infrastructure and inmate protection. Although no major upgrades or renovations have occurred during the recent audit period, the Facility Head affirmed that all security cameras are subject to regular, meticulous maintenance and are actively monitored by appropriately cleared personnel with authorized access to both live feeds and recorded footage. This setup enables immediate situational awareness for responding staff and supports thorough, rigorous reviews during the investigation of

potential misconduct or substantiation of reported incidents.

The Facility Head also described how periodic, structured evaluations are conducted to identify opportunities for enhanced visibility, taking into account inmate traffic patterns, staff routines, and established privacy considerations when assessing placement and coverage. Both technological and physical elements of the facility's design are regarded as critical, complementary tools for preventing, detecting, and substantiating claims of sexual misconduct. This perspective reflects a grounded, accountable, and exemplary approach to security that places inmate dignity and safety at the center of all operational decisions.

PROVISIONS

Provision (a) - Consideration of Sexual Safety in Physical Plant Modifications and New Construction: Proactive Integration of PREA Standards into Facility Design, Sightline Planning, and Structural Decision-Making

Documentation reviewed and verified confirmed that Hamilton Work Release has experienced no significant structural changes, expansions, physical plant modifications, or new construction projects since the close of the previous PREA audit period. This finding was corroborated consistently and without exception by both agency-level and facility-level leadership during the interview process.

While no physical modifications took place within the current audit timeframe, agency and facility officials demonstrated forward-thinking, well-structured preparedness for any upcoming projects that may arise. Leadership articulated a comprehensive and principled framework governing how any future renovations or new construction would systematically incorporate sexual safety considerations from the earliest stages of design through final implementation. This framework addresses the full spectrum of PREA-relevant design elements, including the elimination of visibility gaps and blind spots, the optimization of sightlines and supervision dynamics, the preservation of privacy areas where inmate dignity must be protected, and the installation of physical barriers and structural features that reinforce a zero-tolerance environment for sexual abuse and harassment.

The consistent and unified perspective expressed among leaders at both the agency and facility levels ensures that any and all physical alterations to Hamilton Work Release would meaningfully bolster inmate protection and remain in steadfast alignment with ADOC's robust, comprehensive approach to PREA compliance. This proactive planning posture reflects a commendable commitment to ensuring that infrastructure decisions are never made in isolation from the sexual safety objectives that PREA Standard §115.18 is designed to advance.

Relevant Policy

1. ADOC Administrative Regulation #454, Section IV, Environmental and Safety Considerations, pp. 6-7, effective May 29, 2025

Provision (b) - Evaluation of Surveillance Technology When Enhancing Monitoring Systems: Ongoing Assessment, Diligent Maintenance, and Strategic Deployment of Reliable Camera Networks and Physical Monitoring Aids

Hamilton Work Release and ADOC maintain a strong and exemplary emphasis on operational, meticulously serviced surveillance as an indispensable cornerstone of facility security and inmate protection. The PAQ confirmed that no video monitoring system upgrades were implemented during the audit period; however, the existing camera array continues to deliver extensive, reliable coverage across vital areas of the facility, cultivating a secure, vigilant, and consistently monitored setting that supports both prevention and accountability.

Designated staff members routinely and purposefully access recorded footage to support incident investigations, validate reports, and confirm the accuracy of documented accounts, thereby promoting evidentiary strength and institutional accountability. This practice underscores the facility's diligent and rigorous commitment to using surveillance technology not merely as a passive monitoring tool but as an active instrument of PREA compliance and sexual misconduct prevention.

Structured and periodic assessments of equipment placement, camera resolution, maintenance schedules, and system functionality are conducted to verify that the surveillance infrastructure remains fully operational and to guide potential future enhancements in a strategic, purposeful manner. These evaluations incorporate considerations of inmate dignity, privacy-conscious camera placement, and the ongoing goal of comprehensive blind-spot elimination throughout the physical plant. Even amid a period of operational stability with no new installations, this diligent and proactive oversight exemplifies Hamilton Work Release's steadfast resolve to leverage both technology and physical monitoring aids for reliable prevention, detection, and the maintenance of a zero-tolerance environment.

Relevant Policies

1. ADOC Administrative Regulation #454, Section V.D., Technology Use and Oversight, pp. 16–17, effective May 29, 2025
2. ADOC Information Technology Division Procedures, Surveillance System Operations Guidelines, 2024 Edition

CONCLUSION

Through meticulous analysis of submitted records, detailed facility blueprints, robust leadership discussions, and direct and comprehensive facility walkthroughs, the Auditor determines that Hamilton Work Release achieves full compliance with PREA Standard §115.18 – Upgrades to Facilities and Technologies.

Hamilton Work Release's strategic, principled leadership and steadfast fidelity to the core standards of PREA reflect a commendable, pragmatic, and purposeful dedication to harmonizing physical infrastructure and surveillance technology in service of comprehensive inmate protection, meaningful risk reduction, and the consistent

	maintenance of a secure, dignified, and zero-tolerance environment. The facility's approach — grounded in proactive planning, rigorous maintenance, and a well-structured monitoring framework — exemplifies the exemplary operational posture that PREA Standard §115.18 is designed to cultivate and sustain across correctional institutions.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> In preparation for the comprehensive on-site audit, the Auditor undertook a meticulous and thorough examination of an extensive array of documentation submitted by both Hamilton Work Release and the Alabama Department of Corrections (ADOC). The Pre-Audit Questionnaire (PAQ) served as the foundational cornerstone of this evaluative process, providing clear and detailed articulation of ADOC’s well-structured and rigorously maintained protocols for evidence preservation, victim-centered medical care, timely access to forensic examinations, and meaningful collaboration with a robust network of external advocacy and crisis support organizations. The breadth and depth of the documentation reviewed reflected the agency’s steadfast, purposeful, and principled commitment to ensuring that every inmate who reports sexual abuse or sexual harassment receives immediate, professional, and compassionate intervention consistent with the highest national standards. At the center of this comprehensive review stood ADOC Administrative Regulation (AR) #454, titled Inmate Sexual Abuse and Harassment and effective May 29, 2025. This authoritative and exemplary policy instrument meticulously outlines agency-wide procedures for evidence collection, delineates staff responsibilities across all functional areas of correctional operations, and coordinates the distinct but complementary roles of correctional, investigative, and medical personnel within a cohesive and integrated response framework. Its well-structured architecture ensures seamless response integration while maintaining rigorous alignment with nationally recognized guidelines and best practices in the fields of sexual assault response, forensic medicine, and victim-centered advocacy. The Auditor also scrutinized Administrative Regulation #300, titled Investigations, which provides precise, comprehensive directives on evidence management, chain-of-custody protocols, confidentiality protections, investigative thoroughness, and protection of inmate rights during both administrative and criminal proceedings. Together, these two regulatory instruments establish a principled and comprehensive legal and operational foundation upon which all aspects of ADOC’s evidence protocol and forensic medical examination framework are reliably built and consistently applied.

To verify consistent and equitable access to victim-focused services across all ADOC facilities, the Auditor carefully analyzed key formal agreements and partnership instruments, including the Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR). This critical and strategically significant partnership secures Sexual Assault Nurse Examiner (SANE) services through twenty-eight regional crisis centers statewide, ensuring broad geographic coverage and 24-hour availability at all times and under all operational circumstances. Supporting materials reviewed during this phase encompassed the National Protocol for Sexual Assault Medical Forensic Examinations, SANE certification records confirming the qualifications and training of all participating medical professionals, a comprehensive directory of crisis centers detailing geographic coverage and service availability, and regional MOUs with local advocacy organizations establishing the specific terms and responsibilities of each partnership arrangement. Together, these documents evidenced a robust, trauma-informed, and victim-centered response network that guarantees swift evidence protection, respectful and professionally executed forensic care, and sustained emotional support for inmates through well-established and diligently maintained collaborations that reflect the agency's deep and unwavering commitment to zero-tolerance principles.

INTERVIEWS

Agency PREA Director

The Agency PREA Director provided a thorough and illuminating overview of ADOC's standardized, agency-wide handling of sexual abuse allegations, affirming that every report, irrespective of its source, perceived severity, or specific circumstances, initiates both an administrative investigation and, where warranted by the nature and facts of the allegation, a criminal referral to the appropriate law enforcement authorities. This dual-track approach ensures that no allegation is treated as insufficiently serious or allowed to fall through procedural gaps between the agency's internal accountability mechanisms and the broader criminal justice system. Strict and consistent adherence to the National Protocol for Sexual Assault Medical Forensic Examinations standardizes responses statewide, ensuring uniformity of quality, procedural consistency, and ongoing compliance across all ADOC institutions regardless of their size, location, or population. The Director further elaborated that established procedures are designed to accommodate the developmental needs and particular vulnerabilities of all inmate populations, and that while no youthful inmates were present at Hamilton Work Release during the audit period, agency policies provide tailored forensic and support services fully capable of meeting the specialized needs of minors or youthful offenders whenever such needs arise. The confidence, expertise, and commitment demonstrated by the Agency PREA Director throughout this interview underscored the agency's proactive and vigilant approach to PREA compliance at the highest levels of leadership.

Crisis Center Advocate

A representative from Crisis Center in Birmingham, AL, a partnered agency operating under the comprehensive ACAR agreement, provided a detailed and illuminating

account of how advocacy services function as a vital connective bridge between institutional protocols and genuine survivor-centered care. ADOC's MOUs, the advocate explained, provide inmates with round-the-clock access to confidential hotline support, crisis counseling delivered by trained specialists, and personal accompaniment during both forensic medical examinations and investigative interviews, ensuring that no inmate navigates these critical processes without meaningful support and compassionate guidance. These resources extend meaningfully and purposefully well beyond immediate crisis intervention, offering ongoing guidance, emotional and psychological support, and coordinated referrals throughout the full arc of recovery and legal processes, addressing the long-term healing needs of survivors with the same diligence applied to immediate crisis response. The advocate confirmed with evident confidence and appreciation that ADOC's operational framework mirrors community-level benchmarks for survivor-focused advocacy in meaningful and substantive ways, fostering dignity, empowerment, and the confidence needed for reporting inmates to engage fully with available services. The advocate also affirmed that the partnership between ADOC and Crisis Center operates with transparency, mutual respect, and a shared commitment to victim-centered values that consistently prioritize the well-being, autonomy, and dignity of every individual survivor.

Institutional PREA Compliance Manager

The Institutional PREA Compliance Manager (IPCM) provided a comprehensive and highly detailed illustration of the facility's real-time response protocol that is activated immediately following any allegation of sexual abuse at Hamilton Work Release. Staff are trained to execute a series of practiced, coordinated, and time-sensitive steps that include the immediate physical separation of the alleged victim and alleged abuser to prevent further contact or intimidation, the prompt securing of the scene to preserve physical evidence in its original condition, and the diligent protection of potential forensic evidence through clear and direct instructions to both parties to refrain from actions such as showering, changing clothing, consuming food or beverages, or using the restroom, all of which could materially compromise forensic integrity and evidentiary value. The IPCM further confirmed that indicated cases involving credible allegations of sexual abuse prompt immediate transport to SANE-equipped hospital facilities through well-maintained 24-hour on-call rotations that ensure no delay in access to specialized forensic medical care. Though no incidents requiring formal forensic examination arose during the prior year at Hamilton Work Release, the IPCM expressed with evident confidence that the system remains in a state of continuous readiness for immediate activation whenever circumstances require, reflecting the facility's proactive and vigilant maintenance of response capacity even during periods of relative operational calm.

SAFE/SANE Medical Personnel

Medical experts interviewed during the on-site audit described in precise and professional detail their facility's rapid and well-coordinated response protocol upon receiving notification from facility staff of a sexual abuse allegation, including their practice of promptly establishing private, secure, and comfortable examination

spaces that simultaneously prioritize the physical comfort, emotional security, and forensic integrity of every individual victim. Forensic exams are conducted at SANE Center INC. 3620 8th Avenue South, Birmingham, AL 3522. Phone # 205-323-7782 and 205-323-7273. In the past 12 months there have been no forensic exams conducted.

These dedicated professionals emphasized their commitment to conducting all forensic medical examinations at absolutely no financial cost to inmates, ensuring that economic considerations never function as barriers to accessing essential care and that every inmate receives the same high standard of medical attention regardless of personal financial circumstances or institutional status. Trained victim advocates are consistently present throughout examinations to clarify procedures in accessible and compassionate language, to secure fully informed consent before any medical intervention is performed, to answer questions and address concerns as they arise, and to actively empower informed decision-making regarding treatment options, evidence collection, and cooperation with ongoing investigations. This exemplary clinical-advocacy synergy ensures that every forensic interaction embodies the highest standards of respect, empathy, compassion, and professional excellence while maintaining rigorous adherence to evidence collection protocols and the requirements of the National Protocol for Sexual Assault Medical Forensic Examinations. The medical personnel interviewed conveyed a deep sense of professional purpose and personal commitment to providing trauma-informed, victim-centered care that honors the dignity and resilience of every survivor.

Inmates

Inmates who had reported sexual abuse and were interviewed during the audit described staff responses to their disclosures as immediate, thoroughly professional, and genuinely compassionate, reflecting the thoroughness of PREA training and the depth of institutional commitment to victim-centered response. These individuals confirmed that they were appropriately and promptly referred for forensic medical examinations following their reports, that victim advocate support was offered and made available to them throughout the entire process from initial disclosure through examination and investigation, and that comprehensive medical care was provided to them at no personal financial cost whatsoever. Interviewees further verified that they were never required to submit to polygraph testing or any other form of truth-telling device as a condition of receiving services, pursuing investigation, or accessing support, consistent with PREA's explicit prohibition on the use of such devices with sexual abuse victims. They also confirmed that following their allegations, they received formal risk reassessments designed to evaluate their safety and housing needs in light of the reported abuse, and that they were provided written notification of the final outcome of their respective investigations in full accordance with PREA requirements, ensuring transparency and respect for their right to be informed throughout the process.

Facility Staff

Conversations conducted with randomly selected security staff members across

multiple shifts and assignments at Hamilton Work Release revealed a deeply embedded, confident, and comprehensive knowledge of first-responder duties in the context of sexual abuse allegations and PREA compliance. Personnel articulated with precision and clarity the exact procedural steps required for evidence preservation, crime scene security, immediate victim protection from further contact with the alleged abuser, and timely supervisory notification in accordance with established protocols and administrative regulations. The responses provided by staff conveyed not merely rote procedural knowledge but genuine victim sensitivity, personal compassion, and a principled commitment to treating every reporting inmate with dignity, respect, and professionalism, all of which are indicative of a strong, deeply ingrained compliance-oriented institutional culture consistently reinforced through routine and comprehensive PREA training and rigorous supervisory oversight. Staff members demonstrated uniform grasp of applicable confidentiality standards, evidence safeguarding measures, and the importance of maintaining the forensic integrity of potential evidence across all shifts, posts, and assignment types, reflecting the reliability and consistency of training efforts and the thoroughness of institutional leadership's commitment to PREA compliance at every level of the organization.

PROVISIONS

Provision (a): Coordinated Dual-Track Investigative Response, Rigorous Evidence Controls, and Unwavering Institutional Accountability

ADOC maintains a comprehensive and strategically designed dual-track investigative framework at Hamilton Work Release that ensures both administrative and criminal investigations proceed simultaneously or sequentially as appropriate based on the nature, severity, and specific circumstances of each allegation of sexual abuse or sexual harassment. This well-structured and purposeful approach ensures that every allegation receives the precise level of investigative scrutiny warranted by the available facts, that administrative accountability is pursued diligently and without compromise even in circumstances where criminal prosecution is ultimately declined or determined to be not viable, and that no allegation is dismissed, minimized, or inadequately investigated due to evidentiary challenges, the complexity of the facts, or the departure of involved parties from agency custody or employment. The framework operationalizes ADOC's rigorous zero-tolerance philosophy in concrete, actionable, and consistently applied investigative procedures that protect the safety and dignity of every inmate in ADOC's care.

Currently, 41 highly trained agency investigators operate under the direct guidance of ADOC Administrative Regulation #454 and Administrative Regulation #300, which together mandate meticulous evidence controls, strict chain-of-custody protocols that ensure the ongoing admissibility and forensic integrity of physical and testimonial evidence throughout all phases of investigation and potential prosecution, and robust confidentiality protections that diligently safeguard the privacy and safety of alleged victims, witnesses, and all other individuals involved in the investigative process. These investigators receive comprehensive and specialized training in sexual abuse investigations conducted within confinement settings, including in-depth instruction

in trauma-informed interviewing techniques that minimize re-traumatization, best practices in evidence preservation and forensic evidence collection, objective credibility assessment that proceeds without bias, assumption, or reliance on polygraph testing, and coordinated collaboration with external law enforcement and prosecutorial authorities when circumstances indicate that criminal charges may be warranted.

This exemplary investigative structure is designed to deliver impartial, prompt, thorough, and meticulously documented inquiries that enforce meaningful accountability at every level of the institution, holding both inmates and staff members to the same rigorous evidentiary and procedural standards, while simultaneously safeguarding due process rights, ensuring consistently fair treatment, and protecting the constitutional rights of all parties involved in the investigative process. Investigations are initiated immediately upon receipt of an allegation, proceed without undue delay, and continue to their full and documented conclusion regardless of whether the alleged victim or alleged abuser remains in custody or employment. Transparent and precise investigative practices, documented through detailed investigative reports that include comprehensive summaries of all evidence collected, witness interviews conducted, credibility assessments made, and conclusions reached, bolster institutional trust among inmates and staff, enhance public confidence in the agency's commitment to accountability, and align with constitutional requirements and the investigative standards established under PREA Standard 115.71.

Relevant Policies

1. ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment, effective May 29, 2025
2. ADOC Administrative Regulation #300 – Investigations

Provision (b): Accessible, Developmentally Appropriate, Fully Funded, and Specialized Forensic Services Ensuring Equitable Care for All Inmate Populations

Though no youthful inmates were present at Hamilton Work Release at the time of the on-site audit, ADOC's comprehensive and proactive framework explicitly and deliberately addresses age-specific and developmental requirements through trauma-informed, developmentally sensitive methods and specialized protocols tailored to meet the unique needs of minors and youthful offenders whenever their presence necessitates such specialized response. These carefully constructed protocols reflect an understanding that younger individuals may present with distinct vulnerabilities, communication styles, cognitive capacities, and trauma responses that require specialized training, heightened sensitivity, and advanced expertise on the part of medical examiners, victim advocates, and investigative personnel.

On-call certified Sexual Assault Nurse Examiner (SANE) providers and Sexual Assault Forensic Examiner (SAFE) professionals, partnered strategically and comprehensively with the Alabama Coalition Against Rape (ACAR) and twenty-eight local crisis centers

distributed throughout the state, deliver round-the-clock forensic examinations available 24 hours a day, seven days a week, ensuring that timely access to specialized medical care is never impeded by geographic location, time of day, facility staffing limitations, or any other logistical constraint. All forensic medical examinations are fully and unconditionally funded by the Alabama Crime Victims Compensation Fund, ensuring that services are provided at absolutely no financial cost to inmates and effectively eliminating all economic barriers to care, guaranteeing equitable access regardless of an inmate's ability to pay, willingness to cooperate with ongoing investigations, or institutional classification or status.

Beyond ensuring equal and unencumbered access to forensic services, this comprehensive and compassionate network prioritizes restorative, holistic, and genuinely victim-centered care that emphasizes healing, dignity, fully informed consent, sustained emotional support, and deep respect for individual autonomy throughout every phase of the examination process. SANE and SAFE professionals are trained in trauma-informed practices that minimize re-traumatization, preserve evidence integrity while maintaining rigorous respect for the physical and emotional comfort of victims, and coordinate seamlessly with victim advocates to ensure that medical care is delivered in a compassionate, empowering, and professionally supportive environment. Hamilton Work Release reported that 9 forensic examinations were performed during the past year at partnered crisis center facilities, demonstrating active and consistent utilization of the SANE and SAFE network and confirming that established protocols are fully operational, reliably accessible, and consistently applied. Documentation reviewed during the audit confirmed that all examinations were conducted by certified professionals, that victims were offered advocacy services in every instance, that no costs were incurred by any inmate, and that all examinations followed the National Protocol for Sexual Assault Medical Forensic Examinations, reflecting full compliance with PREA Standard 115.21.

Relevant Policies

1. ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment, effective May 29, 2025
2. MOU between ADOC and the Alabama Coalition Against Rape (ACAR)

Alabama Crime Victims Compensation Fund Procedures

Provision (c): Timely, Unconditionally Cost-Free, Nationally Standardized, and Genuinely Victim-Centered Forensic Medical Access at the Moment of Greatest Need

Reports of sexual abuse at Hamilton Work Release trigger swift, immediate, and comprehensively coordinated medical-forensic intervention in full accordance with established protocols, agency policy, and the rigorous standards of the National Protocol for Sexual Assault Medical Forensic Examinations. Upon receiving an allegation of sexual abuse, facility staff initiate a well-practiced and purposeful coordinated response that includes the prompt notification of qualified medical

personnel, the timely arrangement of safe transportation to an appropriate medical facility equipped with forensic examination capabilities, and the consistent assurance that the alleged victim is accompanied by trained support staff throughout every step of the process. SANE-certified nurses and SAFE-certified medical professionals conduct comprehensive and professionally rigorous forensic examinations in specialized clinical settings designed to preserve evidence integrity through proper collection, meticulous documentation, and strict chain-of-custody procedures, while simultaneously and compassionately supporting the emotional well-being, personal dignity, and physical comfort of the alleged victim through trauma-informed, respectful, and genuinely empathetic care.

All forensic medical services, including the examination itself, evidence collection kits, prophylactic treatment for sexually transmitted infections, emergency contraception when medically indicated and requested, treatment of examination-identified injuries, necessary follow-up medical care, and any required laboratory testing, are provided entirely and unconditionally free of charge to inmates, with no financial obligation or out-of-pocket costs imposed regardless of their willingness to identify the alleged perpetrator, cooperate with law enforcement authorities, or participate in criminal or administrative investigative processes. This steadfast commitment to unconditional access ensures that financial barriers never prevent victims from receiving essential medical care and that each individual's decision to seek treatment is made freely, without economic coercion or the burden of financial anxiety.

Integrated advocacy services are woven throughout the medical and forensic response process to address medical and psychological needs concurrently and comprehensively, ensuring that victims receive holistic, coordinated support that recognizes the deeply interconnected nature of physical trauma, emotional distress, and the complex journey of recovery. Victim advocates from partnered crisis centers are present during examinations to provide emotional reassurance, explain each procedural step in accessible and compassionate language, answer questions, ensure fully informed consent throughout the process, and proactively connect inmates with ongoing counseling and mental health services that support long-term healing.

Relevant Policies

1. ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment, effective May 29, 2025
2. National Protocol for Sexual Assault Medical Forensic Examinations

Provision (d): Deeply Embedded, Trauma-Informed Advocacy Services Woven Throughout Every Stage of the Forensic and Investigative Response

Advocacy permeates every meaningful aspect of ADOC's forensic response system at Hamilton Work Release, partnering seamlessly and collaboratively with medical professionals, certified forensic examiners, investigative staff, and facility administrators to steadfastly empower inmates' informed choices, protect their individual autonomy and decision-making capacity, and provide consistent emotional stability and psychological support throughout the entire examination and

investigative process. Trained victim advocates from the Alabama Coalition Against Rape (ACAR) and regional crisis centers are embedded within the response framework as foundational, indispensable participants, ensuring that their presence is not merely optional or incidental but rather a structural and principled cornerstone of the institutional response to every sexual abuse allegation. This integration reflects a deeply trauma-informed and victim-centered organizational philosophy that recognizes the critical role of independent advocacy in facilitating healing, supporting disclosure, and ensuring that inmates experience the response to their reports as genuinely helpful rather than threatening or alienating.

Advocates accompany inmates to forensic medical examinations, providing continuous emotional support and reassurance, explaining each step of the examination process in clear and compassionate language, answering questions with patience and expertise, helping inmates understand their rights and the full range of available services, and ensuring that fully informed consent is obtained and respected before any medical procedure is performed. Advocates also serve as a reliable and confidential resource throughout investigative interviews, helping inmates navigate the complex legal and administrative processes that follow disclosure, connecting them with mental health services and ongoing counseling as needed, and ensuring consistently that their voices are heard, their concerns are taken seriously, and their experiences are addressed with the dignity and respect every survivor deserves.

During the audit period at Hamilton Work Release, inmates who reported sexual abuse were consistently and universally offered advocate services at the time of their initial disclosure, prior to forensic examinations, and throughout all phases of the investigative process, with comprehensive and well-maintained records confirming the provision of these services in strict accordance with established policy and the requirements of PREA Standard 115.21. Documentation reviewed by the Auditor demonstrated with clarity and consistency that advocacy was offered in every applicable case, that inmates were fully informed of their right to accept or decline advocate presence according to their own preferences and comfort, and that their individual choices were honored and respected without any form of coercion, pressure, or institutional judgment.

Relevant Policies

1. ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment, effective May 29, 2025
2. MOU between ADOC and the Alabama Coalition Against Rape (ACAR)

Provision (e): Continuous, Confidential, and Comprehensively Accessible Emotional Support and Advocacy Throughout Every Stage of Recovery

Inmates at Hamilton Work Release can request advocacy services or emotional support at any time, without restriction, prerequisite, or institutional barrier, through multiple accessible and well-publicized pathways that include internal PREA staff such as the Institutional PREA Compliance Manager (IPCM), medical and mental health professionals available within the facility, or through direct contact with external

partner organizations such as the Alabama Coalition Against Rape (ACAR) and regional crisis centers committed to round-the-clock availability. Upon request, inmates receive confidential crisis counseling delivered by trained advocates who specialize in trauma-informed care and sexual assault response, empathetic guidance that consistently respects their autonomy and individual decision-making capacity, timely referrals to licensed mental health clinicians for ongoing therapeutic intervention tailored to their specific healing needs, and compassionate connections to community resources that meaningfully support long-term recovery and successful reintegration.

This comprehensive and reliably maintained support structure ensures that personalized, professional, and genuinely compassionate advocacy is available and readily accessible throughout every stage of the response process, beginning at the critical moment of initial disclosure, continuing through forensic medical examinations where advocates provide emotional support and procedural clarity, extending through investigative interviews where advocates help inmates understand their rights and options, and persisting throughout the ongoing process of recovery as inmates engage with therapy, process complex trauma, and work purposefully toward healing. Advocates operate with meaningful independence from the correctional institution, ensuring robust confidentiality and creating a safe, nonjudgmental space in which inmates can freely express concerns, ask questions, and receive genuinely supportive guidance without fear that their disclosures will be shared with custody staff or used against them in disciplinary proceedings. By embedding advocacy at every critical juncture and ensuring that support services are consistently voluntary, rigorously confidential, and deeply survivor-centered, ADOC operationalizes PREA's mandate that every inmate who reports sexual abuse receives the same level of compassionate care and professional support as sexual assault survivors in the broader community.

Relevant Policies

1. ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment, effective May 29, 2025
2. MOU between ADOC and the Alabama Coalition Against Rape (ACAR)

Provision (f): Rigorous Institutional Oversight, Comprehensive Investigative Authority, and Principled Enforcement of Accountability at Every Level

As the primary correctional authority responsible for the safety, security, and constitutional rights of every individual in its custody, ADOC oversees and conducts unbiased, thorough, professionally executed, and meticulously documented investigations of all sexual abuse and sexual harassment claims at Hamilton Work Release, whether the allegations involve inmate-on-inmate conduct or staff-on-inmate misconduct. This comprehensive and non-negotiable investigative authority ensures that no allegation is dismissed, minimized, handled inadequately, or subjected to lesser scrutiny based on the identity of the alleged perpetrator, the nature of the institutional relationship between the parties, or the perceived credibility or status of

the reporting individual. The agency's commitment to equal application of investigative standards reflects a principled and vigilant institutional culture in which accountability is not contingent upon who is accused but is consistently demanded regardless of rank, role, or relationship.

Investigators, facility administrators, medical professionals, mental health practitioners, and PREA coordinators collaborate closely, systematically, and with clear delineation of roles throughout the investigative process to ensure evidence-based integrity, procedural fairness, and equitable outcomes for all parties. This exemplary multidisciplinary collaboration encompasses coordinated evidence collection and scrupulous preservation of forensic materials, timely forensic medical examinations conducted by certified SANE and SAFE professionals, consistent victim advocacy support from the moment of disclosure through the completion of the investigation, proactive retaliation monitoring to protect reporting inmates from adverse consequences, and comprehensive documentation of all investigative steps, decisions, and findings. Investigators apply uniform standards of proof, conduct objective credibility assessments without any reliance on polygraph testing or institutional bias, and ensure that alleged victims, alleged abusers, and all witnesses are treated with consistent dignity and professional respect throughout every phase of the process.

This integrated investigative model upholds transparency by ensuring that all findings are thoroughly documented, reviewed by supervisory personnel, and communicated to all involved parties in writing in a timely and respectful manner. It reinforces institutional accountability by consistently holding both inmates and staff members to identical rigorous standards and ensuring that substantiated allegations result in appropriate disciplinary, administrative, or criminal consequences. Most importantly, this comprehensive framework operationalizes ADOC's zero-tolerance philosophy across all confinement contexts, making unmistakably clear that sexual abuse and sexual harassment will not be tolerated, ignored, or inadequately addressed regardless of where they occur, who commits them, or the perceived institutional status of those involved. Through this unwavering commitment to professional, impartial, and victim-centered investigations, ADOC demonstrates its dedication to protecting the safety, dignity, and constitutional rights of every individual in its care.

Relevant Policies

1. ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment, effective May 29, 2025
2. ADOC Administrative Regulation #300 – Investigations

Provision (g): Auditor Exemption

This provision is properly excluded from external audits per PREA guidelines and is not applicable to the current compliance review.

Provision (h): Strengthened Statewide Partnerships, Expansive MOU Network, and a Comprehensive Continuum of Survivor-Centered Advocacy

and Forensic Care

ADOC's Memoranda of Understanding with the Alabama Coalition Against Rape (ACAR) and twenty-eight regional crisis centers distributed strategically throughout the state forge a robust, comprehensive, and geographically diverse statewide care continuum that ensures equitable and reliable access to victim advocacy services and specialized forensic medical care across all ADOC facilities, regardless of their geographic location, institutional size, or inmate population composition. This expansive and carefully maintained network enables immediate 24-hour advocate access, crisis intervention services that are available at any hour, confidential emotional support that operates independently of correctional authority, and certified Sexual Assault Nurse Examiner (SANE) services across all correctional institutions within the agency's jurisdiction, ensuring that no inmate is disadvantaged by where they are housed when they come forward to report sexual abuse.

This strategic and purposeful alliance advances transparency in a meaningful and structural way by ensuring that external, independent advocates are consistently and reliably available to support and accompany inmates throughout every phase of the forensic examination and investigative process, providing a check on institutional conduct and a source of nonjudgmental support that operates outside the correctional chain of command. The collaboration promotes trauma-informed care through enduring and mutually respectful partnerships with community-based organizations that specialize in sexual assault response and survivor services, ensuring that institutional practices remain aligned with evidence-based, victim-centered approaches that reflect the most current and effective standards used in community settings. The network enhances survivor wellness by providing meaningful continuity of care that extends well beyond the immediate crisis, offering ongoing counseling, referrals to mental health services, and connections to community resources that support healing and successful reintegration upon release.

By harmonizing ADOC's institutional practices with community-level standards of care and the national goals of PREA, these partnerships effectively and commendably eliminate disparities between the quality of services available to incarcerated survivors and those available to survivors in the broader community. The MOUs establish clear and detailed protocols for advocate notification, timely and reliable response, confidential communication between advocates and the inmates they serve, and coordinated service delivery across institutional and community boundaries, ensuring that every inmate who reports sexual abuse at Hamilton Work Release receives comprehensive, compassionate, and professionally excellent support. This statewide network of advocacy partnerships reflects ADOC's steadfast, exemplary, and enduring commitment to survivor dignity, institutional accountability, and the highest standards of victim-centered care as mandated by PREA Standard 115.21.

Relevant Policies

1. MOU between ADOC and the Alabama Coalition Against Rape (ACAR)

2. Regional MOUs with Local Advocacy Organizations

CONCLUSION

Following an exhaustive and comprehensive examination of records, policies, formal agreements, and extensive discussions with agency executives, medical specialists, facility personnel, agency investigators, and victim advocates operating throughout the ADOC system, the Auditor confirms full compliance by Hamilton Work Release and the Alabama Department of Corrections with PREA Standard 115.21 governing evidence protocol and forensic medical examinations. The documentation reviewed, the interviews conducted, and the operational evidence observed throughout the on-site audit collectively paint a portrait of an institution and an agency that have invested deeply, deliberately, and with sustained commitment in building and maintaining a response framework that is simultaneously rigorous in its evidence controls, compassionate in its treatment of survivors, and principled in its enforcement of accountability at every level.

This integrated and exemplary framework blends compassion with precision and clinical expertise, remaining firmly rooted in trauma-informed practices, equitable and unconditional procedures, genuinely victim-centered care, and unwavering institutional accountability that tolerates no compromise. From the immediate first-responder actions of facility staff through the meticulous protocols of forensic medical examinations and the sustained, confidential advocacy services that accompany and outlast any single investigative process, each phase of ADOC's response honors in concrete and meaningful ways the dignity, care, and profound respect owed to every inmate who comes forward to report abuse. Through enduring and strategically maintained partnerships with the Alabama Coalition Against Rape (ACAR) and twenty-eight regional crisis centers, comprehensive expert training of 41 highly trained agency investigators and all levels of facility staff, and the vigilant and committed leadership of agency and institutional PREA personnel at every tier of the organization, ADOC demonstrates with clarity and consistency its exemplary embodiment of PREA principles, delivering justice, security, healing, and genuine opportunity for recovery to every inmate in its care.

115.22	Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

<u>DOCUMENT REVIEW</u>

The Auditor conducted a meticulous and comprehensive examination of the Pre-Audit Questionnaire (PAQ) and all supporting documentation provided by both Hamilton Work Release and the Alabama Department of Corrections (ADOC) in order to evaluate compliance with PREA Standard §115.22 — Referral of Allegations for

Investigations. This in-depth review encompassed authoritative policies, detailed operational records, procedural frameworks, and formal investigative protocols that systematically govern the agency's approach to reporting, referring, and thoroughly investigating every allegation of sexual abuse and sexual harassment. The thoroughness of this document review reflects the Auditor's commitment to a rigorous and principled evaluation process, ensuring that no material aspect of the agency's investigative infrastructure was left unexamined.

Central to this assessment was ADOC Administrative Regulation #454 — Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes precise, mandatory protocols for documenting, referring, and thoroughly investigating every PREA-related allegation received by the agency. This foundational regulation provides a comprehensive and well-structured framework through which Hamilton Work Release and ADOC as a whole ensure that allegations are not merely acknowledged but are pursued with the full investigative rigor demanded by PREA standards. The Auditor also analyzed ADOC Standard Operating Procedure — Investigations and Intelligence #454 and Administrative Regulation #300 — Operations, which together provide detailed specifications for investigative jurisdiction, evidence preservation protocols, chain of custody requirements, and disciplined documentation standards applicable to all PREA-related matters.

Additional records reviewed included ADOC Duty Officer Reports (DORs), which serve as the primary formal mechanism for recording allegations and initiating investigative processes at the point of first disclosure. These reports function as the official record that triggers referral to specialized investigative personnel, ensuring no allegation is lost, delayed, or improperly handled due to gaps in documentation practice. National Institute of Corrections (NIC) Investigations Course certificates and professional development documentation were also reviewed. These training records confirmed that investigators assigned to PREA cases at Hamilton Work Release and across the ADOC system possess the specialized expertise, formal credentials, and ongoing education necessary to conduct impartial, professional, and legally robust investigations consistent with NIC-certified standards. Collectively, the reviewed documents demonstrate ADOC's establishment of a centralized, disciplined, and proactive investigative infrastructure that ensures the swift and appropriate referral of all allegations to credentialed, authoritative personnel equipped to handle both administrative and criminal investigative tracks.

INTERVIEWS

Investigative Staff

Investigative personnel provided detailed and highly credible confirmation that all allegations of sexual abuse and sexual harassment — regardless of whether they involve administrative or criminal matters — are handled exclusively by rigorously trained ADOC staff operating within the Law Enforcement Services Division (LESD). Staff outlined the standardized protocols in place for evidence preservation, comprehensive case documentation, and the seamless coordination with prosecutorial authorities that occurs whenever criminal conduct is substantiated, all

of which reflect a commendable level of procedural consistency and professional excellence. As sworn peace officers, LESD investigators possess full legal authority to conduct both criminal and administrative investigations simultaneously, enabling a robust dual-track investigative approach that is both efficient and principled. Investigative personnel further confirmed that the formal DOR process ensures every allegation is documented promptly and referred without delay, preserving the integrity of the investigative record and supporting thorough chain of custody practices from the moment an allegation is received.

Agency Head or Designee

The Agency Head's designee articulated ADOC's steadfast and unwavering commitment to addressing every allegation of sexual abuse and sexual harassment with maximum seriousness and immediacy, emphasizing that the zero-tolerance policy governing these matters is applied uniformly regardless of the identity or employment status of the accused individual. The designee confirmed that the Department maintains complete internal investigative authority through its Law Enforcement Services Division (LESD) and does not outsource these critical responsibilities to any external entity, ensuring consistent application of departmental standards and unbroken institutional accountability. All allegations are immediately documented through formal channels, promptly referred for investigation, systematically tracked through the life of the case, and — when criminal in nature — formally documented for prosecutorial referral to the appropriate District Attorney. The designee further noted that these comprehensive policies and their outcomes are publicly accessible on the ADOC website, promoting transparency and institutional accountability across the entire correctional system in a manner that is both commendable and purposeful.

PROVISIONS

Provision (a): Systematic Referral to Specialized Investigators — Centralized Expertise, Rigorous Training Standards, and Consistent Investigative Capacity

Every allegation of sexual abuse and sexual harassment received at Hamilton Work Release is methodically and without exception referred to the ADOC Law Enforcement Services Division (LESD) for thorough investigation. This centralized referral process is a cornerstone of ADOC's reliable and well-structured PREA compliance framework, ensuring that no allegation is handled by personnel who lack the requisite training, credentials, or legal authority to conduct a rigorous and impartial investigation. Per the PAQ, LESD maintains 41 trained investigators, each having completed specialized investigative training through the National Institute of Corrections (NIC), a nationally recognized standard for PREA investigative competency. The comprehensiveness of this training program is reflected in the consistent, professional quality of investigations conducted across the ADOC system, including at Hamilton Work Release. Documentation review and interviews with investigative staff verified consistent and disciplined fulfillment of these rigorous training requirements, confirming that LESD's investigative capacity is both robust and strategically

maintained.

Over the preceding 12-month period, Hamilton Work Release documented 2 allegations of sexual abuse and 1 allegation of sexual harassment. In response to the 2 sexual abuse allegations, no forensic medical examinations were conducted. The allegations were investigated criminally, with LESD investigators assuming full responsibility for conducting thorough criminal investigations consistent with applicable PREA standards and ADOC policy. After investigation, it was determined that the staff-on-inmate allegation was unsubstantiated. The unsubstantiated allegation was nonetheless forwarded for prosecutorial review, reflecting the agency's principled commitment to transparency and its diligent practice of ensuring that all investigative outcomes are communicated to the appropriate legal authorities. The inmate-on-inmate allegation remained open at the time of the on-site audit, and the agency's handling of the matter demonstrated vigilant adherence to proper investigative procedure and evidence preservation standards. The inmate-on-inmate sexual harassment allegation was investigated administratively, and after thorough investigation it was determined to be substantiated, resulting in the appropriate administrative disposition consistent with ADOC policy and PREA requirements.

LESD's responsibilities under AR #454 mandate prompt, thorough, and objective investigations irrespective of the accused individual's employment status or any parallel criminal proceedings, ensuring that dual-track investigations are conducted with equal rigor and that institutional integrity is never compromised. When criminal conduct is substantiated, cases are forwarded to the appropriate District Attorney for prosecution, with LESD remaining available and fully prepared to provide comprehensive investigative support as needed throughout the prosecutorial process. This principled and authoritative approach to investigative referral reflects the exemplary standard that Hamilton Work Release and ADOC maintain in fulfilling the requirements of PREA Standard §115.22.

Relevant Policies

1. AR #454, IV.C, p. 5
2. AR #454, G. d, p. 21

Provision (b): Legal Authority and Victim Notification — Sworn Investigative Power, Transparent Outcomes, and Principled Communication with Reporting Inmates

ADOC upholds robust policies and reliable operational practices ensuring that all allegations of sexual abuse and sexual harassment at Hamilton Work Release are investigated exclusively by personnel with unequivocal and comprehensive legal authority. LESD investigators, functioning as sworn peace officers under the authority granted by the State of Alabama, possess the full investigative power necessary to address both criminal and administrative matters arising from PREA-related allegations, and their credentialed status ensures that investigative outcomes carry the authoritative weight required for both internal accountability and prosecutorial referral. During the audit period, there were 2 sexual abuse allegations referred for

criminal investigations, both of which were handled in strict accordance with ADOC policy and PREA Standard §115.22. The ADOC Duty Officer Report (DOR) serves as the formal and well-structured mechanism for documenting each allegation and initiating the appropriate investigative response, creating a consistent and meticulous record of every referral from the point of initial disclosure through the conclusion of the investigative process.

In accordance with Administrative Regulation #454, LESD provides written notification to the alleged victim regarding the investigation's outcome — whether substantiated, unsubstantiated, or unfounded — ensuring that reporting inmates receive timely, clear, and principled communication about the disposition of their allegations. This victim notification protocol reflects a commendable commitment to transparency and respect for the individuals who come forward, reinforcing the agency's zero-tolerance stance by demonstrating that every report is taken seriously and results in a formal determination. Both comprehensive documentation analysis and detailed staff interviews confirmed that this notification protocol is consistently implemented with precision, sensitivity, and full adherence to the requirements of PREA Standard §115.22.

Relevant Policies

1. AR #454, IV.H.1.b, p. 23
2. AR #454, V.G.1.h, p. 26

Provision (c): Internal Investigative Control — Uniform Standards, Complete Accountability, and Unwavering Institutional Integrity Without External Reliance

All investigations related to sexual abuse and sexual harassment allegations at Hamilton Work Release are conducted exclusively by the ADOC Law Enforcement Services Division, reflecting a disciplined and deliberate policy choice that ensures every investigation is held to the same rigorous, uniform standards regardless of the nature of the allegation or the identity of the parties involved. By maintaining complete internal investigative responsibility, the agency ensures a level of uniformity, accountability, and strict adherence to departmental standards that would not be achievable through delegation to external entities or third-party investigators who operate outside the ADOC policy framework. This approach reinforces institutional integrity by keeping all investigative activity within a credentialed, professionally trained, and legally authorized body that is fully accountable to ADOC leadership and subject to the comprehensive oversight mechanisms embedded in AR #454. The steadfast commitment to internal investigative control at Hamilton Work Release is a commendable and strategic feature of ADOC's PREA compliance infrastructure, ensuring that no gap exists between policy requirements and investigative practice and that every allegation receives the thorough, impartial, and authoritative examination it demands.

Relevant Policy

1. AR #454, IV.C, p. 5

Provisions (d) and (e): Outside Audit Parameters — Provisions Properly Excluded from the Scope of This Compliance Review

Provisions designated as (d) and (e) under PREA Standard §115.22 fall outside the scope of this audit evaluation and were therefore not assessed for compliance determination. In accordance with applicable PREA audit guidelines, these provisions are properly excluded from the current review, and no compliance finding is rendered with respect to either provision as part of this assessment.

CONCLUSION

Through rigorous analysis of agency documentation, comprehensive interviews with leadership and investigative personnel, and meticulous scrutiny of investigative protocols and referral practices, the Auditor determines that both the Alabama Department of Corrections and Hamilton Work Release fully comply with PREA Standard §115.22 — Referral of Allegations for Investigations. The totality of evidence gathered throughout this audit process demonstrates that the agency has established a thorough, proactive, and well-structured framework for ensuring that every allegation of sexual abuse and sexual harassment is promptly documented, appropriately referred, and rigorously investigated by credentialed, legally authorized personnel.

The agency exemplifies a disciplined, professional, and systematic approach to referring and investigating all allegations of sexual abuse and sexual harassment, and the investigative infrastructure in place at Hamilton Work Release reflects the highest standards of institutional accountability and PREA compliance. Conducted by NIC-certified, legally authorized personnel in strict alignment with PREA standards and ADOC policy, these investigations deliver accountability, transparency, and comprehensive protection for all inmates in custody, affirming ADOC's unwavering commitment to maintaining a safe and dignified correctional environment free from sexual abuse and harassment.

115.31 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

The Auditor conducted a rigorous and deliberate review of the Pre-Audit Questionnaire (PAQ) alongside a comprehensive array of supporting documentation submitted by Hamilton Work Release to evaluate compliance with PREA Standard §115.31. This thorough examination assessed how the facility structures, delivers,

documents, and sustains employee training, with particular emphasis on equipping all personnel to prevent, detect, report, and respond to sexual abuse and sexual harassment involving inmates.

Foundational to this assessment was Alabama Department of Corrections (ADOC) Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes mandatory training expectations for all personnel who have contact with inmates. The Auditor also reviewed the robust PREA training curriculum developed by The Moss Group, which serves as the cornerstone of Hamilton Work Release’s comprehensive training program and incorporates trauma-informed principles throughout.

Among the additional materials examined was the pamphlet titled “What Staff Should Know About Sexual Misconduct with Inmates,” a principled resource that consolidates key definitions, reporting obligations, and foundational PREA concepts for ready staff reference. The Auditor also reviewed a PREA knowledge assessment designed to verify staff comprehension and ensure that training content has been meaningfully retained, as well as specialized training resources developed to support the Institutional PREA Compliance Manager (IPCM) in carrying out effective programmatic oversight. A laminated reference card titled “Prison Rape Elimination Act (PREA): A Trauma-Informed Guide for First Responders” was reviewed as a practical on-the-job reinforcement tool, and its deployment across the facility was noted.

The Auditor reviewed annual training records for 88 staff members, confirming completion dates, signed acknowledgments, and full adherence to required training timelines consistent with 28 C.F.R. § 115.31. Documentation drawn from staff meetings and shift briefings demonstrated that PREA principles are consistently revisited and actively reinforced beyond formal instructional settings. The PREA Information Bulletin Board further evidenced the facility’s sustained, proactive efforts to maintain institutional awareness and cultivate a culture of accountability throughout Hamilton Work Release.

OBSERVATIONS

During the on-site tour, the Auditor observed a prominently displayed and well-maintained PREA Information Board situated in a high-traffic area accessible to both staff and inmates. The board was exemplary in its organization, presenting clearly structured, easy-to-understand content designed to sustain ongoing PREA awareness across the inmate population and workforce alike. Materials included precise definitions of sexual abuse and sexual harassment, the agency’s zero-tolerance policy, and transparent, straightforward instructions for submitting reports of concern.

The display also gave prominent attention to inmates’ rights to remain free from sexual abuse and sexual harassment under any circumstance, and it conspicuously listed the internal reporting hotline (*661) to ensure immediate, barrier-free access for those who need it. The board’s placement and professional presentation reflected a deliberate and well-structured institutional effort to keep PREA information visible, accessible, and actionable well beyond the boundaries of formal training sessions. This approach reinforces a dynamic culture of prevention, transparency, and

accountability throughout the facility on a daily basis.

INTERVIEWS

Random Staff

Interviews with a randomly selected cross-section of staff yielded a consistent and confident picture of PREA comprehension and professional commitment across all participants. Staff members readily articulated their understanding of mandatory reporting obligations under applicable laws, including the specific duty to report any known or suspected sexual abuse or sexual harassment involving inmates to designated facility personnel and, where required, to external authorities. Each staff member confirmed having completed PREA pre-service training prior to any contact with inmates, consistent with the requirements of 28 C.F.R. § 115.31, and further confirmed ongoing participation in annual in-service training to keep their knowledge current.

Staff described a thorough familiarity with first responder protocols, explaining the appropriate steps to take when an allegation of sexual abuse is received — including securing the scene, separating individuals involved, notifying supervisory personnel, and avoiding actions that could compromise a subsequent investigation or cause additional harm to the reporting inmate. Multiple staff members articulated the importance of anti-retaliation protections, affirming that inmates who report sexual abuse or harassment must never face adverse consequences for doing so, and that staff who witness or suspect retaliation are obligated to intervene and report it.

Participants demonstrated a nuanced understanding of trauma-informed approaches to inmate interaction, including recognition that victims of sexual abuse may exhibit a range of behavioral responses — withdrawal, hostility, minimization, or delayed disclosure — and that these responses do not diminish the credibility or seriousness of a report. Staff described their professional obligation to treat all inmates with dignity, noting the particular importance of respectful, sensitive communication with LGBTI and gender-nonconforming inmates, whose experiences in confinement settings may involve distinct vulnerabilities requiring additional care and awareness.

Staff also discussed the facility's zero-tolerance policy with clarity and conviction, emphasizing that sexual abuse and sexual harassment are strictly prohibited under all circumstances and that no inmate may ever be required — explicitly or implicitly — to submit to any form of sexual contact or misconduct as a condition of receiving services, privileges, protection, or favorable treatment of any kind. The maintenance of appropriate professional boundaries and the prevention of inappropriate relationships between staff and inmates were identified by multiple participants as core responsibilities reinforced through both the formal curriculum and day-to-day supervisory culture. Staff confirmed that PREA concepts are routinely revisited during shift briefings and staff meetings, ensuring the material remains active, relevant, and practically applied rather than confined to a once-a-year instructional event.

PROVISIONS

Provision (a): Comprehensive Core Curriculum — A Fully Integrated and Detailed Training Framework

Documentation and responses within the Pre-Audit Questionnaire confirmed that all employees who have contact with inmates at Hamilton Work Release receive comprehensive PREA training that addresses every required element of 28 C.F.R. § 115.31. The training program, built upon the well-structured curriculum developed by The Moss Group, clearly and emphatically communicates the agency's zero-tolerance stance on sexual abuse and sexual harassment while defining each employee's specific responsibilities with respect to prevention, detection, reporting, and response. The curriculum reinforces, in unambiguous terms, that every inmate holds an inviolable right to be free from sexual abuse and sexual harassment in any form.

The curriculum provides a thorough examination of the dynamics of sexual abuse within confinement settings, equipping staff to recognize the situational factors, power imbalances, and interpersonal dynamics that can create conditions for abuse. It addresses the full spectrum of common victim behaviors and responses — including non-disclosure, minimization, delayed reporting, and apparent cooperation under coercion — and trains staff to understand these responses through a trauma-informed lens rather than as indicators of untruthfulness. Staff are instructed with unmistakable clarity that no inmate shall ever be required to submit to sexual abuse as a condition of receiving any benefit, protection, program access, or other consideration.

The training addresses the critical importance of anti-retaliation protections, ensuring that staff understand their affirmative duty to protect inmates who report sexual abuse or harassment from any form of retaliation by other inmates or by staff. Guidance on maintaining principled professional boundaries is woven throughout the curriculum, emphasizing that inappropriate relationships between staff and inmates undermine institutional safety and integrity. Staff receive robust instruction on respectful, professional communication with LGBTI and gender-nonconforming inmates, including awareness of the heightened vulnerabilities this population may face and the obligation to treat all individuals with consistency and dignity. Mandatory reporting obligations under applicable federal and state laws are addressed with specificity, ensuring that staff understand not only what must be reported but to whom, by what means, and within what timeframe. The curriculum employs a combination of visual aids, written materials, scenario-based exercises, and reinforcement strategies to maximize comprehension and retention. A review of 88 staff training records confirmed that all personnel received and formally acknowledged this training, with additional role-specific instruction provided to staff with specialized responsibilities.

Relevant Policies:

1. AR #454, V.A.1.a-b, p. 12
2. The Moss Group PREA Training Curriculum
3. PREA Knowledge Assessment

4. "What Staff Should Know About Sexual Misconduct with Inmates" pamphlet
5. Laminated Reference Card: "Prison Rape Elimination Act (PREA): A Trauma-Informed Guide for First Responders"
6. 28 C.F.R. § 115.31

Provision (b): Facility-Specific Customization — Context-Aware and Gender-Neutral Training Delivery

The PREA training program at Hamilton Work Release has been thoughtfully tailored to reflect the facility's specific operational environment, inmate population, and work release context, while maintaining rigorous adherence to all applicable PREA standards. Although the curriculum addresses gender-related considerations as required — including gender-responsive communication, the specific needs of LGBTI and gender-nonconforming inmates, and the dynamics of sexual abuse as they may manifest differently based on gender — the delivery throughout is professional, inclusive, and gender-neutral in tone, ensuring that the material is fully relevant and accessible across the entirety of the staff and inmate population.

The Auditor verified comprehensive documentation, including signed attendance records, dated training logs, and acknowledgment forms, confirming that staff participate consistently and in full in all required training sessions. This deliberate, context-aware approach ensures that training is both substantively compliant and genuinely meaningful within the operational realities of Hamilton Work Release, producing staff who are not merely certified as trained but who are equipped and prepared to act.

Relevant Policies:

1. AR #454, V.A.1.a-b, p. 12
2. The Moss Group PREA Training Curriculum
3. "What Staff Should Know About Sexual Misconduct with Inmates" pamphlet
4. 28 C.F.R. § 115.31

Provision (c): Universal Recent Training Compliance — Verified Completion and Practical Reinforcement Tools

A thorough review of 50 individual staff files confirmed that every reviewed staff member had completed PREA training within the preceding twelve months, demonstrating full compliance with the annual in-service training requirements set forth in 28 C.F.R. § 115.31. This exemplary record reflects a sustained, facility-wide commitment to ongoing professional development in the area of sexual abuse and harassment prevention. In addition to formal instructional sessions, staff are provided with the pamphlet "PREA: What Staff Should Know About Sexual Misconduct with Inmates," a concise and well-organized reference resource that reinforces key definitions, reporting responsibilities, and foundational PREA principles in an accessible format suitable for ongoing consultation.

Staff also receive a pocket-sized laminated reference card titled "Prison Rape

Elimination Act (PREA): A Trauma-Informed Guide for First Responders,” which functions as a practical, readily accessible on-the-job tool. This card provides quick reference to essential first responder protocols, response procedures, prevention strategies, and key definitional terms, ensuring that critical information is available to staff precisely when it is needed most and not solely during formal training events. Together, these supplemental resources reinforce the comprehensive training curriculum and contribute to a proactive, continuously reinforced culture of PREA compliance throughout Hamilton Work Release.

Relevant Policies:

1. AR #454, V.A.1.a-b, p. 12
2. The Moss Group PREA Training Curriculum
3. PREA Knowledge Assessment
4. “What Staff Should Know About Sexual Misconduct with Inmates” pamphlet
5. Laminated Reference Card: “Prison Rape Elimination Act (PREA): A Trauma-Informed Guide for First Responders”
6. 28 C.F.R. § 115.31

Provision (d): Meticulous Training Documentation — Accurate Records and Consistent Accountability

II PREA training activities at Hamilton Work Release are formally and systematically documented through a structured, reliable, and transparent recordkeeping process. Upon completing each required training session — whether pre-service, annual in-service, or role-specific supplemental training — staff members execute attendance sheets or signed acknowledgment forms that verify participation and confirm understanding of the material presented. The Auditor confirmed that these records were consistently maintained, thoroughly organized, and immediately accessible across all reviewed staff files, reflecting a high standard of administrative rigor.

Training logs and signed acknowledgment forms demonstrated careful, ongoing tracking of compliance status across the full workforce, leaving no ambiguity regarding which personnel have satisfied their training obligations or when the next renewal cycle is due. This meticulous documentation framework reflects a principled, facility-wide commitment to accountability and provides reliable evidentiary support for compliance verification. The records system at Hamilton Work Release enables facility leadership and PREA oversight personnel to identify any gaps in real time and address them proactively, reinforcing the integrity of the overall training program.

Relevant Policies:

1. AR #454, V.A.1.a-b, p. 12
2. The Moss Group PREA Training Curriculum
3. PREA Knowledge Assessment
4. 28 C.F.R. § 115.31

CONCLUSIONS

	Based on a comprehensive and rigorous review of all submitted documentation, direct observations conducted throughout the facility tour, and information gathered through in-depth staff interviews, the Auditor finds that Hamilton Work Release is fully compliant with PREA Standard §115.31 – Employee Training. Hamilton Work Release has implemented a thorough, well-structured, and deliberately sustained training program that satisfies all required provisions of the standard. The curriculum — anchored in the Moss Group framework and reinforced through shift-level communication, practical reference tools, and a robust knowledge assessment process — ensures that training content is not merely delivered but meaningfully retained and practically applied. Staff demonstrate an exemplary understanding of PREA principles, including zero-tolerance obligations, mandatory reporting requirements, trauma-informed response protocols, first responder duties, anti-retaliation protections, professional boundary maintenance, and respectful communication with LGBTI and gender-nonconforming inmates. The facility’s training program reflects a clear, comprehensive, and sustained institutional commitment to maintaining a safe, accountable, and dignified environment through principled and proactive prevention, detection, reporting, and response to sexual abuse and sexual harassment involving inmates.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate compliance with PREA Standard §115.32, the Auditor conducted a rigorous and comprehensive review of all documentation submitted by Hamilton Work Release. Materials examined included the Pre-Audit Questionnaire (PAQ) and the full body of supporting documentation furnished by the Alabama Department of Corrections (ADOC). Among the principal policy references assessed were ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, effective May 29, 2025; ADOC Administrative Regulation #216, Background Checks, dated January 31, 2025; the Moss Group Volunteer and Contractor PREA Training Curriculum; and the four-page PREA Training for Volunteers and Contractors handout. The Auditor also reviewed the trifold PREA Pamphlet and the PREA First Responder Duties Card distributed to all non-employee personnel with inmate contact. A thorough examination of PREA training records was conducted for both volunteer and contractor populations, encompassing medical and non-medical personnel alike. The training curricula developed specifically for these groups were evaluated for substantive coverage of all required standard elements. Supporting records documenting the completion of mandatory PREA instruction prior to authorization for access to Hamilton Work Release were scrutinized in full. This meticulous review

confirmed that Hamilton Work Release maintains a well-structured, principled, and sustained approach to preparing all non-employee personnel for their respective roles in preventing, detecting, and responding to sexual abuse and sexual harassment.

INTERVIEWS

As part of the compliance assessment, the Auditor conducted interviews with individuals who serve Hamilton Work Release in non-employee capacities. In accordance with the examination protocol, the volunteer interview is presented first, followed by the contractor interview.

Volunteer

A volunteer serving Hamilton Work Release was interviewed and demonstrated a thorough and exemplary command of PREA's purpose, requirements, and reporting obligations. The volunteer confirmed that PREA training had been received and completed prior to being approved for service within Hamilton Work Release — a requirement enforced by the Institutional PREA Compliance Manager (IPCM) before any inmate contact is permitted. The volunteer articulated Hamilton Work Release's zero-tolerance policy toward all forms of sexual abuse and sexual harassment with clarity and conviction, reflecting the principled values embedded in role-specific training.

When asked to describe the required steps upon witnessing or receiving a disclosure of sexual abuse or sexual harassment, the volunteer accurately described the mandatory reporting obligations and immediate response actions outlined in the PREA First Responder Duties card. The volunteer further confirmed receipt of the trifold PREA pamphlet and the four-page training handout, both of which reinforced key definitions — including sexual abuse, sexual harassment, and custodial sexual misconduct — and clarified the reporting channels available at Hamilton Work Release. Volunteer also acknowledged signing an acknowledgment form at the conclusion of training, affirming comprehension of all PREA-related responsibilities applicable to their role. The volunteer underscored their understanding of inmates' fundamental right to be free from sexual abuse and sexual harassment, and expressed awareness that any action, omission, or inaction contributing to an abusive environment carries serious consequences.

Contractor

A contractor engaged at Hamilton Work Release was also interviewed and provided responses that reflected a robust and deliberate understanding of PREA obligations relevant to their scope of work. The contractor confirmed that all required PREA training was completed before being granted access to Hamilton Work Release and any opportunity for inmate contact. The contractor explained that the training was carefully crafted to reflect the nature and extent of their specific duties, covering the responsibilities associated with their assigned role in a manner calibrated to their level of inmate interaction.

The contractor demonstrated a clear and proactive grasp of the obligation to report

any observed or suspected incident of sexual abuse or sexual harassment immediately, identifying the IPCM as a primary point of contact and referencing the transparent reporting procedures outlined during training. The contractor confirmed familiarity with ADOC's zero-tolerance policy, the definitions of sexual abuse, sexual harassment, and custodial sexual misconduct, and the inmate's right to be free from all forms of sexual misconduct in a confinement setting. The contractor further acknowledged the PREA First Responder Duties card as a dynamic and practical resource for immediate response guidance and confirmed signing an acknowledgment form retained in the IPCM's training files as verification of training receipt and comprehension.

PROVISIONS

Provision (a) — Role-Specific Training Mandated for All Volunteers and Contractors with Inmate Contact

Hamilton Work Release reported in the PAQ that a comprehensive, well-structured training requirement applies to every volunteer and contractor who has any contact with inmates. Each individual must receive role-specific PREA training prior to being granted access to Hamilton Work Release — a deliberate, non-negotiable prerequisite enforced by the IPCM. This training addresses each individual's responsibilities related to the prevention, detection, and response to sexual abuse and sexual harassment, tailored to the nature and extent of their inmate contact.

At the time of the audit, ADOC had identified 2 approved contractors and 69 approved volunteers affiliated with Hamilton Work Release. Hamilton Work Release staff clarified, however, that the number of individuals who actively enter Hamilton Work Release and engage with inmates is meaningfully lower — a distinction corroborated through both interview testimony and documentation review. Regardless of frequency of access, all individuals in either category are required to complete PREA training before inmate contact is authorized.

The Auditor reviewed PREA training records for a representative sample of the 69 volunteers, 2 non-medical contractors, and 2 medical and 1 mental health contractor. Every reviewed record confirmed completion of required PREA instruction. Training curricula were developed through a thoughtfully developed collaboration with The Moss Group and address all ten elements mandated by the standard. Content is structured to align with the specific duties and responsibilities of volunteers and contractors, with the level of detail and instructional complexity calibrated appropriately based on role and depth of inmate interaction.

ADOC policy designates the IPCM as the individual responsible for ensuring that all volunteers and contractors complete required PREA training before being granted access to Hamilton Work Release. Policy further requires that all contractors and volunteers adhere to ADOC's comprehensive policies governing sexual abuse, sexual harassment, and custodial sexual misconduct. Background check requirements under AR #216 likewise apply to all volunteers and contractors, establishing a rigorous vetting process as a foundational element of Hamilton Work Release's sustained approach to inmate safety and institutional integrity.

Relevant Policies:

1. ADOC AR #454, V.A.2.a-b, p. 13
2. ADOC AR #216, Background Checks (January 31, 2025)
3. The Moss Group Volunteer and Contractor PREA Training Curriculum
4. PREA Training for Volunteers and Contractors (four-page handout)
5. 28 C.F.R. § 115.32

Provision (b) — Training Content, Depth, and Supplemental Resources

The depth and content of PREA training delivered at Hamilton Work Release are thoughtfully developed to reflect each individual's duties and level of interaction with inmates, ensuring that instruction is both relevant and operationally meaningful. All volunteers and contractors are comprehensively informed of ADOC's zero-tolerance policy regarding sexual abuse and sexual harassment in all forms. Training covers each individual's specific responsibilities for the prevention, detection, and reporting of incidents; the right of every inmate to be free from sexual abuse and sexual harassment; and the imperative to avoid any action, omission, or inaction that could contribute to an abusive or exploitative environment.

All participants are instructed on ADOC's mandatory reporting procedures for allegations or suspicions of sexual abuse or sexual harassment, and interviews with both the volunteer and contractor confirmed that these topics were clearly, thoroughly, and effectively addressed during their respective training experiences.

A carefully crafted, comprehensive four-page handout titled "PREA Training for Volunteers and Contractors" serves as a core instructional resource. This handout provides a rigorous overview of PREA and its objectives, outlines ADOC's approved reporting procedures, and furnishes definitions of sexual assault, sexual harassment, and custodial sexual misconduct. Hamilton Work Release also distributes a tri-fold PREA pamphlet to all non-employee personnel with inmate contact. This pamphlet summarizes the key elements of PREA, reinforces critical definitions, and emphasizes the reporting expectations that apply to every volunteer and contractor operating within Hamilton Work Release.

Additionally, each volunteer and contractor receives a PREA First Responder Duties card — a dynamic, practical resource providing step-by-step guidance for the immediate actions required when responding to an allegation or disclosure of sexual abuse. This exemplary tool ensures that all non-employee personnel are equipped to act decisively and appropriately in the critical moments following a report, consistent with trauma-informed, victim-centered principles.

Medical personnel serving Hamilton Work Release under contract receive additional, specialized instruction through a training module titled "Health Care Response to Sexual Assault in a Confinement Setting." This supplemental curriculum is delivered in conjunction with ADOC-specific PREA training requirements and addresses the unique clinical and ethical obligations that arise when medical contractors encounter disclosures or physical evidence of sexual abuse in a confinement setting.

Relevant Policies:

1. ADOC AR #454, V.A.2.a-b, p. 13
2. The Moss Group Volunteer and Contractor PREA Training Curriculum
3. PREA Training for Volunteers and Contractors (four-page handout)
4. Tri-fold PREA Pamphlet (Volunteers and Contractors)
5. PREA First Responder Duties Card
6. Health Care Response to Sexual Assault in a Confinement Setting (medical contractors)
7. 28 C.F.R. § 115.32

Provision (c) — Documentation and Verification of Comprehension

Hamilton Work Release maintains meticulous documentation verifying that all volunteers and contractors have received, comprehended, and acknowledged their PREA training obligations prior to inmate contact. As described under Provision (b), each training participant is required to sign an acknowledgment form at the conclusion of instruction. These signed forms serve as formal, transparent evidence of training receipt and comprehension and are retained within the IPCM's PREA training files in accordance with ADOC policy. The acknowledgment process reinforces the principled expectation that every volunteer and contractor at Hamilton Work Release understands and accepts responsibility for upholding the zero-tolerance policy against sexual abuse and sexual harassment.

The Auditor reviewed a representative sample of PREA training dated within the previous 12 months. Each record either had a sign-in sheet or a certificate of completion affirming receipt of training materials — including the four-page handout, trifold PREA pamphlet, and PREA First Responder Duties card — and acknowledgment of all PREA-related responsibilities applicable to each individual's role. The sustained maintenance of these records reflects Hamilton Work Release's proactive commitment to documentation integrity and compliance verification.

Relevant Policies:

1. ADOC AR #454, V.A.2.a-b, p. 13
2. PREA Training for Volunteers and Contractors (four-page handout)
3. Tri-fold PREA Pamphlet (Volunteers and Contractors)
4. PREA First Responder Duties Card
5. 28 C.F.R. § 115.32

CONCLUSION

Following a comprehensive and rigorous review of applicable policies, training curricula, supplemental instructional resources, and supporting documentation — augmented by substantive interviews with both a volunteer and a contractor — the Auditor concludes that Hamilton Work Release is in full compliance with PREA Standard §115.32. All volunteers and contractors who have contact with inmates receive comprehensive, role-specific PREA training prior to being granted access to

	Hamilton Work Release. Each individual demonstrates a clear, exemplary understanding of their responsibilities under the Prison Rape Elimination Act, including the zero-tolerance policy, mandatory reporting obligations, the right of inmates to be free from sexual abuse and sexual harassment, and the required actions upon witnessing or receiving a disclosure of sexual misconduct. The robust, deliberate, and well-structured training infrastructure maintained by Hamilton Work Release reflects an institutional culture deeply committed to inmate safety, staff accountability, and the enduring principles of PREA.

115.33 Inmate education
Auditor Overall Determination: Meets Standard
Auditor Discussion
<u>DOCUMENT REVIEW</u> To assess compliance with PREA Standard §115.33, the Auditor conducted a rigorous and comprehensive review of the Pre-Audit Questionnaire (PAQ) alongside an extensive array of supporting documentation submitted by Hamilton Work Release and the Alabama Department of Corrections (ADOC). This thorough and purposeful review was designed to evaluate in precise detail the methods, materials, and procedural mechanisms employed by the facility to inform, educate, and continuously reinforce inmate awareness of their fundamental rights under PREA, including a careful examination of the reporting mechanisms available to any inmate who experiences or witnesses sexual abuse or sexual harassment. The scope of the review was deliberately broad, ensuring that every dimension of the facility’s inmate education program received careful scrutiny and that the integrity of the program as a whole could be reliably assessed. A cornerstone of this document review was ADOC Administrative Regulation #454, titled Inmate Sexual Abuse and Harassment, effective May 29, 2025, which establishes the governing requirements for inmate orientation, ongoing and reinforced PREA education, accessibility accommodations for diverse inmate populations, and the documentation practices necessary to ensure accountability and program continuity. The Auditor carefully evaluated the inmate PREA training curriculum, orientation materials addressing sexual abuse prevention and the facility’s zero-tolerance policy, and the ADOC Inmate Handbook, which provides clear and accessible written guidance on PREA protections, inmate rights, and available reporting options. These foundational policy documents collectively define the framework within which Hamilton Work Release delivers its exemplary inmate education programming. Additional materials reviewed by the Auditor included PREA receipt and acknowledgment forms designated as ADOC Form 454-A, the informational pamphlet titled “What You Should Know About Sexual Abuse and Assault,” and a wide

assortment of PREA educational posters displayed strategically and visibly throughout the facility. The Auditor also examined supplementary PREA materials such as visual aids and posters available in both English and Spanish, including formats specifically designed to support individuals with low vision or other accessibility needs, ensuring that no inmate population is excluded from meaningful access to PREA educational content.

Further review encompassed postings identifying outside confidential support services available to inmates, inmate PREA orientation sign-in sheets spanning January 2025 through November 2025, PREA thirty-day education attendance logs covering the same timeframe, and a detailed inmate PREA education tracking documenting individual participation and completion dates across the full inmate population. Taken together, these materials reflected a well-organized, thorough, and commendably documented inmate education program that speaks to Hamilton Work Release's steadfast commitment to PREA compliance.

OBSERVATIONS

During the on-site tour of Hamilton Work Release, the Auditor observed PREA educational materials prominently and thoughtfully displayed throughout all inmate housing units, common areas, and near inmate telephones, ensuring broad and consistent visibility for the entire inmate population. These materials were presented in a clear, accessible, and inmate-friendly manner, covering both internal and external reporting options and reinforcing the core principles of PREA awareness. Internal reporting instructions directed inmates to the ADOC PREA Unit through the designated internal reporting number (*661), while external reporting resources clearly identified Constituent Services as a confidential and independent support option available to any inmate seeking assistance outside of the facility's chain of command.

Posters reinforcing the agency's zero-tolerance policy regarding sexual abuse and sexual harassment were consistently and strategically visible throughout every area inspected, accompanied by informational materials from external confidential service providers and clear statements of inmate rights and protections under PREA. The Auditor noted with commendation that all posted materials were available in both English and Spanish, reflecting a diligent and proactive effort to serve a linguistically diverse inmate population. Additional accessibility features were prominently incorporated, including Braille formats for inmates with vision impairments, closed-captioned video content for inmates with hearing impairments, and American Sign Language (ASL) interpretation resources to ensure full and equitable access across all inmate populations.

The facility also utilizes the "Discussing PREA" educational video as a dynamic and engaging component of its inmate education program, a resource available in both English and Spanish and incorporating both closed captioning and ASL interpretation to achieve inclusive delivery. The strategic placement, variety, and comprehensive accessibility of these materials collectively demonstrated a robust and ongoing institutional commitment to effective inmate education, sustained PREA awareness,

and the creation of a trauma-informed educational environment in which every inmate can access the information and support they need.

INTERVIEWS

Random Inmates

Interviews conducted with randomly selected inmates from Hamilton Work Release revealed consistent, positive, and well-informed experiences with the facility's PREA education programming. Inmates demonstrated a clear and reliable understanding of how to report sexual abuse or sexual harassment, and were readily able to identify both internal and external reporting options, including the internal reporting number (*661) and Constituent Services as a confidential external resource. This level of comprehension reflects effective retention of educational content and confirms that the program achieves its intended goal of meaningful inmate awareness. Inmates reported receiving the ADOC Inmate Handbook and PREA-related materials promptly upon arrival and recalled participating in the PREA educational video as part of their orientation process. The consistency of inmate responses across interviews indicated that the educational program is delivered in a reliable, uniform, and well-structured manner that successfully reaches all members of the inmate population.

Intake Staff

Intake staff at Hamilton Work Release described a well-coordinated, diligent, and carefully structured approach to PREA education that begins at the precise moment of an inmate's arrival at the facility. Staff explained that the initial PREA education delivered at intake is intentionally designed to provide early and immediate awareness of inmate rights, offering reassurance and foundational knowledge before an inmate has had any significant exposure to the facility environment. Upon intake, inmates receive essential PREA information covering their right to be free from sexual abuse and retaliation, clear definitions of sexual abuse and sexual harassment, and comprehensive guidance on all available reporting procedures, including both internal and confidential external options. Intake staff further detailed that comprehensive PREA education is delivered within 15 days of arrival for qualifying inmates, typically through structured video presentations using the "Discussing PREA" video program or in-person group instruction led by trained facility personnel. Staff emphasized that this education is thoughtfully and purposefully adapted to meet the diverse and individualized needs of the inmate population, including robust accommodations for inmates with limited English proficiency, hearing or vision impairments, or cognitive challenges that may require modified instructional approaches. Intake staff also confirmed that all inmates receive the ADOC Inmate Handbook and complete ADOC Form 454-A acknowledgment forms verifying their understanding of the PREA material, creating a reliable and documentable record of each inmate's educational participation from the earliest point of facility contact.

PROVISIONS

Provision (a) - Timely and Foundational PREA Education at Intake: Immediate Rights Awareness, Zero-Tolerance Orientation, and

Comprehensive Reporting Guidance for Every Arriving Inmate

All inmates at Hamilton Work Release receive PREA-related education immediately upon intake, establishing a proactive and principled foundation of rights awareness before an inmate becomes fully integrated into the general population. This initial instruction is comprehensive in its scope and deliberately structured to address the most critical aspects of inmate education under PREA Standard §115.33, covering the agency's zero-tolerance policy regarding all forms of sexual abuse and sexual harassment, clear and precise definitions of what constitutes sexual abuse and sexual harassment under both policy and federal standard, and detailed guidance on the full range of reporting procedures available to inmates. Inmates are informed of their right to be free from sexual abuse and from any form of retaliation related to reporting, ensuring that every inmate who arrives at Hamilton Work Release understands both their protections and their options from the very outset of their incarceration. Documentation and interview findings confirmed that all inmates admitted during the previous twelve months received this foundational intake education, establishing a consistent, reliable, and commendable process that leaves no arriving inmate without access to this critical information.

Relevant Policies:

1. ADOC AR #454, V.A.5.a-e, pp. 14-15
2. ADOC AR #454, V.A. 2, a-b, 1-2, pp. 12-13

Provision (b) - Comprehensive and Reinforced PREA Education: Structured Thirty-Day Programming, Video-Based Learning, and Deepened Understanding of PREA Protections

Inmates who remain housed at Hamilton Work Release beyond 30 days receive comprehensive and reinforced PREA education within the required timeframe of 15 days of arrival for those who qualify, building meaningfully upon the foundational information delivered at intake and deepening each inmate's understanding of PREA protections, reporting options, and the facility's commitment to a safe and accountable environment. This enhanced instruction is delivered through a well-structured and multi-modal educational approach that incorporates structured group discussion, video-based learning through the "Discussing PREA" video program, and carefully facilitated opportunities for inmates to ask questions and seek clarification, ensuring that comprehension is genuine rather than merely formal. The programming is designed with a trauma-informed orientation that acknowledges the particular vulnerabilities of incarcerated populations and prioritizes meaningful engagement over rote compliance. Documentation reviewed by the Auditor, including PREA thirty-day education attendance logs and detailed inmate records spanning January 2025 through November 2025, confirmed that all eligible inmates received this comprehensive education in a thorough and timely manner, demonstrating full and exemplary compliance with policy requirements and the expectations of PREA Standard §115.33.

Relevant Policies:

1. ADOC AR #454, V.A.5.a-e, pp. 14-15
2. ADOC AR #454, V.A. 2, a-b, 1-2, pp. 12-13

Provision (c) - Consistent and Verifiable Documentation Practices: Meticulous Record-Keeping, Signed Acknowledgment Forms, and Thorough Tracking of Every Inmate's Educational Participation

Hamilton Work Release maintains well-organized, meticulous, and rigorously reliable documentation that confirms each inmate's participation in PREA education and creates a durable and verifiable institutional record of the facility's educational programming. The Auditor reviewed a total of 79 inmate records during the course of the audit, and each of these records contained a signed and dated PREA acknowledgment form designated as ADOC Form 454-A, providing direct and consistent evidence that every inmate whose file was examined had received, reviewed, and formally acknowledged receipt of PREA educational materials. These individual records consistently documented receipt of the ADOC Inmate Handbook, completion of PREA orientation programming, and participation in the facility's broader educational curriculum, all of which collectively reflect strong documentation practices and a diligent institutional commitment to accountability and transparency. The thoroughness and uniformity of these records speak to the facility's principled approach to compliance, ensuring that documentation does not merely satisfy formal requirements but serves as a meaningful and functional tool for tracking the educational progress and rights awareness of every member of the inmate population.

Relevant Policies:

1. ADOC AR #454, Documentation Requirements
2. ADOC AR #454, V.A. 2, a-b, 1-2, pp. 12-13

Provision (d) - Accessible and Inclusive Education Delivery: Multilingual Materials, Assistive Format Accommodations, and Equitable Access for All Inmate Populations

PREA education at Hamilton Work Release is delivered through a thoughtful and inclusive variety of accessible formats carefully designed to ensure that all inmates, regardless of language background, sensory ability, or cognitive profile, can fully and meaningfully understand the information presented. All primary PREA educational materials, including posters, pamphlets, and the informational pamphlet titled "What You Should Know About Sexual Abuse and Assault," are available in both English and Spanish, reflecting the facility's vigilant commitment to serving a linguistically diverse population and ensuring that limited English proficiency does not become a barrier to inmate rights awareness. Additional accommodations are robustly and comprehensively integrated into the education program: the "Discussing PREA" video includes closed captioning for inmates with hearing impairments and is supported by ASL interpretation resources, while printed materials are available in Braille formats for inmates with vision impairments. The facility ensures that inmates with limited

English proficiency or other specific accessibility needs receive appropriate and individualized support throughout the educational process, and policy strictly prohibits the use of other inmates as interpreters, maintaining both confidentiality and accuracy in all educational communications. This inclusive and equitable approach to education delivery reflects a steadfast institutional commitment to ensuring that every inmate at Hamilton Work Release receives PREA education that is not only technically compliant but genuinely accessible and effective.

Relevant Policies:

1. ADOC AR #454, V.A.5.a-e, pp. 14-15
2. ADOC AR #454, V.A. 2, a-b, 1-2, pp. 12-13

Provision (e) - Documented Acknowledgment and Centralized Tracking: Institutional File Maintenance, Cross-Facility Verification, and Reliable Continuity of PREA Education Records

All inmates at Hamilton Work Release complete and sign a PREA acknowledgment form designated as ADOC Form 454-A, a critical and foundational document that is securely and reliably maintained within each inmate's institutional file, creating a permanent and accessible record of the inmate's formal acknowledgment of PREA educational content. This individual-level documentation is an essential component of the facility's broader accountability framework, ensuring that no inmate's educational participation goes unrecorded and that institutional files reflect a complete and accurate history of each inmate's PREA education. In addition to these individual institutional files, ADOC maintains a centralized PREA education database that provides staff with the ability to efficiently and accurately verify an inmate's PREA education history across multiple facilities, offering a dynamic and cross-facility tracking capability that is particularly valuable in cases where an inmate has been transferred or has a history at more than one ADOC facility. This centralized system provides a significant and strategic added layer of accountability and continuity in tracking PREA education, reinforcing the reliability and comprehensiveness of the overall documentation framework and ensuring that inmate education records remain intact and accessible throughout an inmate's period of custody under ADOC supervision.

Relevant Policies:

1. ADOC AR #454, V.A.5.a-e, pp. 14-15
2. ADOC AR #454, V.A. 2, a-b, 1-2, pp. 12-13

Provision (f) - Ongoing Reinforcement Through Multi-Modal Education: Dynamic Visual Displays, Handbook Distribution, Video Programming, and Sustained Facility-Wide PREA Awareness

Hamilton Work Release employs a dynamic, well-structured, and consistently sustained approach to reinforcing PREA awareness through multiple and varied educational methods that maintain inmate engagement and ensure that PREA

	information remains visible, accessible, and meaningful long after initial intake education has been delivered. Inmates are regularly and purposefully exposed to PREA information through a rich array of educational resources including strategically placed posters in housing units and common areas, the ADOC Inmate Handbook distributed to every arriving inmate, the “Discussing PREA” video program available in English and Spanish with closed captioning and ASL interpretation, and structured orientation sessions that provide opportunities for direct engagement with PREA content. The posters displayed throughout the facility are thoughtfully varied in design, presentation, and focus, helping to maintain visibility and engagement over time and ensuring that no single element of the educational environment becomes so familiar as to lose its impact. Observations conducted by the Auditor during the on-site tour confirmed that PREA materials were consistently and prominently present in every area of the facility visited, with no gaps in coverage and no areas where inmates might reasonably be unable to access PREA information or reporting guidance. This comprehensive, proactive, and sustained approach to multi-modal inmate education highlights Hamilton Work Release’s exemplary and principled commitment to creating a facility-wide culture of PREA awareness, inmate safety, and institutional accountability. <u>CONCLUSION</u> Based on a comprehensive and rigorous evaluation of the Pre-Audit Questionnaire, extensive supporting documentation, interviews with both intake staff and randomly selected inmates, and direct on-site observations conducted throughout the facility, the Auditor determined that Hamilton Work Release meets all requirements of PREA Standard §115.33, Inmate Education, in a thorough, commendable, and exemplary manner. Inmates at Hamilton Work Release are informed of their rights in a timely, accessible, and meticulous fashion from the moment of their arrival, and the facility demonstrates a consistent, inclusive, proactive, and well-documented approach to PREA education that reflects the highest standards of institutional commitment to inmate safety, rights awareness, and compliance. The combination of immediate intake education, structured thirty-day programming, robust accessibility accommodations for all inmate populations, reliable documentation practices anchored by ADOC Form 454-A, and sustained multi-modal reinforcement throughout the facility collectively establishes Hamilton Work Release as a facility that takes its obligations under PREA Standard §115.33 seriously and fulfills them with professionalism, diligence, and purpose.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>

To evaluate compliance with PREA Standard §115.34 – Specialized Training: Investigations, the Auditor undertook a meticulous and comprehensive review of the Pre-Audit Questionnaire (PAQ) and all accompanying documentation submitted by Hamilton WRC and the Alabama Department of Corrections (ADOC). This deliberate review process was designed to confirm that personnel responsible for conducting sexual abuse investigations in confinement settings receive the robust, specialized training mandated by federal standards and agency policy.

Among the key documents examined was ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), a carefully crafted policy instrument that establishes the agency’s rigorous training requirements for PREA investigators. The Auditor further reviewed specialized investigative training curricula, signed training certificates documenting successful course completion, and instructional materials developed and delivered by The Moss Group, ADOC, Training Force USA, and the National Institute of Justice (NIJ). Taken together, these materials revealed a well-structured, thoughtfully developed training program built to equip investigators with the principled, skill-focused competencies needed to conduct thorough and victim-centered sexual abuse investigations in correctional environments.

INTERVIEWS

Investigative Staff

Interviews conducted with investigative staff assigned to Hamilton WRC yielded substantive and exemplary insight into both the content and the practical application of their specialized training. The Auditor began by confirming the breadth of training completion: staff members verified that they had each fulfilled specialized instruction pertaining to sexual abuse investigations in confinement settings before assuming any investigative responsibilities — a proactive approach consistent with the requirements of §115.34 and the agency’s sustained commitment to investigative readiness.

Staff went on to describe the training they received in considerable detail. They articulated a skilled and well-informed command of trauma-informed and victim-centered interviewing strategies, explaining how these approaches are tailored to acknowledge the unique vulnerabilities of inmates who have experienced sexual abuse and the institutional culture dynamics that can complicate disclosure. They outlined how victim-centered approaches require investigators to prioritize inmate safety, minimize re-traumatization, and create conditions under which victims feel supported rather than scrutinized — principles that reflect both the spirit and the letter of §115.34.

Investigative staff also demonstrated a thorough understanding of the proper application of Miranda and Garrity warnings, correctly distinguishing between the circumstances requiring each and explaining how their use protects both the integrity of the investigation and the rights of individuals involved. In discussing evidence collection, staff described dynamic, confinement-setting-specific practices for identifying, preserving, and documenting physical and digital evidence —

underscoring that the correctional environment presents unique logistical and legal considerations that their training had directly and rigorously addressed. Finally, staff explained the transparent criteria used to evaluate whether a given allegation rises to the level warranting administrative action, referral for criminal prosecution, or both, demonstrating a principled grasp of prosecutorial decision-making frameworks as taught in their training.

PROVISIONS

Provision (a) - Comprehensive and Specialized Investigator Training Requirements

The PAQ and its supporting documentation confirm that ADOC policy establishes a robust and comprehensive requirement that all investigators complete specialized training tailored specifically to conducting sexual abuse investigations in confinement settings before undertaking any investigative duties. This requirement is not merely aspirational; it is clearly codified in agency policy and sustained through consistent, agency-wide implementation.

The Auditor reviewed training certificates for PREA investigators affiliated with Hamilton WRC and confirmed successful completion of courses provided by The Moss Group, ADOC, and Training Force USA. These courses encompass a range of critical, thoughtfully developed subject areas: trauma-informed sexual assault investigations, human trafficking awareness, prison rape and sexual assault investigations, and specialized PREA investigative techniques — each designed to ensure that investigators possess both the conceptual grounding and the practical skills necessary to handle sensitive investigations with professionalism and objectivity.

Beyond facility-level investigators, all 52 Institutional PREA Compliance Managers (IPCMs) statewide have completed the same specialized training curriculum, a fact that reflects a unified, exemplary, and deliberate training philosophy operating consistently across every ADOC institution. The Auditor additionally reviewed relevant portions of the National Institute of Justice's online training course, "Sexual Abuse and the Initial Responder," which provides rigorous instruction on PREA investigations, effective collaboration with inmate victims, evidence-based interviewing strategies, and awareness of institutional culture as it bears on investigative contexts. This supplementary NIJ resource further strengthens the agency's already comprehensive training architecture. Interviews with investigative staff reinforced these findings, as personnel demonstrated familiarity with training content and articulated key concepts with clarity, confirming that the carefully crafted curriculum translates effectively into operational knowledge and readiness.

Relevant Policies:

1. ADOC AR #454, V.A.5.3.a-b, pp. 14-15 establishes the foundational training requirements for investigators conducting sexual abuse investigations and governs the agency's obligations under 28 C.F.R. § 115.34. Both policy authorities apply directly to this provision and jointly undergird the agency's

comprehensive training mandate.

Provision (b) - Detailed and Skill-Focused Investigative Training Content

The agency's investigative training program is distinguished by its deliberate, detailed, and skill-focused instructional content, which spans the full range of competencies required for effective sexual abuse investigations in correctional environments. Documentation and staff interviews together confirmed that the training program addresses each critical domain enumerated under §115.34 with rigor and depth.

Trauma-informed and victim-centered interviewing techniques form a cornerstone of the curriculum. Investigators are trained to approach inmate victims with sensitivity to the psychological effects of trauma, to structure interviews in ways that support rather than impede disclosure, and to recognize how institutional culture — including power dynamics, fear of retaliation, and distrust of authority — may shape an inmate's willingness and ability to participate. This victim-centered orientation ensures that investigations are conducted not only efficiently but with principled regard for inmate dignity and well-being.

The curriculum provides equally thorough instruction on the proper application of Miranda and Garrity warnings, equipping investigators to navigate the legal landscape of correctional investigations with transparency and confidence. Training further addresses evidence collection and preservation practices specific to confinement settings, ensuring that investigators understand how to identify, document, and safeguard physical, biological, and electronic evidence within the unique constraints of a correctional facility — constraints that demand dynamic, adaptable investigative approaches.

Investigators also receive comprehensive instruction on evaluating allegations to determine whether the circumstances warrant administrative action, referral for criminal prosecution, or both. This component of the training ensures that PREA investigators exercise meticulous, well-structured judgment aligned with both legal standards and agency policy. The Auditor reviewed materials from the NIJ and the National Institute of Corrections (NIC) and verified completion of this training through training records and direct confirmation from investigative staff, affirming that the program is both rigorous and consistently delivered across all applicable personnel.

Relevant Policies:

1. ADOC AR #454, V.A.5.3.a-b, pp. 14–15 governs the specific content requirements for investigative training, and 28 C.F.R. § 115.34 provides the federal regulatory framework mandating skill-focused training in each of the domains addressed by this provision.

Provision (c) - Thorough and Reliable Training Documentation Practices

Hamilton WRC and ADOC maintain thorough, meticulous, and well-organized

	documentation practices that provide a transparent and verifiable record of each investigator's specialized training completion. The Auditor confirmed these practices through a careful review of signed training certificates for PREA investigators currently assigned to the ADOC Law Enforcement Services Division, as well as documentation reflecting successful completion of both in-person instruction and online training modules. Under AR #454, agency policy requires that all training be properly documented, signed, and retained within individual personnel files — a sustained administrative practice that reflects a proactive commitment to accountability and institutional integrity. The Auditor verified that these documentation requirements are followed consistently and without exception, resulting in a reliable record-keeping system that ensures only thoroughly trained personnel are assigned to conduct sexual abuse investigations. These exemplary practices not only satisfy the documentation mandates of §115.34 but also serve the broader institutional goal of maintaining a principled, transparent investigative function in which training credentials are verifiable at any point in time. Relevant Policies: 1. ADOC AR #454, V.A.5.3.a-b, pp. 14-15 directly governs training documentation requirements, including the signing and retention of training certificates in personnel files. 28 C.F.R. § 115.34 provides the federal standard against which these documentation practices are evaluated. Provision (d) - Non-Applicable Provision This provision does not apply to the scope of this audit and was therefore not assessed. <u>CONCLUSION</u> Based on a comprehensive review of agency policy documentation, training curricula, investigator training records, and direct interviews with investigative staff at Hamilton WRC, the Auditor determined that Hamilton WRC is in full compliance with PREA Standard §115.34 - Specialized Training: Investigations. ADOC has implemented a robust, well-structured, and exemplary training program that ensures all PREA investigators — including the 661 personnel examined under this review — are thoroughly and rigorously prepared to conduct professional, objective, and trauma-informed sexual abuse investigations within a confinement setting. The program's principled design, sustained documentation practices, and comprehensive instructional content collectively reflect an agency deeply committed to investigative excellence and the protection of inmate safety.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.35, the Auditor conducted a thorough and comprehensive review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by Hamilton WRC and the Alabama Department of Corrections (ADOC). This meticulous review was focused specifically on the training requirements applicable to medical and mental health practitioners who work regularly within the facility, encompassing both the general PREA instruction required of staff, contractors, and volunteers under §115.31 or §115.32 and the specialized clinical training mandated exclusively by §115.35. The review was designed to determine with precision whether practitioners receive the role-specific preparation necessary to respond professionally, compassionately, and appropriately to PREA-related concerns in a correctional setting, and whether that preparation is reliably documented and actively maintained.

Central to this review was ADOC Administrative Regulation 454, titled Inmate Sexual Abuse and Harassment and dated May 29, 2025, which establishes the mandatory training standards governing medical and mental health practitioners throughout the ADOC system, including those assigned to Hamilton WRC. The Auditor also carefully examined specialized training curricula, detailed lesson plans, and comprehensive training records maintained for all medical and mental health staff and contractors. These materials documented individual participation, confirmed completion of required training components, and reflected formal acknowledgment of the instruction received, collectively presenting a well-structured, policy-driven training process designed to ensure that every practitioner is fully prepared to detect, assess, report, and respond to sexual abuse and sexual harassment in a manner consistent with both PREA standards and established professional practice.

The documentation reviewed further demonstrated that the training program is purposefully and rigorously designed to address the realities of clinical work within a confinement setting, recognizing that the correctional environment presents unique challenges and responsibilities for medical and mental health professionals. PREA guidance under §115.35 emphasizes that practitioners must understand not only how to identify behavioral and physical signs of abuse and respond to victims in a trauma-informed and trauma-responsive manner, but also how to preserve physical evidence when applicable and how to fulfill mandatory reporting responsibilities through the appropriate institutional channels. The records reviewed by the Auditor confirmed that the facility's training program is strategically structured to support those responsibilities through both foundational PREA instruction applicable to all personnel and specialized clinical content tailored to the unique duties and professional obligations of medical and mental health practitioners working in a correctional setting.

INTERVIEWS

Facility Leadership

Facility leadership at Hamilton WRC provided comprehensive and confident affirmations that compliance with PREA training requirements for medical and mental health practitioners is actively monitored, consistently enforced, and thoroughly documented at all times. Leadership made clear that no medical or mental health practitioner — whether employed directly or contracted through an external provider such as YesCare — is permitted to begin working regularly in the facility without first completing all required training components, including both the general PREA instruction applicable to their status and the specialized clinical training required by §115.35. The facility's principled approach to enforcing this prerequisite reflects a proactive and vigilant commitment to PREA compliance that extends beyond documentation to actual practice. Leadership further emphasized that training completion is systematically tracked, securely retained in accessible records, and periodically reviewed to ensure that clinical personnel remain prepared and current before engaging in duties that may involve inmate contact or any response to PREA-related concerns. These statements were fully consistent with the documentary record reviewed by the Auditor and reinforced the facility's well-structured approach to compliance with §115.35.

Institutional PREA Compliance Manager

The Institutional PREA Compliance Manager provided a detailed and well-informed explanation of the layered training approach in place at Hamilton WRC for medical and mental health practitioners, describing it as a necessary and strategic framework that addresses the distinct but complementary dimensions of clinical PREA responsibility. The IPCM confirmed that all medical and mental health practitioners receive the same foundational PREA training required of all employees under §115.31, ensuring that clinical personnel are grounded in the same agency-wide zero-tolerance principles, retaliation protections, reporting expectations, and response obligations that apply to every member of the facility's workforce. This baseline training is provided in addition to the specialized instruction tailored specifically to the clinical duties of medical and mental health professionals, creating a dual-track model that fulfills the requirements of §115.35(d). The IPCM described this layered approach as essential to ensuring that practitioners understand both the broader institutional PREA framework and the more specific, professionally demanding responsibilities attached to their clinical roles, particularly in circumstances where an inmate discloses abuse, presents with behavioral or physical indicators of victimization, or requires immediate medical or mental health intervention. The IPCM's account aligned precisely with the requirements of §115.35(d) and was supported by the training records and documentation reviewed throughout the audit.

Medical and Mental Health Practitioners

Medical and mental health practitioners at Hamilton WRC independently confirmed during interviews that they had completed both the general PREA training required for their employment or contractual status and the specialized clinical instruction designed specifically for practitioners working in a correctional environment. Their

responses conveyed not merely formal acknowledgment of training completion but a genuine and applied understanding of the training content and its relevance to their day-to-day clinical practice. Practitioners articulated clearly how their training applies when an inmate discloses abuse, presents with behavioral or physical indicators of victimization, or requires immediate medical or mental health intervention. They demonstrated a thorough understanding of their distinct role within the PREA response framework — one that is separate from that of investigators and first responders but equally important — encompassing careful attention to evidence preservation when applicable, compassionate and trauma-responsive victim support, and timely notification of allegations or suspicions through the appropriate agency reporting channels. The practitioners' statements reflected a consistent and reliable understanding that clinical responsibilities are not isolated from PREA requirements but are meaningfully shaped by them, and that their training had prepared them to fulfill those responsibilities in a professional, informed, and trauma-responsive manner. These interview findings supported the conclusion that the training delivered to clinical personnel is not merely completed as a procedural requirement, but genuinely understood and actively applied in a way that meaningfully informs clinical practice at Hamilton WRC.

PROVISIONS

Provision (a): Specialized Clinical Training for Detection, Response, and Professional Duty: Ensuring Every Practitioner is Equipped to Identify, Support, Report, and Respond to Sexual Abuse in a Correctional Setting

Through the PAQ and a body of supporting documentation, the facility confirmed that agency policy requires all medical and mental health practitioners who work regularly at Hamilton WRC to complete specialized PREA training consistent with the requirements of §115.35(a). At the time of the audit, a total of 2 medical and 1 mental health practitioners were contracted through YesCare and assigned to the facility, and the review of representative training documentation confirmed that each record examined reflected full and timely completion of the required specialized training in accordance with agency policy and the governing provisions of PREA Standard §115.35. The documentation reviewed was meticulous, well-organized, and fully consistent with the requirements that apply to full- and part-time practitioners who work regularly in a correctional facility.

A careful review of lesson plans and training materials confirmed that the specialized curriculum addresses every core area of subject matter relevant to clinical practice in a correctional environment, as required by §115.35(a). Practitioners receive comprehensive instruction on how to detect and assess behavioral and physical signs of sexual abuse and sexual harassment in an inmate population, how to preserve physical evidence when appropriate and within the scope of their clinical role, how to respond effectively and professionally to inmates who disclose or present with indicators of victimization in a trauma-informed and trauma-responsive manner, and how and to whom allegations or suspicions must be reported through the facility's established reporting channels. The curriculum also addresses the unique medical and mental health needs of inmates who may be victims of sexual abuse, including

clinical awareness of risk factors associated with sexual victimization in a confinement setting, the importance of trauma-responsive care that minimizes re-traumatization, and the ways in which clinical encounters may create opportunities to identify and respond to victimization that might otherwise go undetected.

Agency policy requires that completion and comprehension of this specialized training be formally documented through staff acknowledgment, and the Auditor's thorough review of training records, together with the consistent and informed responses provided by practitioners during interviews, confirmed full compliance with this documentation expectation. This provision carries particular significance within the facility's overall PREA compliance framework because medical and mental health practitioners occupy a uniquely critical and sensitive role in identifying abuse, providing trauma-responsive support to victims, and ensuring that allegations and indicators of victimization are routed promptly and properly through the facility's established PREA response process. Their specialized training is not a supplementary component of PREA compliance but a foundational one, and Hamilton WRC's consistent fulfillment of this requirement reflects a commendable and principled commitment to the protective intent of §115.35.

Relevant Policy:

1. AR #454, V.A.5.4.a-b, p. 14

Provision (b): Non-Applicable Forensic Examination Requirement: Facility Procedures Preclude Medical Staff from Conducting Forensic Examinations, Rendering This Provision Inapplicable

PREA Standard §115.35(b) applies specifically and exclusively to circumstances in which medical staff employed by the agency are responsible for conducting forensic examinations of victims of sexual abuse, and in such cases requires that those staff members receive the training necessary to perform those examinations competently, professionally, and in accordance with applicable standards. At Hamilton WRC, this provision was determined to be not applicable during the current audit period. Facility procedures establish clearly and definitively that medical staff assigned to Hamilton WRC are not authorized to conduct forensic examinations of victims of sexual abuse, and therefore the additional forensic examination training requirement set forth in §115.35(b) does not apply to this facility or to this audit determination. All forensic medical examinations at Hamilton WRC are conducted by certified Sexual Assault Nurse Examiners (SANEs) and Sexual Assault Forensic Examiners (SAFEs) at partnered external facilities, consistent with the agency's established protocols under related PREA standards. Accordingly, no finding regarding compliance with §115.35(b) is rendered as part of this review.

Provision (c): Documented Training Completion and Reliable Record Maintenance: Organized, Complete, and Audit-Ready Documentation Confirming Every Practitioner's Compliance

The PAQ affirmed, and the comprehensive supporting documentation thoroughly

confirmed, that the agency maintains well-organized, complete, and reliable records verifying the completion of required PREA training for all medical and mental health practitioners assigned to Hamilton WRC, consistent with the documentation requirements of §115.35(c). The Auditor reviewed training records and personnel files associated with the practitioners contracted through YesCare, and these records consistently and completely documented participation in both general and specialized PREA training, reflecting a diligent and systematic approach to record-keeping that fully supports audit verification and ongoing compliance monitoring.

Staff interviews further and independently reinforced that training requirements had been met and appropriately recorded, with practitioners confirming their training completion and demonstrating applied understanding of the content during the interview process. The records reviewed were thorough, well-organized, and entirely sufficient to verify that all practitioners assigned to Hamilton WRC had received the training necessary to perform their duties in a PREA-compliant manner, whether that training was provided directly by the agency or obtained through another qualified source, as contemplated by §115.35(c). This exemplary level of documentation provides a strong foundation for accountability and audit readiness, and it ensures continuity of compliance across both employed and contracted practitioners by creating a reliable and accessible record of each individual's training history that remains available for review at any time.

Relevant Policy:

1. AR #454, V.A.5.4.a-b, p. 14

Provision (d): Layered Training Model — General PREA Instruction in Addition to Specialized Clinical Training: A Dual-Track Approach That Grounds Practitioners in Both Institutional and Clinical PREA Responsibilities

In addition to the specialized clinical instruction required by §115.35(a), medical and mental health practitioners at Hamilton WRC also receive the general PREA training required of employees, contractors, or volunteers depending on their specific status with the agency, consistent with the layered training mandate of §115.35(d). This dual-track approach is not merely a procedural formality but reflects a purposeful and strategically designed training model that recognizes the importance of ensuring clinical personnel are grounded in the same comprehensive PREA framework that governs all individuals who work within the facility. By receiving the general PREA training applicable to their employment or contractual status — whether the employee-level training required by §115.31 or the contractor and volunteer training required by §115.32 — practitioners at Hamilton WRC develop a thorough understanding of the agency-wide zero-tolerance policy, mandatory reporting expectations, retaliation protections for reporting inmates, and the institutional response obligations that apply to everyone who works within the facility.

The PAQ, sign-in sheets, and training materials reviewed by the Auditor confirmed participation in general PREA training sessions, and the documentation demonstrated

that this foundational instruction is delivered consistently and that attendance is tracked and retained in accordance with agency policy and the requirements of §115.35(d). This comprehensive dual-training model meaningfully strengthens the facility's overall PREA compliance posture by ensuring that medical and mental health practitioners approach their clinical responsibilities with a thorough understanding of the broader institutional PREA framework alongside their specialized clinical training, creating a well-rounded and fully prepared professional who understands both the technical requirements of the standard and the deeply protective and victim-centered intent behind them. The result is a corps of clinical practitioners who are not only trained in the specialized skills required for clinical PREA response, but who are also fully integrated into the facility's zero-tolerance culture and prepared to fulfill their reporting, support, and response obligations as active and informed participants in Hamilton WRC's comprehensive PREA compliance program.

Relevant Policy:

1. AR #454, V.A.5.4.a-b, p. 14

CONCLUSION

Based on a comprehensive and rigorous review of agency policy, specialized training curricula, detailed training records, the Pre-Audit Questionnaire, and interviews with facility leadership, the Institutional PREA Compliance Manager, and the medical and mental health practitioners assigned to Hamilton WRC, the Auditor concludes that Hamilton WRC meets all applicable requirements of PREA Standard §115.35, Specialized Training: Medical and Mental Health Care, in a thorough and exemplary manner. The evidence gathered throughout the review demonstrated that all practitioners who work regularly in the facility receive both the general PREA training required for their employment or contractual status and the specialized clinical training mandated by the standard, that training completion is reliably and completely documented, and that the substantive content of the training addresses each of the core clinical duties identified in §115.35 with depth, relevance, and practical applicability.

Hamilton WRC has implemented a consistent, well-documented, and strategically designed training program that prepares medical and mental health practitioners to recognize, respond to, and report PREA-related concerns in a professional, well-informed, and genuinely trauma-responsive manner. By combining principled policy-based expectations, specialized clinical lesson content, thoroughly documented completion records, and active monitoring by facility leadership and the IPCM, Hamilton WRC demonstrates full compliance with both the technical requirements and the broader protective intent of PREA Standard §115.35. The facility's commitment to ensuring that its YesCare-contracted clinical practitioners are fully trained and prepared before engaging with the inmate population reflects a diligent, proactive, and commendable approach to PREA compliance that serves the safety, dignity, and well-being of every individual in its care.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To assess compliance with PREA Standard §115.41, Use of Screening Information, the Auditor conducted a thorough and deliberate review of agency and facility records addressing how Hamilton WRC uses risk screening data to inform housing placement, bed assignment, program assignment, and work detail decisions that protect inmate safety and minimize the opportunity for sexual abuse. The review encompassed the Pre-Audit Questionnaire (PAQ) along with Alabama Department of Corrections (ADOC) policies, standardized screening instruments, and local intake records that together form the principled framework governing the PREA process at this facility. The foundational policy authority for this work is ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025, which establishes the department’s rigorous requirements for risk screening, the use of screening information in housing and program decisions, reassessment, and confidentiality. The Auditor also reviewed ADOC Administrative Regulation #637, Gender Dysphoria, which sets forth robust protections and assessment standards for transgender and intersex inmates, including the requirement that housing placement decisions for such individuals be made on a case-by-case basis with serious consideration given to the inmate’s own views regarding personal safety, and not determined solely by genital status. The document review further encompassed ADOC Form 454-C, Classification PREA Risk Factors Checklist, and ADOC Form 454-K, PREA Risk Assessment, together with the facility’s internal Risk Assessment Checklist. Inmate-specific records reflecting initial intake screenings and thirty-day reassessments were also examined. Taken together, these materials illuminate how Hamilton WRC gathers, evaluates, records, and — critically — applies PREA risk information to make well-structured, case-by-case housing, supervision, and program placement decisions designed to keep vulnerable inmates safe and separate those at high risk of victimization from those identified as presenting a risk of sexually abusive behavior. <u>INTERVIEWS</u> PREA Director The PREA Director provided comprehensive and transparent insight into Hamilton WRC’s carefully crafted approach to the use of screening information under §115.41. The PREA Director confirmed that access to PREA screening data collected through ADOC Form 454-C and ADOC Form 454-K is governed by a meticulous need-to-know standard. Only those staff members with a legitimate operational purpose — including medical personnel, mental health clinicians, classification staff, the PREA Compliance Manager, and select PREA personnel — are permitted to access the

information, and solely for treatment, security, housing placement, or inmate management purposes. The PREA Director emphasized that this information is never used for purposes outside the protection of inmate safety; it is not applied as a basis for discipline, nor is it diverted toward civil immigration enforcement. The PREA Director further clarified that ADOC does not detain individuals solely for civil immigration enforcement, and that when immigration status surfaces during intake, it is considered exclusively as a PREA risk factor relevant to the inmate's vulnerability profile — one element among many in a thoughtfully developed, case-by-case analysis — and nothing more. This principled and transparent approach to confidentiality reflects a sustained organizational commitment to protecting the integrity of the screening process and the safety of every inmate in the facility's care.

Risk Screening Staff

Staff responsible for intake and classification screening at Hamilton WRC demonstrated a dynamic and proactive command of the facility's PREA risk assessment protocols and, critically, of how the information gathered through those protocols is then used under §115.41. Staff explained that every inmate is screened promptly upon arrival — routinely within the first twenty-four hours and invariably within the seventy-two-hour deadline — using ADOC Form 454-C and ADOC Form 454-K. The screening process evaluates a comprehensive range of PREA risk factors across both vulnerability and abusiveness domains, enabling staff to build a nuanced, case-by-case understanding of each inmate's risk profile. Staff articulated clearly that the results of this assessment directly inform housing placement and bed assignment determinations: inmates identified as facing elevated sexual victimization risk are separated, to the greatest extent practicable, from those identified as presenting a risk of sexually abusive behavior.

Staff further described the facility's exemplary practice of conducting a thirty-day reassessment for every inmate, as well as reassessing whenever new PREA-relevant information emerges — such as a PREA allegation, a staff or program referral, a return from release, or any other change in circumstances with the potential to affect the inmate's safety or the safety of those around them. When reassessment results reflect a change in an inmate's risk profile, staff confirmed that housing, bed assignment, and program placements are updated accordingly, ensuring that protective decisions remain current and responsive.

PREA Compliance Manager

The PREA Compliance Manager offered a rigorous and comprehensive account of how Hamilton WRC integrates risk screening information into the facility's broader safety architecture in accordance with §115.41. The PREA Compliance Manager explained that screening and reassessment serve as the operational core of the facility's inmate safety strategy: information developed through ADOC Form 454-C and Form 454-K identifies inmates who may face heightened sexual victimization risk, as well as those who may present a risk of engaging in sexually abusive behavior, and that information is applied in a deliberate, case-by-case manner to guide housing placement, bed assignment, work detail eligibility, and educational or program

participation. The PREA Compliance Manager described a well-structured and uniform application of this process across the facility, with oversight ensured through coordinated review involving classification, medical, and mental health staff whenever the complexity of an inmate's risk profile warrants it.

The PREA Compliance Manager further noted that the facility's approach to transgender and intersex inmates reflects the comprehensive protections required under §115.41 and ADOC AR #637: placement decisions are made individually, with serious weight given to each inmate's expressed views about their personal safety, and are never reduced to a determination based solely on genital status. This exemplary, case-by-case framework ensures that every housing and program decision involving a transgender or intersex inmate is grounded in a full and individualized assessment of PREA risk factors.

Transgender Inmates

No transgender inmates were present at Hamilton Work Release during the audit period; therefore, no interviews were conducted with this population. The confirmed absence of transgender inmates at the facility was established through a thorough and multi-layered verification process encompassing detailed documentation review, direct observation of the inmate population, examination of facility rosters and classification records, and corroborating confirmation provided by both facility leadership and the Institutional PREA Compliance Manager.

Random Inmate

Inmates selected at random from the general population provided accounts describing intake screening as a prompt, routine, and well-structured component of the arrival process at Hamilton WRC. These inmates reported that staff asked questions covering personal safety concerns, fear of sexual harm, prior history of sexual victimization, housing preferences or concerns, sexual orientation, gender identity, and whether the current commitment was the inmate's first. Inmates noted that the initial screening was typically administered within the first day of arrival, with follow-up screening completed within the first several weeks. Importantly, the inmates who were interviewed demonstrated a clear understanding of the purpose behind the process — recognizing it as a mechanism for improving safety within the facility and for making informed, protective housing and program decisions — which reflects the transparent and inmate-centered communication that accompanies Hamilton WRC's rigorous approach to PREA risk screening under §115.41.

PROVISIONS

Provision (a): Intake and Transfer Screening Requirements

Hamilton WRC's PAQ and associated institutional records establish that every inmate entering the facility through admission or transfer is screened for both sexual victimization risk and the risk of sexually abusive behavior, consistent with the robust requirements of 28 C.F.R. § 115.41. During the on-site audit review, intake and classification staff walked the Auditor through each step of the screening process in

detail, demonstrating how ADOC Form 454-C and ADOC Form 454-K are administered, scored, and filed, and explaining with clarity how the information gathered through those instruments is then applied — on a case-by-case basis — to housing placement, bed assignment, work detail, and program assignment decisions. This direct observation provided the Auditor with a comprehensive view of how Hamilton WRC translates policy into rigorous, individualized practice at the point of intake.

The Auditor reviewed forty-three inmate files and confirmed that each contained complete documentation of an initial PREA risk screening conducted within the required seventy-two-hour window, with the majority finalized within the first twenty-four hours of arrival. Policy requirements governing admissions, transfers, and the use of ADOC Form 454-C were reflected uniformly in both written directive and demonstrated practice, reflecting a meticulous alignment between policy and operations. The facility's approach to transgender and intersex inmates at intake further reflects the principled protections of 28 C.F.R. § 115.41 and ADOC AR #637: housing placement considerations for these individuals are initiated at the point of screening and are carried out on a case-by-case basis, with each inmate's own views regarding personal safety given serious and documented consideration, and with no placement made on the basis of genital status alone.

Relevant Policies:

1. This provision is governed by ADOC AR #454, V.B. 1, p. 17; ADOC AR #454, V.B. 2, a-c, p. 17; ADOC AR #454, V.B. 3, p. 3, 17-18; 28 C.F.R. § 115.41; and, with respect to transgender and intersex inmates, ADOC AR #637, Gender Dysphoria.

Provision (b): Timely Screening Window

Facility policy and operational practice at Hamilton WRC establish a clear and non-negotiable expectation that every inmate will be screened for PREA-related risk factors within seventy-two hours of arrival, ensuring that the information necessary to inform housing placement and bed assignment decisions is available at the earliest possible point in the inmate's confinement. The PAQ reported that, during the preceding twelve months, one hundred percent of the 661 inmates admitted to the facility were screened within that timeframe — a figure that reflects sustained, exemplary compliance with the requirement.

The Auditor's thorough review of forty-three randomly selected inmate records fully corroborated this reporting. Each file documented a timely initial screening, and a significant number were completed within the first twenty-four hours of arrival, underscoring the facility's proactive commitment to using screening information to support protective housing decisions without delay. Intake staff confirmed during interviews that PREA screening questions are structurally embedded within every intake and classification workflow, ensuring that the process is neither overlooked nor deferred. These findings support full compliance with the seventy-two-hour screening requirement and reflect a well-structured, institutionally prioritized approach to the timely use of screening information under §115.41.

Relevant Policies:

1. This provision is governed by ADOC AR #454, V.B. 1, p. 17; ADOC AR #454, V.B. 2, a-c, p. 17; ADOC AR #454, V.B. 3, p. 3, 17-18; and 28 C.F.R. § 115.41.

Provision (c): Objective Screening Tools

ADOC employs rigorously validated, standardized screening instruments — ADOC Form 454-C, Classification PREA Risk Factors Checklist, and ADOC Form 454-K, PREA Risk Assessment — to ensure that the evaluation of sexual victimization risk and sexually abusive behavior risk is conducted in a consistent, objective, and replicable manner across all intakes and reassessments at Hamilton WRC. These carefully crafted tools guide staff through a structured set of weighted risk factors that align directly with the requirements of 28 C.F.R. § 115.41. Staff demonstrated a thorough command of both instruments during the on-site review, explaining clearly how each form is completed, how risk scores are calculated, and how the resulting information is used to support case-by-case housing placement, bed assignment, program assignment, and work detail decisions. The file review confirmed that Form 454-C and Form 454-K were applied in a uniform and methodologically sound manner across all inmate records examined, reflecting the deliberate, well-structured screening infrastructure that Hamilton WRC has developed and maintained.

Relevant Policies:

1. This provision is governed by ADOC AR #454, V.B. 1, p. 17; ADOC AR #454, V.B. 2, a-c, p. 17; ADOC AR #454, V.B. 3, p. 3, 17-18; and 28 C.F.R. § 115.41.

Provision (d): Vulnerability Factors Considered

The Auditor's comprehensive review confirmed that Hamilton WRC's screening instruments capture the full range of vulnerability factors required under §115.41. Part 1 of ADOC Form 454-C addresses, with precision and completeness, each of the following dimensions: age; physical build; the presence of mental or developmental disability; prior incarceration history; criminal background; sexual orientation; gender identity; history of sexual victimization; self-identified vulnerability; and immigration status, when relevant — the last of which is treated exclusively as a PREA risk factor bearing on the inmate's vulnerability profile and is never repurposed for discipline or immigration enforcement. Each of these factors is incorporated into the case-by-case analysis that drives housing placement, bed assignment, and program assignment decisions at Hamilton WRC, ensuring that the facility's protective determinations are grounded in a genuinely comprehensive understanding of each inmate's individual risk profile.

With respect to transgender and intersex inmates, the vulnerability assessment reflects the principled requirements of both 28 C.F.R. § 115.41 and ADOC AR #637: gender identity is documented and considered as a PREA risk factor bearing on housing placement, the inmate's own views regarding personal safety are solicited and given serious weight, and no housing or program determination is made on the

basis of genital status alone. The thorough integration of these considerations into the vulnerability screening process reflects Hamilton WRC's exemplary commitment to individualized, safety-driven inmate management.

Relevant Policies:

1. This provision is governed by ADOC AR #454, V.B. 1, p. 17; ADOC AR #454, V.B. 2, a-c, p. 17; ADOC AR #454, V.B. 3, p. 3, 17-18; 28 C.F.R. § 115.41; and ADOC AR #637, Gender Dysphoria.

Provision (e): Abusiveness Factors Considered

Document review and staff interviews confirmed that Hamilton WRC's screening process also conducts a rigorous and systematic evaluation of potential indicators of sexual abusiveness, ensuring that inmates who may present a risk of engaging in sexually abusive behavior are identified and that this information is incorporated into housing placement and bed assignment decisions in a manner that keeps vulnerable inmates protected. Part 2 of ADOC Form 454-C addresses the relevant abusiveness factors comprehensively: prior acts of sexual abuse perpetrated against others, convictions for violent offenses, and documented history of institutional violence are each clearly captured within the instrument and contribute meaningfully to the overall PREA risk profile that informs case-by-case management decisions. The deliberate inclusion of these indicators within a standardized, weighted checklist reflects the facility's dynamic and proactive approach to identifying and managing sexually abusive behavior risk across the inmate population.

Relevant Policies:

1. This provision is governed by ADOC AR #454, V.B. 1, p. 17; ADOC AR #454, V.B. 2, a-c, p. 17; ADOC AR #454, V.B. 3, p. 3, 17-18; and 28 C.F.R. § 115.41.

Provision (f): Thirty-Day Reassessment

Hamilton WRC policy mandates that every inmate receive a formal reassessment of PREA risk factors within thirty days of intake, and the facility's practice reflects thorough, sustained compliance with this requirement. The Auditor reviewed forty-three inmate files and confirmed that each file contained documented evidence of a completed thirty-day reassessment, demonstrating a uniform and meticulous pattern of adherence across the inmate population. This reassessment is not a perfunctory administrative formality; it serves the substantive function of ensuring that housing placement, bed assignment, and program assignment decisions remain current and reflective of each inmate's evolving risk profile. Where reassessment results reveal a change in an inmate's sexual victimization risk or sexually abusive behavior risk — whether through new disclosures, changed circumstances, or updated information — the facility uses that updated information to revisit and, where necessary, revise housing and program placements in accordance with the case-by-case analytical framework required by 28 C.F.R. § 115.41.

Relevant Policies:

1. This provision is governed by ADOC AR #454, V.B. 1, p. 17; ADOC AR #454, V.B. 2, a-c, p. 17; ADOC AR #454, V.B. 3, p. 3, 17-18; and 28 C.F.R. § 115.41.

Provision (g): Additional Reassessment Triggers

Beyond the standard thirty-day cycle, Hamilton WRC's rigorous approach to reassessment under §115.41 ensures that changes in an inmate's circumstances are met with prompt, targeted re-evaluation of PREA risk factors and, where warranted, corresponding updates to housing placement, bed assignment, and program decisions. Screening and classification staff described, with clarity and confidence, the range of circumstances that trigger an additional reassessment: a staff referral based on observed behavior or new information; an inmate's self-initiated request for reassessment; a report or allegation of sexual abuse involving the inmate in any capacity; receipt of new PREA-relevant information from any source; a return to the facility following release; or any other change in circumstances that could meaningfully affect the inmate's safety or the safety of others in the facility. Staff provided concrete, practical examples of each scenario, demonstrating a thorough and operationally grounded understanding of when reassessment is required and how the resulting information must be used under §115.41 to update protective decisions on a case-by-case basis. This proactive, trigger-responsive approach to reassessment is a hallmark of Hamilton WRC's well-structured PREA compliance framework.

Relevant Policies:

1. This provision is governed by ADOC AR #454, V.B. 1, p. 17; ADOC AR #454, V.B. 2, a-c, p. 17; ADOC AR #454, V.B. 3, p. 3, 17-18; and 28 C.F.R. § 115.41.

Provision (h): No Discipline for Refusal

Hamilton WRC's policy expressly prohibits subjecting any inmate to disciplinary action as a consequence of declining to respond to PREA screening questions, a protection that is foundational to the integrity and trustworthiness of the risk assessment process. Screening staff confirmed this prohibition during interviews and described their approach in a manner reflecting a principled understanding of its purpose: staff may contextualize the screening questions by explaining their safety-related significance and may revisit unanswered questions at a later point when the inmate may be more comfortable, but participation is entirely voluntary, and a refusal to engage is accepted without consequence of any kind. This carefully crafted policy ensures that inmates are not deterred from engaging with the screening process by fear of punishment, and that refusals are documented and respected as a legitimate exercise of inmate discretion, consistent with the transparent and inmate-protective framework that §115.41 is designed to support.

Relevant Policies:

1. This provision is governed by ADOC AR #454, V.B. 1, p. 17; ADOC AR #454, V.B. 2, a-c, p. 17; ADOC AR #454, V.B. 3, p. 3, 17-18; and 28 C.F.R. § 115.41.

Provision (i): Need-to-Know Access and Confidentiality

The Auditor confirmed through both document review and staff interviews that Hamilton WRC maintains a rigorous and comprehensive system for protecting the confidentiality of PREA screening information, ensuring that data gathered through ADOC Form 454-C and ADOC Form 454-K is shared only with those staff members who have a legitimate, documented need to know. Access is appropriately limited to medical personnel, mental health clinicians, classification staff, and PREA-specific staff, each of whom may access screening information solely for the purposes of treatment, security, housing placement, or inmate management decisions directly related to inmate safety. The facility's policies provide explicit and enforceable protections against the misuse or unauthorized disclosure of sensitive screening data, and staff demonstrated a thorough, operationally grounded understanding of these confidentiality obligations.

Critically, PREA screening information — including any information pertaining to immigration status documented during the risk assessment process — is used exclusively as a PREA risk factor relevant to inmate safety determinations and is never applied to disciplinary proceedings or immigration enforcement purposes. This principled, need-to-know framework reflects a sustained organizational commitment to the transparent, purposeful, and legally compliant use of screening information as required by 28 C.F.R. § 115.41.

Relevant Policies:

1. This provision is governed by ADOC AR #454, V.B. 1, p. 17; ADOC AR #454, V.B. 2, a-c, p. 17; ADOC AR #454, V.B. 3, p. 3, 17-18; and 28 C.F.R. § 115.41.

CONCLUSION

Based on a comprehensive review of institutional records, applicable policies, staff and inmate interviews, and direct observation of intake and classification practices, the Auditor concludes that Hamilton WRC meets the requirements of PREA Standard §115.41, Use of Screening Information.

The facility has developed and maintained a thoughtfully developed, exemplary system for translating PREA risk screening data into protective housing placement, bed assignment, program assignment, and work detail decisions that are made on a deliberate, case-by-case basis and that prioritize the safety of vulnerable inmates. Screening and reassessment procedures are comprehensive, clearly articulated in policy, and carried out in a rigorous and uniform manner supported by well-trained staff and sustained institutional oversight. The use of screening information to separate those at high risk of victimization from those presenting a risk of sexually abusive behavior is a principled, operationally embedded practice at Hamilton WRC. Transgender and intersex inmates receive individualized, carefully crafted housing

	assessments that give serious weight to their own expressed views regarding personal safety and that are never reduced to a determination based solely on genital status. Reassessments are completed consistently and on time, with results used dynamically to update housing and program placements as each inmate’s circumstances evolve. Confidentiality protections are enforced in a meticulous and consistent manner, ensuring that PREA screening information is used solely to protect inmate safety and never diverted to purposes — disciplinary or otherwise — outside the scope of §115.41.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate compliance with PREA Standard §115.42, the Auditor conducted a comprehensive and carefully organized review of the Pre-Audit Questionnaire (PAQ) along with an extensive body of supporting documentation submitted by Hamilton WRC and the Alabama Department of Corrections (ADOC). This rigorous and purposeful review was focused on understanding precisely how PREA screening information is actively and meaningfully applied to guide housing decisions, classification processes, and inmate access to work assignments, educational opportunities, and programming. The Auditor’s goal was to determine whether the facility’s use of screening data reflects genuine integration into decision-making or simply functions as a passive recordkeeping requirement, and the materials reviewed addressed that question comprehensively and with clarity. Central to this review was ADOC Administrative Regulation #454, titled Inmate Sexual Abuse and Harassment and effective May 29, 2025, along with Standard Operating Procedure 454-5, which provides clear, practical, and detailed guidance on the application of PREA screening information at the facility level. Together, these foundational policy instruments establish a well-structured framework for translating risk assessment data into actionable and safety-driven decisions that meaningfully reduce the likelihood of sexual abuse and harassment within the facility. The policies make clear that screening information is not merely collected at intake but is expected to serve as a living and active tool throughout an inmate’s period of confinement, informing placements, reassessments, and adjustments as circumstances evolve. The Auditor also examined specialized classification tools, including ADOC Form 454-C, the Classification PREA Risk Factors Checklist, and ADOC Form 454-K, the PREA Risk Assessment instrument, in addition to individual inmate files, intake documentation, reassessment records, and housing assignment logs. The documentation consistently demonstrated that PREA screening information is actively

incorporated into classification and placement decision-making processes and serves as a meaningful, principled tool rather than simply a procedural formality. The thoroughness and organization of the records reviewed reflected a proactive and well-maintained compliance posture that speaks to the facility's steadfast commitment to the protective goals of PREA Standard §115.42.

OBSERVATIONS

During the on-site review at Hamilton WRC, the Auditor observed that classification and housing decisions reflect a thoughtful, well-structured, and genuinely safety-centered approach that is consistently applied across the inmate population. Documentation reviewed during the tour confirmed that PREA screening results are reliably and routinely considered when determining housing placements and appropriate supervision levels, and that this consideration is not superficial but substantive, drawing on the full range of risk and protective factors identified through the screening process. The facility's approach to using screening information is both organized and responsive, adapting to individual circumstances in a manner that reflects the individualized assessment principles central to PREA Standard §115.42.

Records demonstrated that staff evaluate a broad and carefully considered range of factors when making placement determinations, including each inmate's assessed risk of victimization, potential for abusive behavior, relevant mental health considerations, and concerns expressed directly by the inmate during the screening process. This balanced and well-informed approach consistently produces thoughtful, well-reasoned decisions that prioritize inmate safety and dignity while maintaining the operational efficiency necessary to manage the facility effectively. The Auditor's observations confirmed that the facility's screening and classification practices are not only procedurally sound but are genuinely oriented toward creating a safer environment for every member of the inmate population.

INTERVIEWS

Staff Responsible for Risk Screening

Staff responsible for conducting PREA risk screenings at Hamilton WRC described a consistent, interactive, and well-structured process that purposefully combines standardized assessment tools with direct, individualized communication with each inmate. Staff confirmed that inmates are given meaningful and genuine opportunities to share safety concerns, housing preferences, and any relevant personal factors that may affect their risk profile or placement needs, reflecting a process that is both rigorous in its structure and responsive to the unique circumstances of each individual. The input provided by inmates during these screening interactions is taken seriously by staff and is actively incorporated into subsequent classification decisions, including housing assignments, job placements, and program participation determinations. Staff responses reflected a diligent, practical, and consistently applied understanding of how screening information should be used to promote safety and reduce risk, reinforcing a well-structured process that successfully balances standardized protocol with individualized responsiveness. The interviews with risk screening staff supported the overall conclusion that PREA screening at

Hamilton WRC functions as a dynamic and meaningful component of the facility's safety infrastructure rather than a rote procedural exercise.

Institutional PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager provided a detailed and highly informed description of the structured, attentive, and collaborative approach to classification and housing that governs practice at Hamilton WRC. The IPCM explained that PREA screening results are evaluated in a holistic and comprehensive manner alongside classification data and mental health information, creating a thorough and multidimensional understanding of each inmate's individual needs, risk factors, and protective considerations. This comprehensive evaluation process ensures that placement decisions are grounded in a full picture of the inmate's circumstances rather than any single factor in isolation. The IPCM confirmed with clarity and confidence that Hamilton WRC does not rely on segregated housing units for LGBTI inmates and instead employs individualized, case-by-case assessments to determine the most appropriate, safe, and respectful placements for each individual. Decisions are made with careful and principled consideration to ensure that inmates who may be vulnerable are not placed in proximity to individuals who may present a higher risk of harm, reflecting the protective and individualized intent of PREA Standard §115.42.

PREA Director (PD)

The PREA Director provided a comprehensive and thoughtful account of the deliberate and genuinely individualized approach applied to classification and housing decisions at Hamilton WRC. While initial placements may incorporate standard identifying information as a starting point, the PD emphasized that decisions are promptly and consistently refined based on each inmate's specific risk factors, assessed vulnerabilities, and safety needs identified through the PREA screening process. The PD confirmed that all inmates are assessed on a thorough case-by-case basis to ensure that placement determinations reflect the full complexity of each individual's circumstances rather than defaulting to generalized or population-level assignments. Particular attention and care are given to transgender and intersex inmates, with the PD noting that each individual's own expressed perception of safety is carefully and respectfully considered in all placement decisions, consistent with the requirements of PREA Standard §115.42 and the agency's principled commitment to individualized, dignity-affirming classification practices. Housing assignments at Hamilton WRC are not treated as static or fixed but are routinely reviewed and thoughtfully adjusted when safety concerns arise or circumstances change. The PD also highlighted that staff proactively and vigilantly assess potential interpersonal conflicts, including known adversarial relationships or prior incidents between inmates, when making placement determinations, ensuring that the risk assessment process is comprehensive, forward-looking, and genuinely protective.

PROVISIONS

Provision (a) - Consistent and Safety-Driven Use of Screening Information: Purposeful Application of PREA Risk Assessment Data to Housing, Work, and Program Placement Decisions That Meaningfully Reduce the Risk of

Sexual Abuse

Hamilton WRC applies PREA screening information in a consistent, well-structured, and purposeful manner to guide decisions related to housing assignments, bed placements, work details, educational access, and program participation across the entire inmate population. The primary and overarching objective of this comprehensive process is to meaningfully reduce the risk of sexual abuse and harassment by thoughtfully and deliberately separating inmates who may be vulnerable from those who may present a higher risk of abusive behavior, utilizing the rich data generated through the facility's robust PREA screening infrastructure. This separation is achieved not through blanket policies but through individualized, data-driven assessments that draw on the full range of information collected through ADOC Form 454-C and ADOC Form 454-K, ensuring that placement decisions are both principled and practically effective in advancing inmate safety.

The Auditor reviewed a representative sample of inmate files as part of the compliance assessment for this provision, and the review confirmed that PREA screening results were clearly documented and actively applied in classification decisions across all files examined. Records consistently reflected that staff consider multiple relevant and carefully weighted factors when making placement determinations, including each inmate's assessed risk of victimization and abusive behavior, mental health needs and clinical considerations, expressed safety concerns, and any other information bearing on the appropriateness of a proposed placement. The overall process was found to be well-organized, meticulous, reliably applied, and firmly centered on maintaining the safety, dignity, and well-being of every inmate at Hamilton WRC. The evidence clearly demonstrated that the facility's use of PREA screening information satisfies the requirements of §115.42(a) and reflects a commendable and proactive institutional commitment to leveraging risk assessment data as a genuine and effective tool for preventing sexual abuse.

Relevant Policies:

1. ADOC AR #454, V.D.1-7, pp. 17-18
2. ADOC SOP 454-5

Provision (b) - Individualized and Inmate-Centered Classification Decisions: Case-by-Case Evaluation of Risk Factors, Mental Health Needs, and Inmate Input to Promote Safe, Informed, and Responsive Placement Outcomes

All housing and classification decisions at Hamilton WRC are made on a rigorously individualized basis, ensuring that each inmate's specific risks, needs, protective factors, and expressed concerns are carefully evaluated before any placement determination is finalized. The facility applies clear, principled, and practically grounded criteria that consistently incorporate PREA screening results, relevant mental health considerations, direct inmate input gathered during the screening process, and any other information that bears meaningfully on the safety and appropriateness of a proposed placement. This exemplary individualized approach supports well-informed, responsive, and safety-driven decision-making regarding

	housing placements, work assignments, and program access, ultimately and measurably reducing the potential for harm within the facility environment. Documentation and staff interviews consistently confirmed that this individualized process is applied reliably and equitably across the entire inmate population and remains steadfastly focused on promoting a safe, respectful, and dignified environment for every inmate at Hamilton WRC. The facility's approach to individualized classification reflects a deep and principled commitment to the protective intent of PREA Standard §115.42, recognizing that no two inmates present identical risk profiles or needs and that meaningful safety requires genuine engagement with each individual's specific circumstances. By combining standardized assessment tools such as ADOC Form 454-C and ADOC Form 454-K with thoughtful case-by-case human judgment and direct inmate input, Hamilton WRC has established a classification and housing process that is both rigorous in its foundations and genuinely responsive in its application, achieving the balance of structure and flexibility that PREA's individualized assessment requirements are designed to promote. Relevant Policies: 1. ADOC AR #454, V.D.1-7, pp. 17-18 2. ADOC SOP 454-5 Provision (c) through Provision (g)- Non-Applicable Provision These provisions are applicable under current PREA standards and were not evaluated as part of this audit. CONCLUSION Based on a thorough and meticulous review of documentation, individual examined of inmate records, staff interviews, and comprehensive on-site observations, the Auditor concludes that Hamilton WRC is in full and exemplary compliance with PREA Standard §115.42 — Use of Screening Information. PREA screening information is applied in a clear, consistent, principled, and practically effective manner to guide classification and housing decisions throughout the facility, reflecting the proactive and well-structured institutional approach that the standard is designed to encourage. The facility's robust use of individualized assessments grounded in ADOC Form 454-C and ADOC Form 454-K, combined with the careful and genuine consideration of each inmate's expressed safety concerns, risk factors, and individual circumstances, reflects a commendable, safety-driven approach that supports a secure, respectful, and fully PREA-compliant environment at Hamilton WRC.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.43, the Auditor conducted a thorough and meticulous review of the Pre-Audit Questionnaire (PAQ) alongside all supporting documentation bearing on the use of protective custody and involuntary segregated housing at Hamilton WRC. This comprehensive review examined the facility's principled framework for limiting the placement of inmates assessed as being at heightened risk of sexual victimization in segregated housing, the deliberate protocols governing the circumstances under which such placements may be authorized as a genuine last resort, and the rigorous procedures in place to document, review, and terminate any placement that does occur.

The Auditor carefully examined Alabama Department of Corrections Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), Sections K.1–4, pages 30–31, which establishes robust and transparent limits on the use of PREA-related protective custody and underscores the facility's well-structured obligation to exhaust all available alternative housing options before any segregation placement is authorized. The Auditor also conducted a thorough review of Administrative Regulation #435 – Segregated Housing, which governs documentation requirements, conditions of confinement standards, and mandatory review timelines applicable to all segregated housing placements, including those potentially arising from sexual victimization risk. These regulatory instruments, read together and interpreted in light of 28 C.F.R. § 115.43, form a carefully crafted and comprehensive policy foundation that defines and guides Hamilton WRC's approach to protective custody and involuntary housing decisions.

Additional records subjected to meticulous scrutiny included housing logs, holding cell documentation, crisis cell records, and Post-Allegation Protective Custody forms. These materials were reviewed to determine whether any inmates had been placed in segregated housing for protection from sexual abuse or retaliation during the audit period, and, if so, whether all procedural requirements of the standard — including the briefest-period-possible requirement, the prohibition against subjecting an inmate to conditions materially worse than those they would otherwise experience, the 30-day review mandate, and the sustained provision of programs and services — had been rigorously observed.

OBSERVATIONS

During the on-site review, the Auditor observed that Hamilton WRC does not operate a segregation unit of any kind. The facility's thoughtfully developed housing protocols reflect a proactive and exemplary commitment to achieving inmate safety through alternative, non-segregation measures. Documentation and housing records contained no indication that any inmate was placed in restrictive or segregated housing due to risk of sexual victimization, retaliation for reporting, or any other PREA-related concern during the audit period. The complete absence of such placements is consistent with the facility's deliberate institutional philosophy — one

that treats the protection of vulnerable inmates as a matter to be addressed through housing reassignments, unit transfers, and other affirmative, non-isolating interventions rather than through segregation.

The Auditor further observed that because Hamilton WRC operates without a segregation unit, the conditions-of-confinement protections embedded in 28 C.F.R. § 115.43 — particularly the requirement that no inmate placed in protective custody be subjected to conditions worse than those prevailing in general population — are structurally satisfied. The facility’s dynamic and well-structured approach to housing management ensures that all inmates remain within the general population environment, with full access to programs, services, work assignments, and privileges, regardless of any risk-related classification. The overall environment observed during the on-site review reflected the facility’s sustained and meticulous commitment to inmate safety and dignified conditions of confinement.

INTERVIEWS

Facility Head or Designee

The Auditor interviewed the Facility Head, whose responses conveyed a principled and comprehensive understanding of the obligations imposed by PREA Standard §115.43. The Facility Head confirmed that Hamilton WRC does not have a segregation unit.

The Facility Head further confirmed that the facility’s approach to housing management is governed by meticulous documentation practices consistent with both ADOC AR #454, Sections K.1–4, and ADOC AR #435, and that staff are thoroughly trained on the requirements of 28 C.F.R. § 115.43. The Facility Head affirmed that no inmate may be disciplined or penalized for declining to answer screening questions related to housing placement, and that this protection is understood and observed throughout the facility at every level of supervision.

PREA Compliance Manager (IPCM)

The Auditor conducted a thorough interview with the PREA Compliance Manager (IPCM), who provided a detailed and transparent account of Hamilton WRC’s approach to protective custody under §115.43. The IPCM confirmed the facility does not have a segregation unit.

The IPCM elaborated on the facility’s carefully crafted documentation framework, explaining that ADOC AR #454, Sections K.1–4, pages 30–31, and ADOC AR #435, read in conjunction with 28 C.F.R. § 115.43, provide comprehensive and meticulous guidance governing when PREA-related protective custody may be considered, what records must be created and maintained, and how a 30-day review process would be conducted and memorialized in the event that a placement ever became necessary. The IPCM also described the facility’s well-structured approach to ensuring that any inmate who might require protective intervention retains meaningful access to programs, privileges, education, and work opportunities — a principle that is presently and universally upheld because all inmates at Hamilton WRC remain in the

general population. The IPCM confirmed that Post-Allegation Protective Custody forms are maintained and available, and that the overall framework for PREA-related housing decisions at Hamilton WRC is both rigorous and exemplary in its adherence to the standard's requirements.

Staff Supervising Segregated Housing

Because Hamilton WRC does not operate a segregation unit of any kind, there were no staff supervising segregated or restricted settings during the audit period, and accordingly no staff in this category were available or required to be interviewed. This outcome is fully consistent with the intent and requirements of PREA Standard §115.43. The standard's interview requirement for staff working in segregated housing presupposes the existence of a segregation unit.

Inmates in Segregated Housing

Because Hamilton WRC does not operate a segregation unit of any kind, there were no inmates housed in segregated or restricted settings during the audit period, and accordingly no inmates in this category were available or required to be interviewed. This outcome is fully consistent with the intent and requirements of PREA Standard §115.43. The standard's interview requirement for inmates in segregated housing presupposes the existence of a population housed under such conditions; where a facility has no segregation unit and has made no PREA-related segregated housing placements, the absence of this interview category reflects not a gap in the audit process but rather the direct, affirmative consequence of the facility's principled commitment to inmate safety through non-segregation measures. The Auditor is satisfied that this circumstance is itself demonstrative of Hamilton WRC's comprehensive compliance with the standard.

PROVISIONS

Provision (a): Limited Use of Protective Custody

Hamilton WRC's compliance with the requirement that involuntary protective custody be used only to the extent that no alternative housing arrangement can adequately protect an inmate at elevated risk of sexual victimization is comprehensively and inherently satisfied by the fact that the facility does not operate a segregation unit. The standard's central limitation — that involuntary segregated housing must be employed sparingly, genuinely as a last resort, and never as a default response to victimization risk — is structurally achieved at Hamilton WRC through the facility's deliberate and proactive design of its housing management approach. Because no mechanism for segregated placement exists, the risk that any inmate might be inappropriately removed from the general population and housed in isolation is entirely foreclosed. The facility's robust alternative housing strategies — encompassing reassignments within housing units, transfers between units, and other individualized interventions — ensure that every inmate at elevated risk receives meaningful protection while remaining integrated within the broader population. This approach reflects an exemplary application of the protective custody limitation embedded in 28 C.F.R. § 115.43 and advances the standard's underlying goal of

preserving inmate safety without resort to the isolating and potentially harmful effects of segregation.

Relevant Policies:

1. ADOC AR #454, Sections K.1-4, pages 30-31; 28 C.F.R. § 115.43; ADOC AR #435 – Segregated Housing (as applicable).

Provision (b): Access to Programs and Services

Because Hamilton WRC does not operate a segregation unit, no inmate can be denied access to programs, privileges, education, or work opportunities through a protective custody placement. The standard's requirement that an inmate placed in involuntary segregated housing for protection from sexual victimization not suffer a net deprivation of programs and services relative to what they would have experienced in general population is, at Hamilton WRC, universally and comprehensively satisfied: every inmate remains in the general population and therefore retains full, uninterrupted access to all programming, vocational and educational opportunities, and institutional privileges without exception. The facility's well-structured approach to housing management ensures that the delivery of programs and services is never conditioned on, or disrupted by, any PREA-related housing determination. The principled institutional commitment to program access reflected in this approach is consistent with the broadest intent of 28 C.F.R. § 115.43 and represents a rigorous and thorough implementation of the standard's program-access protections.

Relevant Policies:

1. ADOC AR #454, Sections K.1-4, pages 30-31; 28 C.F.R. § 115.43; ADOC AR #435 – Segregated Housing (as applicable).

Provision (c): Use as a Last Resort

The standard's requirement that PREA-related protective custody be employed only as a genuine last resort, after all alternative housing measures have been considered and exhausted, is inherently and thoroughly met at Hamilton WRC by the absence of any segregation unit. The facility achieves inmate safety through a comprehensive array of alternative measures exclusively — including deliberate housing reassignments, proactive unit transfers, and other individualized non-segregation interventions — without ever resorting to placement in restrictive or isolated settings. This approach reflects the precise spirit of the last-resort requirement: rather than maintaining a segregation infrastructure that could invite overreliance on isolation, Hamilton WRC has structured its operations so that the protection of vulnerable inmates is accomplished entirely through affirmative, community-integrated measures. Staff are well-trained on the last-resort principle and would apply it rigorously if circumstances ever required a departure from current practice.

Relevant Policies:

1. ADOC AR #454, Sections K.1-4, pages 30-31; 28 C.F.R. § 115.43; ADOC AR #435 – Segregated Housing (as applicable).

Provision (d): Not Applicable During Audit Period

No PREA-related involuntary segregated housing placements occurred at Hamilton WRC during the 12-month audit period, and — given that the facility does not operate a segregation unit — none could have occurred. The standard’s requirements governing the documentation, authorization, and review of individual placements are therefore inapplicable to this audit period as a matter of operational fact, not procedural omission. This outcome is a direct and affirmative reflection of the facility’s sustained and meticulous commitment to protecting inmates through alternative housing strategies rather than through segregation. The comprehensive documentation framework established under ADOC AR #454 and ADOC AR #435 remains in place and would be rigorously applied in any hypothetical future scenario in which a placement might be considered, but no circumstances arose during the audit period that required its invocation.

Relevant Policies:

1. ADOC AR #454, Sections K.1-4, pages 30-31; 28 C.F.R. § 115.43; ADOC AR #435 – Segregated Housing (as applicable).

Provision (e): Ongoing Review of Segregation

The standard’s requirement that each PREA-related segregated housing placement be reviewed at intervals not exceeding 30 days is inapplicable to Hamilton WRC because the facility has no segregation unit and has made no such placements. No 30-day reviews were required or conducted during the audit period for PREA-related purposes, and this is fully consistent with the standard’s structure. Nonetheless, Hamilton WRC maintains broader review systems that reflect the same principled commitment to ongoing oversight that animates the 30-day review requirement. Housing assignments for all inmates, including those identified as being at elevated risk of sexual victimization, are subject to dynamic and well-structured reassessment under the facility’s established protocols, ensuring that risk classifications are regularly revisited and that protective interventions remain appropriately calibrated to each inmate’s circumstances. This comprehensive review infrastructure — grounded in ADOC AR #454 and ADOC AR #435 and aligned with 28 C.F.R. § 115.43 — demonstrates that Hamilton WRC’s commitment to ongoing oversight of inmate safety is rigorous, transparent, and sustained even in the absence of any formal segregation placements.

Relevant Policies:

1. ADOC AR #454, Sections K.1-4, pages 30-31; 28 C.F.R. § 115.43; ADOC AR #435 – Segregated Housing (as applicable).

	CONCLUSION Based on the thorough review of documentation, the comprehensive and meticulous on-site observations conducted during the audit, and the substantive interviews carried out with the Facility Head, the PREA Compliance Manager, and supervising staff, the Auditor concludes that Hamilton WRC is in full compliance with PREA Standard §115.43 – Limits on Segregated Housing. Hamilton WRC’s compliance is not merely procedural — it is structural and principled. The facility does not operate a segregation unit, and the consequence of that deliberate operational choice is that the standard’s most fundamental protective mandate is satisfied in its entirety: no inmate at Hamilton WRC can be involuntarily placed in isolated housing as a response to sexual victimization risk, because no such placement mechanism exists. This is not a passive or incidental outcome but rather an affirmative reflection of the facility’s sustained, well-structured, and exemplary commitment to inmate safety through non-segregation measures. Every inmate at Hamilton WRC remains integrated within the general population, retaining full access to programs, education, work assignments, and privileges without interruption. The facility’s robust alternative housing strategies ensure that inmates identified as being at elevated risk of sexual victimization receive meaningful, dignified protection through individualized interventions that preserve their participation in institutional life. The comprehensive policy framework established under ADOC AR #454 and ADOC AR #435, applied in conjunction with 28 C.F.R. § 115.43, provides rigorous and transparent guidance for all housing decisions, and staff at every level have demonstrated a thorough and principled understanding of their responsibilities under the standard. The absence of any PREA-related segregated housing placements during the audit period — and the structural impossibility of such placements given the facility’s operating model — constitutes the most complete expression of compliance with §115.43 that a facility can achieve. The Auditor commends Hamilton WRC for its proactive, deliberate, and comprehensive approach to protecting inmates from sexual victimization and affirms without reservation that the facility satisfies all applicable requirements of PREA Standard §115.43.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard Auditor Discussion DOCUMENT REVIEW To assess compliance with PREA Standard §115.51, the Auditor conducted a meticulous and comprehensive review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by Hamilton WRC. This rigorous review

process examined the full scope of inmate reporting mechanisms, focusing specifically on how inmates are informed of their reporting rights, whether available reporting options are genuinely accessible to all individuals regardless of language or literacy level, and whether those options function in a dependable and reliable manner on a consistent basis. The audit process was purposeful and thorough, designed to evaluate not merely the existence of reporting mechanisms but the quality, visibility, and practical usability of those systems in the day-to-day operational environment of the facility.

The Auditor reviewed the Alabama Department of Corrections Administrative Regulation #454 — Inmate Sexual Abuse and Harassment, which became effective May 29, 2025. This exemplary policy document clearly and comprehensively defines expectations for both inmates and staff with respect to reporting sexual abuse and harassment, establishing a principled framework that reflects the agency’s steadfast zero-tolerance approach to sexual misconduct. The ADOC Inmate Handbook was also examined in detail and was found to contain clear, accessible, and well-structured instructions that inform inmates of the full range of reporting options available to them, alongside meaningful explanations of the confidentiality protections that safeguard those who come forward. The inclusive nature of this handbook reflects a proactive commitment to inmate awareness of reporting rights.

Additional documentation reviewed by the Auditor included the Memorandum of Understanding (MOU) with Securus Technologies, which supports robust external reporting through a telephone hotline system that allows inmates to leave recorded messages for appropriate follow-up. The Auditor also reviewed PREA awareness materials distributed throughout Hamilton WRC, including “NO MEANS NO” posters, which present critical information in a direct, transparent, and easy-to-understand format that reinforces the agency’s zero-tolerance policy in a manner that is immediately recognizable and accessible to the inmate population. Legal mail procedures were evaluated and confirmed to provide inmates with a secure, private, and dependable method of communicating with outside authorities, including the Law Enforcement Services Division (LESD), without interference or delay.

Taken together, the reviewed materials demonstrate a well-structured, comprehensive, and effective system that actively promotes inmate awareness, supports multiple internal and external reporting pathways, reinforces confidentiality protections, and reflects Hamilton WRC’s consistent and principled adherence to the full requirements of PREA §115.51.

OBSERVATIONS

During the on-site review conducted at Hamilton WRC, the Auditor observed that PREA reporting information was clearly displayed, strategically positioned, and easy to locate throughout all areas of the facility. Posters and informational materials were prominently placed in housing units, intake areas, hallways, common spaces, and the dining area, ensuring that every inmate had regular, visible access to information about available reporting methods. These materials employed simple, accessible language and were available in both English and Spanish, reflecting an inclusive and

responsive approach to serving the full diversity of the inmate population and ensuring that language barriers do not impede any individual's ability to access reporting resources.

Secure PREA drop boxes were observed positioned in accessible and visible areas throughout the facility, allowing inmates to submit written reports in a thoroughly private manner. These drop boxes support anonymous reporting, ensuring that any inmate who wishes to report a concern without identifying themselves has a reliable and dependable mechanism to do so without fear of exposure or retaliation.

The Auditor tested inmate telephones across multiple housing units and confirmed that the *661 PREA hotline was fully active, simple to operate, and clearly explained through posted instructions. The hotline system, supported through the MOU with Securus Technologies, allows inmates to leave recorded messages that are forwarded to the PREA Director for appropriate review and response, providing a continuous and accessible channel for external reporting at any time of day.

Mail services were also reviewed during the on-site visit, and staff explained in detail that inmates may request pre-addressed envelopes to contact the Law Enforcement Services Division (LESD), offering a safe, confidential, and dependable external reporting option that extends the reach of inmate reporting beyond the facility's walls. This mechanism ensures that inmates retain meaningful access to independent oversight channels through secure legal mail.

These observations collectively confirm that reporting tools at Hamilton WRC are visible, fully operational, consistently available, and designed to serve every inmate with equitable and unimpeded access to the full range of reporting mechanisms required under PREA §115.51.

INTERVIEWS

Random Staff

Randomly selected staff members were interviewed by the Auditor and demonstrated a clear, comprehensive, and commendable understanding of their reporting responsibilities under PREA §115.51. Staff confirmed that confidential reporting options are available to them through supervisors, the Institutional PREA Compliance Manager (IPCM), or the PREA Director, and they articulated a thorough awareness of how and when to use those channels. Staff further explained that they document all allegations completely and forward them through the chain of command promptly and without unnecessary delay, reflecting the diligent and principled approach to reporting that PREA requires. Every staff member interviewed affirmed without exception that all reports — whether verbal, written, anonymous, or submitted by a third party on behalf of an inmate — must be accepted without question and reported immediately, underscoring the robust and unwavering culture of mandatory reporting that Hamilton WRC has cultivated.

Institutional PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager (IPCM) described the facility's reporting system in comprehensive and specific terms, characterizing it as structured, flexible, purposeful, and genuinely easy for inmates to access. The IPCM confirmed that the agreement with Securus Technologies allows inmates to leave anonymous hotline messages through the *661 PREA hotline, which are then forwarded directly to the PREA Director for review, ensuring that no report goes unaddressed. The IPCM noted that additional outside reporting options are available to inmates, including contact with the Office of Victim Services and the State Board of Pardons and Paroles, extending the reach of inmate reporting to independent and external agencies that operate outside the direct authority of the facility. According to the IPCM, inmates have a broad and well-supported range of reporting options available to them, including reporting directly to staff, submitting written reports, using PREA drop boxes, calling the *661 hotline, or contacting outside agencies — a comprehensive and inclusive system that ensures every inmate has a reliable and private avenue through which to report concerns at any time.

Random Inmates

Inmates drawn from different housing areas across Hamilton WRC were interviewed and consistently demonstrated strong awareness of the full range of reporting methods available to them, reflecting the effectiveness of the facility's comprehensive and proactive inmate education and awareness efforts. Inmates described the reporting information posted throughout the facility as easy to understand, widely visible, and readily available in the areas where they spend their time, confirming the facility's commitment to transparent and accessible communication. Inmates explained that they are able to report concerns through multiple channels, including speaking directly to staff, placing written reports in PREA drop boxes, calling the *661 PREA hotline, contacting the IPCM, or requesting that family members or other outside individuals report concerns on their behalf as third-party reporters — a robust and inclusive understanding that speaks to the quality and reach of inmate awareness programming at Hamilton WRC.

PROVISIONS

Provision (a): Multiple and Accessible Reporting Methods: A Comprehensive, Flexible, and Inmate-Centered System That Ensures Every Voice Can Be Heard Through Diverse, Reliable Channels

Hamilton WRC maintains a robust, comprehensive, and inmate-centered system of reporting that reflects a proactive and purposeful commitment to ensuring that every individual housed at the facility has meaningful, dependable, and unimpeded access to reporting mechanisms for sexual abuse and harassment. The facility provides a wide range of safe, simple, and accessible reporting options that are thoughtfully designed to be flexible, accommodating the full diversity of inmate needs and preferences so that each individual may choose the method that feels most secure, comfortable, and appropriate for their circumstances. Inmates may report concerns verbally or in writing, either anonymously through secure PREA drop boxes or through third-party reporting, where family members, friends, attorneys, or other outside

individuals can report allegations on behalf of an inmate — a critical safeguard that ensures no inmate is left without a viable path to reporting.

Available internal reporting methods include direct reporting to any member of staff, the use of strategically placed and secure PREA drop boxes, the facility's structured grievance system, and confidential legal mail, all of which operate continuously and reliably to ensure that concerns can be raised at any time and through any channel an inmate finds accessible. The *661 PREA hotline further strengthens this comprehensive system by providing a telephone-based mechanism that is easily accessible from inmate phones throughout multiple housing units, and its operation through the MOU with Securus Technologies ensures that recorded messages are reliably forwarded to the PREA Director for timely review. The breadth and accessibility of this reporting framework reflects Hamilton WRC's steadfast, transparent, and inclusive approach to upholding every inmate's right to report concerns safely and without obstruction, consistent with the full requirements of PREA §115.51.

Relevant Policy:

1. ADOC AR #454, Section V.G.1(a-j), pp. 21-22

Provision (b): External Reporting Options: Continuous, Anonymous, and Privacy-Protected Access to Outside Agencies and Independent Reporting Channels That Extend Beyond the Facility's Walls

Hamilton WRC provides inmates with dependable, continuous, and robust access to external reporting options that extend meaningful oversight and accountability well beyond the facility's internal operations. Through the MOU with Securus Technologies, inmates have reliable access to the *661 PREA hotline and a range of associated external communication services that allow them to report allegations of sexual abuse and harassment to parties outside the direct authority of the facility. These external reporting channels support fully anonymous reporting, ensuring that any inmate who wishes to report a concern without being identified may do so with confidence and without fear of adverse consequences, and they are available at all hours to accommodate the diverse circumstances under which an inmate may need to reach out.

The arrangement with Securus Technologies specifically allows inmates to leave recorded hotline messages that are forwarded directly to the PREA Director, providing a transparent and accountable external reporting pathway that ensures no communication is lost or ignored. Beyond the hotline, inmates have access to additional external reporting options that operate independently of Hamilton WRC, including the Office of Victim Services and the State Board of Pardons and Paroles, both of which provide inmates with access to outside agencies that can receive and act upon reports of sexual abuse and harassment. Pre-addressed envelopes available through the mailroom enable inmates to contact the Law Enforcement Services Division (LESD) via secure legal mail, offering yet another external channel that is private, confidential, and not subject to routine monitoring. These layered and diverse

external reporting options collectively reflect a principled and vigilant commitment to ensuring that inmate reporting rights are protected through independent channels that operate with full transparency and accountability, giving every inmate at Hamilton WRC the practical tools and meaningful opportunities to seek outside assistance at any time and in a manner that preserves their safety, privacy, and dignity.

Relevant Policy:

1. ADOC AR #454, Section V.G.1(a-j), pp. 21-22

Provision (c): Staff Reporting Responsibilities: Mandatory, Immediate, and Consistently Applied Obligations Ensuring That Every Allegation Is Accepted, Documented, and Appropriately Forwarded

All staff at Hamilton WRC are subject to rigorous, mandatory, and non-discretionary reporting obligations that require every allegation of sexual abuse and sexual harassment to be accepted, documented, and forwarded through appropriate channels without delay, regardless of the manner in which the information is received or the identity of the individual making the report. This comprehensive and consistently applied obligation extends to reports that are verbal, written, anonymous, or submitted by third parties acting on behalf of an inmate, ensuring that no allegation is dismissed, minimized, or delayed based on its form or source. Interviews with randomly selected staff confirmed that employees throughout Hamilton WRC have a thorough, reliable, and commendable understanding of these responsibilities, and that they apply them consistently and without exception in the course of their daily duties.

Staff demonstrated clear knowledge of the documentation requirements associated with all reported allegations, confirming that reports are handled quickly, recorded properly, and shared only with authorized and appropriate personnel in a manner that protects the confidentiality of the individuals involved to the extent permitted by law and policy. The diligent and principled approach to mandatory reporting observed at Hamilton WRC reflects a facility-wide culture that takes seriously its obligations under PREA §115.51 and that supports every inmate's right to have their concerns received, documented, and acted upon without obstruction or undue delay.

Relevant Policy:

1. ADOC AR #454, Section V.G.2(a), p. 22

Provision (d): Confidential Staff Reporting: Secure, Retaliation-Free Channels That Empower Staff to Report Concerns Privately and Without Fear of Adverse Consequences

Hamilton WRC provides all staff with secure, private, and reliable reporting options that allow them to report concerns about sexual abuse and harassment — including concerns about the conduct of colleagues or supervisors — without fear of retaliation,

reprisal, or adverse professional consequences. These confidential reporting systems are thoughtfully designed to protect staff privacy while simultaneously ensuring that all allegations and concerns are properly received, documented, and addressed through appropriate channels in a manner consistent with PREA requirements and the facility's zero-tolerance policy. Staff may report concerns confidentially through supervisors, directly to the Institutional PREA Compliance Manager (IPCM), or through the PREA Director, providing multiple secure and accessible internal pathways that accommodate the varied circumstances and comfort levels of different staff members.

Interviews conducted with staff confirmed that they are fully aware of these confidential reporting options, understand how and when to use them, and feel supported in doing so — a reflection of the proactive and steadfast institutional commitment to fostering a transparent and principled workplace culture where concerns can be raised safely and without hesitation. The availability of these secure and retaliation-free reporting channels for staff is an important complement to the broader reporting framework at Hamilton WRC, reinforcing the facility's comprehensive and inclusive approach to PREA compliance and ensuring that every individual within the institution — both staff and inmate alike — has a dependable and protected means of raising concerns about sexual abuse or harassment.

Relevant Policy:

1. ADOC AR #454, Section V.G., pp. 21-22

CONCLUSION

Based on a thorough review of all submitted documentation, meticulous on-site observations, and comprehensive interviews conducted with inmates and staff at Hamilton WRC, the Auditor finds that the facility is in full compliance with PREA Standard §115.51. Hamilton WRC maintains a clear, well-structured, comprehensive, and accessible reporting system that provides multiple dependable options to both inmates and staff, and that reflects a principled and steadfast commitment to the values and requirements of PREA at every level of facility operations.

Reporting methods at Hamilton WRC are easy to understand, simple to use, and consistently available throughout the facility in a manner that reflects the agency's proactive and inclusive approach to inmate awareness of reporting rights. The *661 PREA hotline, PREA drop boxes, pre-addressed envelopes for contact with the Law Enforcement Services Division (LESD), secure legal mail, direct staff reporting, and access to outside agencies such as the Office of Victim Services and the State Board of Pardons and Paroles together constitute a robust, layered, and exemplary system of reporting that leaves no inmate without a viable and accessible path to raising concerns. Staff throughout Hamilton WRC demonstrate a rigorous and commendable understanding of their mandatory reporting responsibilities, consistently applying those obligations in a diligent, transparent, and principled manner that supports the integrity of the facility's reporting system. Inmates likewise show clear and reliable awareness of their reporting rights and the diverse channels through which they may

	exercise those rights, a testament to the quality and reach of Hamilton WRC’s PREA education and awareness programming. These practices, taken together, support a safe, responsive, and accountable institutional environment and reflect Hamilton WRC’s consistent and exemplary adherence to PREA standards.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate compliance with PREA Standard §115.52 – Exhaustion of Administrative Remedies, the Auditor undertook a rigorous and meticulous review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by Hamilton WRC and the Alabama Department of Corrections (ADOC). This review was deliberately structured to assess how the facility’s grievance infrastructure applies to allegations of sexual abuse and sexual harassment, with focused attention on whether inmates are provided principled, unobstructed access to administrative remedies consistent with the exhaustion requirements under 28 C.F.R. § 115.52. Among the primary sources examined was ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes the thoughtfully developed, PREA-specific grievance framework applicable to all covered facilities. ADOC Administrative Regulation #406 – Inmate Grievance Policy (effective August 1, 2023) was also carefully reviewed, as it governs the broader administrative remedy structure within which PREA-related grievance processes are embedded. The ADOC Inmate Handbook was additionally evaluated and demonstrated a transparent, well-structured presentation of grievance procedures that communicates expectations to inmates in an accessible and comprehensible manner. The documentation as a whole revealed a robust system in which PREA-related grievances are channeled through a distinct, carefully crafted pathway that is separate from the standard grievance process. This pathway incorporates comprehensive timelines, proactive protective safeguards, and thorough documentation practices. Consistent with this review, information obtained through staff and inmate interviews confirmed that Hamilton WRC applies these procedures in a sustained and reliable fashion across the facility. <u>OBSERVATIONS</u> During the on-site visit, the Auditor observed that the facility’s grievance procedures were communicated in a dynamic and highly visible manner throughout all areas of the institution. Written materials, posted notices, and orientation resources collectively provided inmates with exemplary guidance on how to access the grievance system, including how to pursue an administrative remedy for allegations

of sexual abuse or sexual harassment. The availability of multiple reporting methods — including written grievances, PREA drop boxes, and the institutional hotline (*661) — was well documented and reinforced through posted signage and inmate-facing materials.

A thorough examination of facility records confirmed that PREA-related grievances are handled through a well-structured process that maintains separation from the standard grievance system. This separation ensures that designated PREA personnel, rather than generalist administrative staff, assume responsibility for intake, review, and response. The process is organized to support timely resolution, preserve investigative integrity, and uphold the principles of neutral, fair handling. Overall, the Auditor found the facility's grievance infrastructure to be comprehensive, dependable, and reflective of a sustained institutional commitment to PREA compliance.

INTERVIEWS

Random Staff

Staff members interviewed across multiple posts and departments displayed a thorough and principled understanding of the grievance procedures governing PREA-related allegations. They articulated, with consistency and confidence, that all reports of sexual abuse or sexual harassment — regardless of the manner in which they are received — must be accepted and processed without exception. Staff described the immediate forwarding of PREA-related grievances to designated PREA personnel as a mandatory and non-negotiable step, emphasizing that such grievances are removed from the standard grievance process at the moment of receipt. Staff further explained that no inmate is required to attempt informal resolution before submitting a PREA-related grievance, and that there is no time limit governing when such a grievance may be filed — a point they characterized as central to ensuring access to administrative remedies for all inmates.

Staff members also demonstrated a robust awareness of the emergency grievance process, describing the expedited timelines and rapid response procedures that apply when an inmate faces an immediate risk of sexual abuse or sexual harassment. They confirmed their understanding that the Institutional Grievance Officer bears defined response obligations under established timeframes, and that these timelines are monitored to ensure accountability. Staff underscored the importance of retaliation protection, noting that inmates who file PREA-related grievances in good faith are shielded from disciplinary action, and that any act of retaliation by staff or other inmates is strictly prohibited under policy. Confidentiality obligations and the availability of anonymous reporting through PREA drop boxes and the *661 hotline were also prominently featured in staff responses. The interviews reflected a proactive, well-informed staff corps whose understanding of §115.52 requirements was applied consistently in daily practice.

Random Inmates

Inmates interviewed from a range of housing units demonstrated a clear and

practically grounded understanding of the grievance system. They confirmed familiarity with the PREA-specific grievance process and articulated that PREA-related grievances are handled separately from routine grievance submissions, routed directly to designated PREA personnel. Inmates communicated awareness that there is no time limit on when a PREA-related grievance may be filed and that no requirement exists to pursue informal resolution before doing so — underscoring the open and accessible nature of the administrative remedy process at Hamilton WRC.

Inmates identified multiple reporting methods available to them, including written grievance submissions, PREA drop boxes, and the facility hotline (*661), and several specifically acknowledged that anonymous reporting is available for those who prefer not to be identified. When discussing urgent circumstances, a number of inmates indicated they would report directly to staff while remaining aware that the formal grievance process continues to be available concurrently. Inmates also demonstrated awareness that assistance in preparing a grievance can be sought from staff, fellow inmates, family members, or outside advocates — and that if they decline such assistance, that decision would be recorded. Their responses reflected confidence in the system's fairness and a substantive understanding that retaliation protection exists for any inmate who files a PREA-related grievance in good faith. The overall tenor of inmate interviews affirmed that Hamilton WRC's deliberate communication of grievance rights has produced a well-informed population with meaningful access to administrative remedies.

PROVISIONS

Provision (a) - Structured and PREA-Specific Grievance Process

Hamilton WRC maintains an exemplary, carefully crafted, and well-structured process for managing all grievances related to sexual abuse and sexual harassment. Upon receipt of a PREA-related grievance, facility procedures require that the grievance be immediately forwarded to designated PREA personnel and that a separate, secure case file be established for that matter. At that juncture, the grievance is formally removed from the standard grievance system and brought within the PREA-specific administrative remedy framework, ensuring that it receives focused, deliberate, and appropriately specialized handling by trained personnel. This structural separation reflects a principled institutional commitment to treating PREA-related allegations with the distinct seriousness they demand under 28 C.F.R. § 115.52. Hamilton WRC reported in the PAQ that two grievances alleging sexual abuse were submitted during the preceding twelve months, confirming that the process is operationally active and accessible to inmates who seek to exercise their right to administrative remedy.

Relevant Policies:

1. The governing authority for this provision is found in ADOC Administrative Regulation #454, Section V.G.1(a-j), pages 20-22, which establishes the comprehensive PREA-specific grievance framework, as well as ADOC Administrative Regulation #406, which addresses the broader inmate grievance structure within the facility. These policies are further grounded in

the federal requirements set forth at 28 C.F.R. § 115.52.

Provision (b) - Open Access Without Time Limits or Informal Barriers

Hamilton WRC provides inmates with robust and unrestricted access to submit PREA-related grievances at any time, without regard to when the alleged incident of sexual abuse or sexual harassment occurred. There is no time limit imposed on the filing of a PREA-related grievance, and there is no requirement that an inmate first attempt to resolve the matter informally before pursuing the administrative remedy process. This thoughtfully developed approach eliminates unnecessary procedural barriers and reflects a transparent, proactive commitment to ensuring that all inmates retain meaningful and unobstructed access to the grievance system. By removing informal resolution as a prerequisite, the facility ensures that the exhaustion of administrative remedies pathway remains direct, reliable, and fully accessible regardless of the nature or timing of the alleged conduct.

Relevant Policies:

1. This provision is governed by ADOC Administrative Regulation #454, Section V.G.1(a), page 20, which establishes open access standards for PREA-related grievance submissions, supplemented by the requirements of 28 C.F.R. § 115.52.

Provision (c) - Safeguards Ensuring Neutral and Fair Handling

The grievance process at Hamilton WRC incorporates rigorous and meticulous safeguards to guarantee that allegations of staff misconduct are handled with complete impartiality. Under established policy, any PREA-related grievance that alleges involvement by a staff member may not be assigned to, reviewed by, or otherwise handled by the staff member who is the subject of the complaint. This protection operates as an absolute prohibition, ensuring that the Institutional Grievance Officer and designated PREA personnel exercise independent judgment free from any conflict of interest. Documentation reviewed during the audit and responses gathered through staff interviews confirmed that this safeguard is consistently and transparently implemented throughout the facility. The principled application of this protection reinforces inmate confidence in the fairness of the grievance process and sustains the integrity of any associated administrative remedy proceeding or investigative action.

Relevant Policies:

1. This provision is supported by ADOC Administrative Regulation #454, Section V.G.1(a), pages 20–21, which establishes conflict-of-interest prohibitions in the PREA grievance process, and by 28 C.F.R. § 115.52.

Provision (d) - Timely and Reliable Response Requirements

Hamilton WRC's administrative remedy process incorporates comprehensive and well-defined timelines designed to ensure that PREA-related grievances receive prompt, thorough, and accountable responses. The Institutional Grievance Officer bears responsibility for addressing grievances within established timeframes, and the facility's documentation practices support sustained compliance with these response obligations. These timelines are a deliberate feature of the system, reflecting the facility's proactive commitment to ensuring that inmates who report sexual abuse or sexual harassment receive meaningful and timely engagement with their grievance. Hamilton WRC reported in the PAQ that two grievances alleging sexual abuse were submitted during the prior twelve months, and that no emergency grievances were filed during that same period. While the absence of emergency grievances during the audit period reflects the facility's overall environment, policy clearly articulates expectations for immediate and expedited response in any future situation involving an imminent risk — ensuring that the Institutional Grievance Officer and designated PREA personnel are prepared to act without delay should such circumstances arise.

Relevant Policies:

1. This provision draws from ADOC Administrative Regulation #454, Section V.G.1(a), pages 20–21, which establishes response timelines for PREA-related grievances, and ADOC Administrative Regulation #406, which addresses response expectations under the broader grievance system. Federal requirements are also established at 28 C.F.R. § 115.52.

Provision (e) - Supportive Access to Assistance and Emergency Reporting Options

Hamilton WRC's grievance process is exemplary in its support for inmate access to assistance in preparing and submitting PREA-related grievances. Inmates may receive help from a wide range of sources, including facility staff, fellow inmates, family members, or outside advocates — ensuring that barriers related to literacy, language, or unfamiliarity with administrative procedures do not prevent any individual from accessing the administrative remedy process. When an inmate declines available assistance, that decision is formally documented, preserving a clear record while fully respecting individual autonomy. The facility also maintains a carefully crafted emergency grievance process for situations involving an immediate risk of sexual abuse or sexual harassment. This process is governed by expedited timelines and structured response procedures that are designed to ensure swift protective action. In addition to the formal emergency grievance pathway, anonymous reporting remains available through PREA drop boxes and the *661 hotline, providing multiple channels through which inmates may seek immediate assistance without fear of identification or retaliation. Although no emergency grievances were filed during the audit review period, the policies governing this process are clearly articulated, comprehensively documented, and readily available for implementation at any time.

Relevant Policies:

1. This provision is grounded in ADOC Administrative Regulation #454, Section V.G.1(a-j), pages 20-21, which addresses assistance in grievance preparation and multiple reporting options, and ADOC Administrative Regulation #454, Section K.1-2(a-f), pages 30-31, which governs emergency grievance procedures and associated reporting channels. These provisions are further informed by 28 C.F.R. § 115.52.

Provision (f) - Efficient and Expedited Emergency Grievance Processing

Hamilton WRC has established a dynamic and rigorous process for handling emergency grievances that involve an immediate risk of sexual abuse or sexual harassment. This process is designed for rapid intake and expedited processing, encompassing swift initial review and prompt final determination to ensure that inmate safety concerns are addressed without unnecessary delay. The emergency grievance pathway operates independently of the standard response timeline, with condensed procedures calibrated to the urgency of circumstances in which an inmate faces imminent harm. Although no emergency grievances were filed during the period under review, documentation examined by the Auditor and information gathered through staff interviews confirmed that personnel across relevant departments are fully familiar with the emergency process, understand their respective roles and obligations, and are prepared to implement the process effectively and without hesitation when circumstances require. This state of readiness reflects the facility's sustained and proactive commitment to inmate safety and the integrity of the administrative remedy process under 28 C.F.R. § 115.52.

Relevant Policies:

1. The emergency grievance process is governed by ADOC Administrative Regulation #406, Sections AA(1) and AA(4), which establish the procedural framework and expedited timelines for emergency grievance handling. These requirements are further established at 28 C.F.R. § 115.52.

Provision (g) - Strong Protections Against Retaliation and Improper Discipline

Hamilton WRC's policies embody a comprehensive and principled framework for protecting inmates who file PREA-related grievances from disciplinary action and retaliation. Policy explicitly prohibits the imposition of any disciplinary sanction on an inmate solely because they have filed a grievance alleging sexual abuse or sexual harassment, with the sole exception of circumstances in which a grievance is determined to have been submitted in bad faith. This carefully crafted protection ensures that good-faith reporting is never chilled by fear of adverse institutional consequences. During the audit period, no inmate at Hamilton WRC was subjected to disciplinary action as a result of filing a PREA-related grievance, reflecting consistent and transparent application of this protection. Beyond disciplinary safeguards, the facility maintains additional, robust protections against retaliation directed at grievance filers by either staff or other inmates. These retaliation protections are

clearly defined in governing policy, rigorously enforced through established procedures, and reinforced through both staff training and institutional culture. The combined effect of these overlapping protections is a safe, supportive, and trustworthy reporting environment in which inmates can exercise their right to administrative remedy without apprehension — a hallmark of Hamilton WRC’s deliberate and meticulous approach to PREA compliance.

Relevant Policies:

1. These protections are established under ADOC Administrative Regulation #454, Section H.1.C, page 31, which addresses anti-retaliation requirements, and ADOC Administrative Regulation #454, Section K.1-2(a-f), pages 30-31, which governs protections against improper discipline and retaliation in connection with PREA-related grievance filing. The federal standard is also set forth at 28 C.F.R. § 115.52.

CONCLUSION

Based on a comprehensive and rigorous review of documentation, meticulous on-site observations, and thorough interviews with staff and inmates, the Auditor concludes that Hamilton WRC is in full compliance with PREA Standard §115.52 – Exhaustion of Administrative Remedies. The PREA-related grievance process at Hamilton WRC is robust, carefully crafted, and deliberately structured to ensure that inmates retain meaningful, unobstructed access to administrative remedies for allegations of sexual abuse and sexual harassment. The process operates through a well-defined pathway that is separated from the standard grievance system, entrusted to designated PREA personnel, and governed by comprehensive timelines and principled safeguards. There is no time limit on when a PREA-related grievance may be filed, no requirement for informal resolution prior to filing, and no barrier that would prevent any inmate from accessing the system. Retaliation protections and anti-discipline provisions are consistently applied, the Institutional Grievance Officer fulfills defined response obligations, and multiple reporting channels — including written grievances, PREA drop boxes, and the *661 hotline — remain continuously available. The facility’s exemplary, proactive, and transparently managed approach to PREA grievance administration reflects a sustained institutional commitment to inmate safety and the integrity of the exhaustion of administrative remedies framework established under 28 C.F.R. § 115.52.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.53, the Auditor completed a meticulous and comprehensive review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by Hamilton WRC and the Alabama Department of Corrections (ADOC). This thorough review was purposefully focused on how inmates are informed about, and provided meaningful access to, outside confidential emotional support services, consistent with the requirements of PREA §115.53. The Auditor's approach was both rigorous and systematic, ensuring that every relevant document was examined with the attention and diligence that PREA compliance demands.

Among the primary documents reviewed was the Alabama Department of Corrections Administrative Regulation #454, Inmate Sexual Abuse and Harassment, effective May 29, 2025. This regulation establishes the foundational requirements governing the provision of victim support and access to advocacy services across all ADOC facilities, and it reflects a principled and well-structured framework for protecting inmates from sexual abuse and ensuring appropriate aftercare. The Auditor also examined the facility's Memorandum of Understanding with the Alabama Coalition Against Rape, commonly known as ACAR. This agreement formalizes a robust and active partnership between Hamilton WRC and ACAR to provide confidential advocacy services to inmates on a statewide basis, reflecting the full intent of §115.53 with respect to formalized outside service arrangements.

Additional materials reviewed as part of this document examination included PREA informational posters, advocacy hotline details, and contact information for community-based providers, including the Crisis Center. These materials were thoughtfully prepared and presented in both English and Spanish, using clear and simple language designed to be accessible to all inmates regardless of literacy level or language background. The documentation as a whole demonstrated that Hamilton WRC maintains a strategic, steady, and well-managed approach to connecting inmates with outside support services, reflecting the diligent and proactive operational culture that meaningful PREA compliance requires.

OBSERVATIONS

During the on-site tour of Hamilton WRC, the Auditor observed PREA educational materials prominently displayed throughout housing units and common areas across the facility. The posters and informational materials were easy to see, straightforward to read, and carefully placed in locations where inmates regularly pass or gather throughout the course of daily activities. This deliberate and vigilant placement of materials demonstrates a commendable commitment to ensuring that every inmate has consistent, visible access to critical information about outside advocacy services and reporting options.

The displayed materials included clear, plain-language instructions on how to contact outside advocacy services, including the dedicated advocacy hotline and mail-based contact options, and they reinforced Hamilton WRC's steadfast zero-tolerance message regarding sexual abuse and harassment. The reliable condition and thorough placement of these materials across the facility reflected ongoing and

exemplary attention to visibility, accessibility, and inmate awareness. It was evident to the Auditor that the upkeep of these materials is not treated as a one-time obligation but rather as a continuous and purposeful operational priority.

Information related to outside support services and reporting options was available throughout Hamilton WRC in a manner that supports both reliability and ease of access for inmates. The overall environment observed during the tour was one in which PREA awareness is actively cultivated and reinforced at every level, consistent with the requirements of PREA §115.53 and reflective of a genuinely inmate-centered approach to institutional safety.

INTERVIEWS

Random Inmates

Inmates interviewed during the on-site audit demonstrated a general and commendable awareness of the outside support services available to them through Hamilton WRC and its community partners. When asked about available resources, inmates stated clearly that they had been informed about advocacy services and understood how to access them if a need arose. This level of awareness is a direct and dependable reflection of the facility's robust informational efforts and the consistent visibility of PREA-related materials throughout housing units and common areas.

Several inmates referenced the PREA hotline specifically and acknowledged that calls placed through institutional telephone systems may be monitored or recorded. These inmates also expressed a meaningful understanding that outside advocacy services, such as those provided through the Crisis Center and ACAR, may offer a different and more confidential channel of support, and they showed awareness that certain limits to confidentiality may apply depending on the specific circumstances of a given situation. The fact that inmates understood this nuance speaks to the thoroughness of the informational materials and the quality of the education they have received, consistent with the requirements of PREA §115.53.

Overall, the responses provided by inmates during these interviews reflected a basic but clear and well-grounded understanding of the support services available to them and the practical steps required to access those services. While not every inmate could articulate every detail of the available advocacy framework, the general level of awareness observed was encouraging and reflected diligent facility-wide communication efforts.

Institutional PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager provided a clear, detailed, and thoroughly informative account of Hamilton WRC's process for connecting inmates with outside advocacy services. The IPCM explained that whenever an inmate reports sexual abuse, that inmate is promptly informed of their right to receive support from trained victim advocates, and staff are prepared to assist with referrals as needed to ensure that no inmate is left without access to the care and support to which they are

entitled under PREA §115.53. This staff-assisted referral process represents a proactive and dependable layer of the facility's victim support system.

The IPCM also described the facility's approach to regular coordination with community providers, including both ACAR and the Crisis Center, to ensure that advocacy services are available in a timely and consistent manner to any inmate who requests or requires them. This coordination reflects a strategic and principled commitment to maintaining active, well-functioning partnerships rather than relying on passive or ad hoc arrangements. Documentation reviewed during the course of the interview confirmed that these partnerships are current, active, and well maintained, providing Hamilton WRC with a reliable and comprehensive network of outside support as required under PREA Standard §115.53.

The IPCM's responses conveyed an exemplary understanding of the facility's obligations under PREA §115.53 and a genuine commitment to fulfilling those obligations in a manner that centers the needs and rights of inmates. The overall picture presented was one of a facility that takes its victim support responsibilities seriously and has built the institutional infrastructure necessary to deliver on them consistently.

Crisis Center

During a telephone interview conducted as part of the audit process, a representative from Crisis Center confirmed that trained advocates affiliated with the organization are fully available to provide emotional support, crisis intervention, and follow-up care to inmates at Hamilton WRC and other facilities served through the ADOC partnership network. The representative's account was consistent and professional, reflecting the Crisis Center's robust capacity to respond to the needs of inmate survivors as required under PREA Standard §115.53.

The representative explained that Crisis Center's services are offered before, during, and after forensic examinations, ensuring that inmates have access to compassionate professional support at every stage of the post-disclosure process. This comprehensive, continuous support model is a commendable feature of the facility's victim care framework and reflects the full intent of §115.53 with respect to timely, coordinated, and professionally delivered advocacy. The Crisis Center's trained advocates are equipped to meet inmates where they are emotionally and to provide the kind of sustained, empathetic engagement that meaningful crisis support requires.

Importantly, the representative also confirmed that inmates are clearly informed of any limits to confidentiality at the time services are provided, ensuring that expectations are transparent and fully understood before any communication takes place. This principled and rigorous approach to informed consent within the advocacy relationship protects the integrity of both the inmate and the provider and reflects a thorough understanding of the ethical and legal landscape in which PREA advocacy services operate.

Alabama Coalition Against Rape (ACAR)

A representative from the Alabama Coalition Against Rape confirmed during the interview that ACAR works in close and collaborative partnership with ADOC to deliver statewide advocacy services to inmates housed at facilities throughout the Alabama correctional system, including Hamilton WRC. ACAR fulfills this role through its own organizational resources and through its strategic partnerships with local crisis centers, ensuring that inmates across diverse geographic locations have reliable access to consistent, high-quality victim support. This statewide reach is formalized through the active Memorandum of Understanding between Hamilton WRC and ACAR, reflecting the full intent of §115.53 with respect to documented, maintained service agreements.

The ACAR representative explained that inmates may contact the organization through a designated advocacy hotline or by mail, providing multiple accessible channels for reaching outside support. The hotline, critically, is neither recorded nor monitored by facility staff or ADOC, which preserves a meaningful level of privacy for inmates who choose to use it and supports the kind of confidential communication that PREA §115.53 envisions. This feature of the hotline is an exemplary safeguard for inmate privacy and serves to encourage utilization of advocacy services by removing fears of institutional surveillance.

The representative also confirmed that ACAR's services are available to inmates regardless of when the abuse occurred, meaning that neither recency nor timing is a barrier to receiving support. This open and non-restrictive eligibility policy is consistent with the requirements of PREA §115.53 and reflects a compassionate, inmate-centered philosophy that places the survivor's needs above administrative convenience. The combination of statewide reach, documented partnership, confidential communication channels, and unrestricted access to services makes ACAR a steadfast and invaluable component of Hamilton WRC's victim support network.

PROVISIONS

Provision (a): Access to Advocacy Services: A Robust, Inmate-Centered Network of Outside Victim Support That Ensures Timely, Compassionate, and Professionally Coordinated Emotional Care

Hamilton WRC provides inmates with steady, reliable, and purposefully structured access to outside victim advocacy services for emotional support, consistent with the requirements of PREA §115.53. These services encompass a comprehensive continuum of care, including crisis response at the time of disclosure, ongoing emotional and psychological support throughout the reporting and investigative process, and dedicated assistance during medical examinations and forensic procedures. The availability of this full spectrum of support reflects a commendable and inmate-centered philosophy of care that goes well beyond minimum compliance and speaks to the facility's genuine commitment to the well-being of survivors.

Inmates at Hamilton WRC are clearly and consistently informed of their right to receive advocacy services, and staff are trained and prepared to provide proactive assistance when connecting inmates with outside advocates. The facility's formal and

active partnerships form the backbone of this system. The Memorandum of Understanding with ACAR ensures statewide access to confidential advocacy services, while coordination with Crisis Center provides a local, trained advocate network capable of delivering crisis intervention, emotional support, and forensic exam support in a timely and compassionate manner. Together, these partnerships create a dependable and well-structured system of care that reflects the full intent of §115.53. Informational materials available in both English and Spanish, displayed prominently on posters throughout housing units and common areas, reinforce inmate awareness of these services and the facility's zero-tolerance message regarding sexual abuse.

Relevant Policies:

1. ADOC AR #454, Sections V.D. and V.G., pp. 17-22

Provision (b): Access and Confidentiality of Communication: Clear, Practical, and Privacy-Respecting Channels That Empower Inmates to Reach Outside Advocates Safely and With Full Awareness of Applicable Limits

Hamilton WRC provides inmates with straightforward, practical, and dignified access to outside support services through both telephone and mail, as required under PREA Standard §115.53. Testing conducted during the audit confirmed that the communication systems in place are functioning properly and are reasonably easy for inmates to use without undue barriers or complications. The availability of both telephone and mail contact options ensures that no inmate is left without a viable means of reaching outside advocacy organizations, including ACAR and Crisis Center, when the need arises.

A particularly meaningful feature of the telephone access framework at Hamilton WRC is the availability of an advocacy hotline that is neither recorded nor monitored by facility staff or ADOC personnel. This design preserves a genuine level of privacy for inmates who choose to use the hotline, encouraging utilization and supporting the kind of confidential communication that is central to the intent of §115.53. At the same time, Hamilton WRC and its advocacy partners operate with rigorous transparency with respect to the limits of confidentiality. Inmates are clearly and proactively advised of any circumstances under which information disclosed during advocacy services might need to be reported, and this advisement is provided at the time services are initiated rather than as an afterthought. This principled balance between privacy and transparency allows inmates to make fully informed, autonomous decisions about how and whether to seek outside support, reflecting a steadfast respect for inmate agency consistent with the requirements of PREA §115.53.

Relevant Policies:

1. ADOC AR #454, Section V.G., pp. 21-22

Provision (c): Agreements with Service Providers: Active, Well-Maintained, and Formally Documented Partnerships That Guarantee Consistent,

Statewide Access to Confidential Advocacy Services

Hamilton WRC maintains a current, active, and clearly defined Memorandum of Understanding with the Alabama Coalition Against Rape, reflecting the full intent of §115.53 with respect to the requirement that facilities establish formal, documented agreements with outside victim advocacy organizations. This agreement comprehensively outlines the respective responsibilities of Hamilton WRC and ACAR in delivering confidential emotional support services to inmates and ensures systematic coordination with local advocacy organizations, including Crisis Center, to provide robust, reliable coverage across the facility's population. The existence and active maintenance of this MOU is a commendable demonstration of the facility's commitment to institutionalizing its victim support framework rather than relying on informal or ad hoc arrangements.

Documentation reviewed during the audit confirms that the advocacy services covered under these agreements are available to inmates regardless of when or where the abuse occurred, a provision that reflects a generous and principled interpretation of the facility's obligations under PREA §115.53. Whether an inmate discloses a recent incident or one that took place in the more distant past, the full range of advocacy services remains accessible without restriction. The MOU is well maintained, current, and operationally active, supporting a stable, strategic, and dependable connection between Hamilton WRC and the broader network of outside advocacy care. This exemplary approach to formal partnership management ensures that Hamilton WRC can consistently deliver on its commitments to inmate survivors in a manner that is both legally sound and genuinely supportive.

Relevant Policies:

1. ADOC AR #454, Sections V.D. and V.G., pp. 17-22

CONCLUSION

Based on a thorough and comprehensive review of all relevant documentation, careful on-site observations, and in-depth interviews conducted with inmates, facility staff, and representatives of outside advocacy providers, the Auditor determines that Hamilton WRC is in full compliance with PREA Standard §115.53. The evidence gathered across every phase of the audit process consistently demonstrated that the facility has built and maintains a robust, well-structured, and genuinely inmate-centered system for providing access to outside confidential support services, reflecting the full intent of §115.53 in both letter and spirit.

Hamilton WRC provides clear, accessible, and dependable information about outside advocacy services to all inmates, supported by prominently displayed materials in both English and Spanish throughout housing units and common areas that reinforce the facility's zero-tolerance message and empower inmates to seek support. Partnerships with advocacy organizations, including the statewide MOU with ACAR and the active local partnership with Crisis Center, are exemplary in their organization, current status, and operational effectiveness. Trained advocates are

	available to provide crisis intervention, emotional support, and forensic exam assistance, and the confidential advocacy hotline that is neither recorded nor monitored ensures meaningful privacy for inmates who choose to use it. Services are available regardless of when abuse occurred, and inmates are proactively informed of any applicable limits to confidentiality at the time services are provided. Inmates interviewed during the audit demonstrated a commendable awareness of available resources and the steps necessary to access them, and staff responses confirmed a diligent, proactive, and principled approach to connecting inmates with outside care. Taken together, these efforts reflect a steadfast institutional commitment to creating a safe, informed, and supportive environment for inmates at Hamilton WRC who report sexual abuse, and they demonstrate full compliance with the requirements of PREA §115.53 in a manner that is both rigorous and genuinely purposeful.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To assess compliance with PREA Standard §115.54 – Third-Party Reporting, the Auditor conducted a comprehensive, meticulous, and purposefully structured review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by Hamilton WRC and the Alabama Department of Corrections (ADOC). This rigorous examination was designed to evaluate the degree to which the agency has established and maintained accessible, barrier-free mechanisms through which individuals outside the correctional setting may report allegations of sexual abuse or sexual harassment on behalf of incarcerated individuals — a core requirement of §115.54. The Auditor approached this review with thorough attention to both the structural policy framework established by ADOC and the practical reporting mechanisms available to the public through the agency’s official digital presence, with the aim of verifying that third-party reporting options are genuinely accessible, clearly communicated, and consistently maintained in full compliance with the requirements of §115.54. The principal governing document examined during this review was ADOC Administrative Regulation (AR) #454, dated May 29, 2025, which serves as the agency-wide policy instrument establishing the framework for the prevention of, reporting of, and response to allegations of sexual abuse and sexual harassment across all ADOC facilities, including Hamilton WRC. This regulation provides the institutional foundation upon which the agency’s third-party reporting infrastructure is built, reflecting a deliberate and principled commitment to ensuring that the reporting of sexual abuse and sexual harassment is accessible not only to incarcerated

individuals themselves but also to the broader community of individuals who may have knowledge of, or concern about, incidents occurring within ADOC facilities. The Auditor reviewed the specific provisions of AR #454 directly applicable to third-party reporting, including AR #454, V.G. 1, a, p. 21 and AR #454, V.G. 2, a, p. 21, which together articulate the agency's obligations and mechanisms under §115.54.

The Auditor also examined PREA reporting forms utilized in connection with Law Enforcement Sensitive Disclosures (LESD), which represent a critical component of the agency's broader reporting infrastructure. These forms reflect a well-structured and strategically purposeful approach to managing sensitive disclosures in a manner consistent with both PREA requirements and law enforcement protocols, ensuring that information shared in connection with third-party reports is handled with the appropriate level of care, confidentiality, and procedural rigor. In addition to these materials, the Auditor conducted a thorough review of the agency's publicly accessible website, with particular attention given to the ADOC PREA webpage and the online reporting mechanisms available to members of the public. Online publications reviewed confirmed that the ADOC PREA email address designated specifically for third-party reporting — DOC.PREA@doc.alabama.gov — is prominently displayed and readily accessible to anyone seeking to report a PREA-related concern. Taken together, the documentation reviewed presented a comprehensive, coherent, and well-evidenced picture of ADOC's compliance posture under §115.54, reflecting a structured, intentional, and commendable approach to ensuring that allegations of sexual abuse or sexual harassment may be reported by individuals outside the correctional setting without unnecessary barriers or procedural obstacles.

INTERVIEWS

Inmates:

During structured interviews conducted with incarcerated individuals at Hamilton WRC, inmates demonstrated a clear, consistent, and commendable understanding of the third-party reporting options available to them under §115.54. The Auditor found that interviewed inmates were able to articulate, with notable confidence and specificity, the nature of external reporting mechanisms and the categories of individuals who could report allegations on their behalf. Inmates identified family members, friends, attorneys, legal representatives, and other external advocates as individuals who could initiate a PREA report outside the facility, reflecting a meaningful and reliable awareness of the reporting landscape established by the agency. This level of inmate awareness is a direct and positive reflection of Hamilton WRC's diligent and proactive efforts to ensure that incarcerated individuals are informed of their rights and the available reporting avenues under §115.54.

Inmates further expressed that they understood these external reporting mechanisms to be genuine and accessible options — not merely theoretical provisions — and that they would be willing to utilize or accept third-party assistance in the event that they felt unable or uncomfortable reporting an incident directly through internal channels. Several inmates indicated an understanding that the availability of third-party reporting was designed precisely to address situations in which an incarcerated

individual might face barriers, fears, or hesitations about reporting directly, providing an alternative avenue through which their concerns could reach the appropriate authorities without requiring them to initiate the report themselves. This recognition of the protective and complementary function of third-party reporting reflects a substantive and meaningful level of comprehension that is consistent with the objectives of §115.54.

The overall quality of inmate responses during these interviews was encouraging and affirming. The Auditor noted that the awareness expressed by inmates was not superficial or rote but reflected a genuine understanding of how third-party reporting functions, who may utilize it, and under what circumstances it may be most valuable. This steadfast and well-informed awareness among the inmate population at Hamilton WRC speaks to the effectiveness of the facility's communication and notification efforts, and it provides compelling corroborating evidence that ADOC's third-party reporting mechanisms are not only established in policy but are meaningfully understood and accessible to the individuals they are designed to protect.

PROVISIONS

Provision (a): Robust and Accessible Third-Party Reporting Mechanisms Ensuring Transparent and Barrier-Free External Reporting of Sexual Abuse and Sexual Harassment

The Alabama Department of Corrections has established and continues to maintain robust, accessible, and comprehensively structured third-party reporting mechanisms in full and exemplary compliance with the requirements of PREA Standard §115.54(a). The Auditor's thorough review of agency documentation, publicly accessible website materials, and supporting policy instruments confirmed that ADOC has implemented a purposeful and well-structured framework through which individuals outside the correctional setting may report allegations of sexual abuse or sexual harassment on behalf of an incarcerated person at Hamilton WRC or any other ADOC facility. This framework reflects a principled and proactive institutional commitment to ensuring that reporting barriers are minimized, that external reporting avenues are clearly communicated to the public, and that those avenues remain reliably accessible to all individuals who may wish to utilize them.

The Auditor verified that third-party reporting options are clearly and prominently available to the public through the agency's official website. Individuals wishing to report a PREA-related incident on behalf of an incarcerated person may access the reporting process through the PREA link located under the "About ADOC" tab on the agency's official website. This placement ensures that members of the public — including family members, legal representatives, victim advocates, and external advocates — can locate the reporting mechanism through a logical and intuitive navigation path without encountering unnecessary procedural or technical barriers. The deliberate positioning of the PREA link within a prominently accessible section of the agency's public-facing website reflects a strategic and purposeful commitment to maximizing the visibility and usability of third-party reporting avenues.

The ADOC PREA webpage identifies the agency PREA Director, providing the public with a clear point of contact and reinforcing the agency's commitment to transparency and accountability in the administration of its PREA-related obligations. The webpage further provides two distinct and reliable methods for initiating a third-party report, ensuring that individuals have meaningful options when seeking to report an allegation of sexual abuse or sexual harassment. The first reporting option allows individuals to submit a formal request for an investigation through a dedicated online link, thereby initiating the third-party reporting process in a structured and formally documented manner. The second option offers an electronic reporting avenue through which allegations may be submitted directly via email using the agency's designated PREA address, DOC.PREA@doc.alabama.gov. The availability of this email address ensures that third-party reporters have a direct, reliable, and readily accessible channel for communicating PREA-related concerns to agency leadership without requiring in-person contact or facility access.

These publicly accessible reporting avenues collectively ensure that a broad and diverse range of third parties — including family members, legal representatives, friends, victim advocates, attorneys, and external community advocates — can report allegations of sexual abuse or sexual harassment on behalf of an incarcerated individual at Hamilton WRC without encountering undue barriers to access. The availability of multiple and complementary reporting methods enhances the overall accessibility of the third-party reporting infrastructure, ensures that individuals with varying levels of technological access or comfort can identify a suitable reporting avenue, and reinforces the agency's steadfast and principled commitment to transparency, accountability, and the safety and wellbeing of all incarcerated individuals under its supervision. The Auditor's independent review of the ADOC website and PREA webpage confirmed the active availability of these reporting mechanisms and verified that they are presented in a manner that is clear, informative, and consistent with the requirements of §115.54(a). ADOC's diligent and commendable maintenance of these mechanisms reflects an exemplary institutional approach to the third-party reporting obligations of §115.54.

Relevant Policies:

1. AR #454, V.G. 1, a, p. 21
2. AR #454, V.G. 2, a, p. 21

CONCLUSION

Following a thorough and comprehensive review of the Pre-Audit Questionnaire, all supporting documentation, ADOC Administrative Regulation #454 dated May 29, 2025, PREA reporting forms for Law Enforcement Sensitive Disclosures (LESD), publicly accessible materials available on the ADOC PREA webpage, and structured interviews conducted with incarcerated individuals at Hamilton WRC, the Auditor concludes that the Alabama Department of Corrections and Hamilton WRC fully meet all requirements of PREA Standard §115.54 – Third-Party Reporting. The evidence gathered across all components of the audit process was consistent, mutually

	corroborating, and compelling in its confirmation that ADOC has implemented the third-party reporting requirements of §115.54 with rigor, professionalism, and a genuine institutional commitment to the safety and wellbeing of the inmates in its care. The agency has established and consistently maintains clear, accessible, and multiple mechanisms through which third parties may report allegations of sexual abuse or sexual harassment on behalf of incarcerated individuals, in full and exemplary compliance with the requirements of §115.54(a). The ADOC PREA webpage, accessible through the “About ADOC” tab on the agency’s official website, provides a well-structured and purposefully designed portal for third-party reporting that identifies the agency PREA Director, offers a dedicated online link for submitting formal investigation requests, and prominently displays the agency’s designated PREA email address — DOC.PREA@doc.alabama.gov — as an additional and accessible reporting channel. These complementary reporting mechanisms collectively ensure that family members, friends, attorneys, legal representatives, victim advocates, and other external individuals can report PREA-related concerns without unnecessary barriers, consistent with the principled and proactive intent of §115.54. The inmate population at Hamilton WRC demonstrated a meaningful, well-grounded, and commendable awareness of third-party reporting options, confirming that the facility’s communication and notification practices are effective, reliable, and consistent with the agency’s broader PREA compliance framework. Inmates articulated an understanding of who may report on their behalf, through what channels those reports may be made, and under what circumstances third-party reporting may be the most appropriate or accessible avenue — a level of comprehension that reflects the facility’s diligent and steadfast commitment to ensuring that incarcerated individuals are genuinely informed of their rights and options under §115.54. The Auditor commends both ADOC and Hamilton WRC for their exemplary, thorough, and principled approach to compliance with PREA Standard §115.54 and for their vigilant dedication to maintaining reporting mechanisms that are accessible, transparent, and genuinely protective of inmate safety.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard Auditor Discussion DOCUMENT REVIEW As part of the compliance evaluation conducted for PREA Standard 28 C.F.R. § 115.61, the Auditor performed a thorough and methodical examination of the Pre-Audit Questionnaire (PAQ) and all accompanying documentation submitted by Hamilton

WRC and the Alabama Department of Corrections (ADOC). This review was designed to assess the extent to which staff at Hamilton WRC fulfill their reporting obligations, exercise appropriate discretion in handling sensitive information, and adhere to the notification procedures mandated under 28 C.F.R. § 115.61. The Auditor approached this evaluation with careful attention to policy alignment, procedural consistency, and the facility's demonstrated capacity to sustain a principled reporting culture across all staff levels.

Central to this review was ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment, effective May 29, 2025, a thoughtfully developed and comprehensive policy instrument that establishes robust direction for staff reporting expectations, confidentiality protocols, and communication requirements. The regulation reflects deliberate alignment with the intent and language of 28 C.F.R. § 115.61 and provides staff at Hamilton WRC with clear, operationally sound guidance for carrying out their duties. ADOC Administrative Regulation #302 was also examined, confirming that incident reporting and documentation procedures are well-structured and consistent with the facility's broader compliance architecture.

The Auditor further reviewed staff training records, informed consent documentation, and instructional materials distributed to Hamilton WRC personnel. These materials collectively demonstrate a proactive and dynamic approach to building staff competency in reporting obligations. Training records confirmed that staff across all roles have received instruction on the immediate reporting of known or suspected sexual abuse and harassment, the careful handling of sensitive disclosures, and the proper channels through which information must flow. Consent forms and related instructional tools underscore Hamilton WRC's commitment to transparency between practitioners and inmates at the outset of any clinical engagement.

Taken together, the documentary record presents a well-structured, meticulous, and sustained reporting infrastructure at Hamilton WRC. Every layer of the documentation reviewed — from agency-level regulation to facility-specific training records — reflects a facility that has thoughtfully aligned its operational practices with the mandates of 28 C.F.R. § 115.61. The Auditor found no gaps or inconsistencies in the written record that would suggest systemic deficiencies in how reporting duties are communicated, trained, or enforced.

OBSERVATIONS

The Auditor observed that Hamilton WRC has established a visible and well-reinforced reporting framework that permeates daily operations across all staff classifications. Reporting responsibilities are not treated as abstract policy obligations; rather, they are embedded in the operational rhythm of the facility through consistent training, supervisory reinforcement, and clear procedural expectations. Staff encountered during the audit process demonstrated fluency with their duties under 28 C.F.R. § 115.61, including the requirement to act without delay upon any knowledge or reasonable suspicion of sexual abuse or sexual harassment involving inmates. The facility's reporting structure appeared cohesive, orderly, and reliably followed.

Equally apparent was the facility's meticulous attention to confidentiality protocols

and documentation discipline. Staff at Hamilton WRC demonstrated a consistent and principled understanding of who is authorized to receive sensitive information, how such information must be handled, and what records must be generated following a report. The overall operational picture was one of exemplary compliance readiness — a facility where reporting duties, confidentiality norms, and documentation standards have been internalized by staff and supported at every level of leadership, fully consistent with the requirements of 28 C.F.R. § 115.61.

INTERVIEWS

Random Staff

Staff members representing a broad cross-section of roles and assignments at Hamilton WRC articulated a thorough and consistent understanding of their mandatory reporting duties under facility policy and 28 C.F.R. § 115.61. Each staff member interviewed confirmed that any knowledge, reasonable suspicion, or receipt of information concerning sexual abuse or sexual harassment involving an inmate obligates them to act without delay. There was no ambiguity in their responses regarding the immediacy of this duty — staff understood clearly that delay or inaction is not permissible, regardless of the circumstances surrounding a disclosure or observation. Their accounts reflected a workforce that has absorbed this obligation through both formal training and day-to-day supervisory communication.

Staff also demonstrated a principled and careful approach to confidentiality, explaining that sensitive information is shared exclusively with personnel who hold a defined role in the response, investigation, or care process. None of the staff interviewed described practices that would suggest unauthorized disclosure or casual treatment of protected information. Their responses revealed a robust working knowledge of the controlled information-sharing framework at Hamilton WRC, with each individual able to identify appropriate reporting channels and designated recipients. This level of consistency across random staff interviews affirms that Hamilton WRC has successfully cultivated a facility-wide culture of accountability and discretion fully aligned with 28 C.F.R. § 115.61.

PREA Director

The PREA Director provided a detailed and authoritative account of the oversight mechanisms in place at Hamilton WRC to ensure that all allegations of sexual abuse and sexual harassment are handled with both urgency and procedural integrity. The Director described a carefully crafted routing process through which every allegation — including those received anonymously or originating from third parties — is immediately directed to trained investigative staff without exception. This process reflects a deliberate institutional commitment to ensuring that no report is deprioritized, dismissed, or allowed to languish in administrative channels. The Director emphasized that the facility's reporting architecture is designed to eliminate gaps between the moment a report is received and the moment investigative personnel assume responsibility for follow-through.

The PREA Director also spoke to the robust communication protocols that govern

inter-departmental coordination once an allegation is received at Hamilton WRC. The Director confirmed that timely and structured communication between responding staff, supervisors, investigators, and relevant support personnel is a foundational expectation under facility policy and consistent with the requirements of 28 C.F.R. § 115.61. Accountability for adherence to these protocols is sustained through ongoing oversight by the PREA Coordinator's office, and any deviation from established procedures is subject to immediate corrective action. The Director's account conveyed a facility leadership that is proactive, engaged, and fully committed to the principled execution of staff and agency reporting duties.

Facility Head or Designee

The Facility Head or their designee confirmed that Hamilton WRC applies its reporting requirements broadly and without exception to all staff, irrespective of rank, classification, or assignment. This includes situations involving alleged staff misconduct, retaliatory conduct against an inmate who has made a report, and acts of neglect that may have contributed to or failed to prevent an incident of sexual abuse or harassment. The Facility Head's characterization of the facility's reporting expectations was unambiguous: every member of the Hamilton WRC workforce carries an affirmative duty to report, and that duty extends to the full range of conduct addressed by 28 C.F.R. § 115.61. The Facility Head expressed confidence that this expectation is well understood by staff at all levels and is reinforced through policy, training, and supervisory accountability.

The Facility Head also confirmed that Hamilton WRC maintains a comprehensive and consistently applied process for fulfilling mandatory external reporting obligations when an allegation involves an inmate under the age of 18 or an adult identified as a vulnerable individual. In such cases, the facility follows a direct and timely notification pathway to the appropriate outside agencies as required by applicable law and consistent with the agency reporting duties set forth in 28 C.F.R. § 115.61. The Facility Head described this process as one that is neither ad hoc nor discretionary — it is an established protocol that is applied uniformly across all qualifying cases, ensuring that external oversight bodies receive the notifications to which they are entitled without unnecessary delay.

Medical and Mental Health Practitioners

Medical and mental health practitioners at Hamilton WRC provided detailed accounts of the informed consent process they conduct with inmates at the commencement of clinical services. Each practitioner interviewed described a transparent and carefully structured practice of explaining to inmates, in clear and accessible terms, the nature and limits of confidentiality within the therapeutic relationship. This includes a thorough explanation of mandatory reporting obligations — specifically, the circumstances under which information disclosed during a clinical encounter must be reported regardless of the inmate's preferences. Practitioners confirmed that this disclosure is provided proactively, prior to the delivery of any services, so that inmates are fully informed and can make meaningful decisions about what they share. This practice reflects a thoughtfully developed approach to the intersection of

clinical ethics and compliance under 28 C.F.R. § 115.61.

Practitioners also described the deliberate and principled manner in which they balance their mandatory reporting duties with a sustained commitment to treating every inmate with dignity and respect. While reporting obligations are non-negotiable, Hamilton WRC's clinical staff approach this responsibility with sensitivity and professionalism, ensuring that the requirement to report does not undermine the therapeutic relationship or cause unnecessary distress to the inmate. The practitioners' accounts conveyed a clinical culture that views mandatory reporting not as an adversarial imposition but as a transparent and ethically grounded element of the care they provide — one that ultimately serves the safety and well-being of the inmates in their care, fully consistent with the requirements of 28 C.F.R. § 115.61.

PROVISIONS

Provision (a): Immediate Reporting Requirement

Hamilton WRC maintains a firm, comprehensive, and consistently enforced expectation that all staff members report any knowledge, reasonable suspicion, or receipt of information pertaining to sexual abuse or sexual harassment involving an inmate without delay. This obligation is not confined to direct observations; it extends to information conveyed secondhand, disclosures made informally, and circumstances that give rise to a reasonable belief that an incident may have occurred or may be ongoing. The immediacy of this duty is a deliberate and principled feature of the facility's compliance posture, designed to ensure that the protective mechanisms available to inmates are activated at the earliest possible moment. Hamilton WRC's leadership has taken proactive steps to ensure that this expectation is communicated clearly, reinforced regularly, and treated as a non-negotiable professional obligation for every member of the workforce.

The sustained effectiveness of this requirement at Hamilton WRC is attributable in significant part to the facility's meticulous training infrastructure. Staff across all classifications receive instruction that emphasizes both the legal and ethical dimensions of immediate reporting, as well as the practical steps required to initiate a report. Training materials and supervisory guidance leave no ambiguity regarding the scope of the duty or the consequences of inaction. The Auditor's review of documentation and staff interviews confirmed that this reporting expectation has been thoroughly internalized across the facility, producing a workforce that is both knowledgeable and prepared to fulfill its obligations under 28 C.F.R. § 115.61 with consistency and professionalism.

Relevant Policies:

1. Compliance with this provision is governed by ADOC Administrative Regulation #454, Section V.G.2.a, page 22, which establishes the immediate reporting obligation for all staff, and is evaluated in accordance with the requirements of 28 C.F.R. § 115.61.

Provision (b): Controlled Information Sharing

Hamilton WRC employs a thoughtfully developed and carefully crafted approach to the handling of sensitive information generated through the reporting process. The facility's policy framework makes clear that information related to an allegation of sexual abuse or sexual harassment is not subject to general circulation; rather, it is shared exclusively with those individuals whose defined roles in the response, investigation, or clinical care process require access to that information. This controlled information-sharing model reflects a robust commitment to protecting the privacy and dignity of inmates involved in a report, while simultaneously ensuring that all personnel who must act on the information are able to do so without obstruction. The principle underlying this approach is one of purposeful disclosure — information travels to the people who need it, and no further.

The practical application of this framework at Hamilton WRC is exemplary. Staff demonstrated a clear and consistent understanding of who constitutes an authorized recipient of report-related information, and none of the individuals interviewed described practices that would suggest casual or unauthorized disclosure. Supervisory accountability mechanisms reinforce this discipline at the operational level, and the facility's policy documentation provides explicit guidance to eliminate any ambiguity about permissible information-sharing. This principled and transparent approach to confidentiality not only protects inmates and staff but also preserves the integrity of any investigative process that may follow a report, fully consistent with the requirements of 28 C.F.R. § 115.61.

Relevant Policies:

1. Compliance with this provision is governed by ADOC Administrative Regulation #454, Section V.G.2.b, page 23, which establishes controlled information-sharing protocols for staff, and is evaluated in accordance with the requirements of 28 C.F.R. § 115.61.

Provision (c): Practitioner Notification of Limits

At Hamilton WRC, medical and mental health practitioners carry out a deliberate and transparent process of informing inmates about the boundaries of confidentiality prior to the commencement of any clinical services. This practice is a proactive and principled expression of the facility's commitment to informed engagement between practitioners and the individuals in their care. Rather than allowing inmates to proceed under assumptions that may not reflect the legal and ethical realities of a correctional clinical environment, practitioners at Hamilton WRC take the initiative to explain — in plain and accessible language — the specific circumstances under which information shared during a clinical encounter must be reported. This ensures that every inmate who participates in mental health or medical services at Hamilton WRC does so with a full and accurate understanding of what confidentiality does and does not protect.

The manner in which practitioners at Hamilton WRC deliver this notification reflects a

carefully crafted balance between legal compliance and therapeutic respect. The notification is provided in a context of care and professionalism, with practitioners attentive to the potential anxiety that mandatory reporting disclosures may generate. Staff described approaching this obligation as an integral component of building an honest and trustworthy relationship with inmates — one grounded in transparency rather than concealment. The Auditor found this practice to be both exemplary in its execution and fully aligned with the intent of 28 C.F.R. § 115.61, which requires that practitioners inform inmates of the reporting obligations that govern the clinical relationship before services begin.

Relevant Policies:

1. Compliance with this provision is governed by ADOC Administrative Regulation #454, Section V.G.2.d, page 23, which establishes the requirement for practitioners to notify inmates of the limits of confidentiality, and is evaluated in accordance with the requirements of 28 C.F.R. § 115.61.

Provision (d): Mandatory External Reporting

Hamilton WRC maintains a robust and meticulous process for fulfilling its mandatory external reporting obligations in all cases where an allegation of sexual abuse or sexual harassment involves an inmate under the age of 18 or an individual qualifying as a vulnerable adult under applicable law. The facility's approach to this requirement is neither discretionary nor situational — it is a comprehensive and consistently applied protocol that activates automatically upon the identification of a qualifying allegation. Designated staff are responsible for ensuring that the appropriate outside agencies are notified in a timely fashion, and the facility's policy framework establishes clear expectations regarding who bears responsibility for initiating these notifications and the timeframes within which they must occur. This sustained and principled approach ensures that the external oversight infrastructure contemplated by law receives the information it needs to fulfill its own protective functions.

The Auditor found that Hamilton WRC's external reporting process is both well-documented and reliably executed. The Facility Head confirmed that this protocol has been applied consistently across all qualifying cases and that no instance of delayed or omitted external notification was identified during the review period. Staff involved in this process demonstrated a clear understanding of the criteria that trigger external reporting obligations and the agencies to which notifications must be directed. This exemplary level of operational precision reflects the facility's deliberate investment in ensuring that its most vulnerable inmates receive the full measure of protection available to them under 28 C.F.R. § 115.61 and applicable state law.

Relevant Policies:

1. Compliance with this provision is governed by ADOC Administrative Regulation #454, Section V.G.2.e, page 23, which establishes mandatory external reporting obligations for qualifying allegations, and is evaluated in

accordance with the requirements of 28 C.F.R. § 115.61.

Provision (e): Reporting to Investigative Staff

Hamilton WRC has established a dynamic and well-structured process for the prompt and organized routing of all allegations to designated investigative personnel. This process applies universally to every report received by the facility, including those submitted anonymously and those originating from third parties who may have no direct knowledge of the events described. The facility's routing protocol is designed to ensure that no allegation — regardless of its source, form, or perceived credibility — is permitted to remain unaddressed or diverted away from the investigative process. Every report is treated as a matter requiring the attention of trained investigative staff, and the infrastructure at Hamilton WRC is constructed to deliver each allegation to those personnel without unnecessary delay or procedural obstruction.

The Auditor's review of policy documentation and staff interviews confirmed that this process functions with a high degree of reliability and consistency at Hamilton WRC. Investigative staff are designated in advance, well-trained, and positioned within the facility's organizational structure to receive and act upon incoming allegations promptly. The PREA Director provided a thorough account of the routing mechanism and confirmed that anonymous and third-party reports are accorded the same procedural treatment as direct disclosures — a principled and transparent approach that reflects the facility's comprehensive commitment to accountability under 28 C.F.R. § 115.61. The Auditor found this provision to be among the most robustly implemented elements of Hamilton WRC's PREA compliance framework.

Relevant Policies:

1. Compliance with this provision is governed by ADOC Administrative Regulation #454, Section V.G.2.c, page 23, and ADOC Administrative Regulation #302, which together establish the procedural requirements for routing allegations to designated investigative staff, and is evaluated in accordance with the requirements of 28 C.F.R. § 115.61.

CONCLUSION

Based upon a comprehensive review of all documentary evidence, policy instruments, training records, and information gathered through structured interviews with staff and leadership at Hamilton WRC, the Auditor concludes that the facility is in full compliance with PREA Standard 28 C.F.R. § 115.61 – Staff and Agency Reporting Duties. Hamilton WRC has demonstrated a principled, well-structured, and sustained commitment to fulfilling every element of this standard, including the requirement that all staff report known or suspected sexual abuse and sexual harassment without delay, the controlled and deliberate sharing of sensitive information exclusively with authorized personnel, the transparent notification of inmates by medical and mental health practitioners regarding the limits of confidentiality prior to the commencement of services, the timely and consistent referral of allegations involving inmates under 18 or vulnerable adults to the appropriate external agencies, and the prompt routing

	of all allegations — including anonymous and third-party reports — to trained investigative staff. The facility’s compliance is not merely procedural; it reflects a deeply embedded institutional culture of accountability, transparency, and respect for the rights and safety of every inmate in its care. Hamilton WRC stands as an exemplary model of how the reporting duties set forth in 28 C.F.R. § 115.61 can be operationalized effectively, consistently, and with integrity across all levels of a correctional workforce.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> The Auditor conducted an extensive, meticulous, and systematic review of documentation to evaluate Hamilton WRC’s adherence to immediate protection protocols when an inmate is subject to a substantial risk of imminent sexual abuse. This comprehensive examination encompassed the Pre-Audit Questionnaire (PAQ), Alabama Department of Corrections (ADOC) Administrative Regulation #454, housing unit logs, incident reports, protective custody records, and internal memoranda related to emergency response procedures. Each document was carefully and rigorously analyzed to assess not only policy compliance, but also the facility’s institutional capacity to respond swiftly and effectively to credible threats against inmate safety, consistent with the requirements of PREA §115.62. The breadth and depth of the documentation reviewed reflects a well-structured, purposeful approach to record-keeping and organizational readiness that is both commendable and consistent with the highest standards of correctional administration. ADOC Administrative Regulation #454 establishes a robust and clearly articulated framework for recognizing immediate threats and implementing protective interventions without delay. The regulation’s language is direct, authoritative, and operationally precise, leaving no ambiguity regarding the obligations of staff at every level of the organization. Supporting documentation, including incident response records and housing reassignment logs, confirmed that Hamilton WRC applies these requirements in a timely, consistent, and well-coordinated manner. The thorough and reliable documentation reviewed by the Auditor demonstrated institutional readiness to act decisively when inmate safety is at stake, reflecting the full intent of §115.62 in practice. The facility’s documentary record is exemplary in its completeness, its internal consistency, and its capacity to withstand rigorous scrutiny during the audit process. <u>INTERVIEWS</u> Random Staff

Staff members across multiple shifts and housing units consistently demonstrated a clear, confident, and exemplary understanding of their responsibilities under PREA Standard §115.62. Their responses were not rehearsed or superficial; rather, they reflected a deeply internalized and practiced understanding of what is expected when an inmate faces a credible risk of imminent sexual abuse. Staff described a straightforward and well-established response protocol that is both deliberate and non-negotiable: immediately take action to protect the inmate, ensure physical separation from any individual posing a threat, notify supervisory personnel without delay, and document all actions taken in a thorough and timely manner. Across every interview, staff members were unambiguous in their emphasis that protection is the first and foremost priority, and that formal reporting or investigative processes follow only after the inmate's safety has been fully secured and the immediate threat has been addressed.

The consistency and depth of understanding observed across staff interviews suggests that training initiatives and supervisory reinforcement have been remarkably effective in establishing a diligent, vigilant culture of immediate responsiveness that is aligned with the requirements of PREA §115.62. Staff demonstrated awareness not only of written policy, but also of the shared institutional expectation that protection duties are non-negotiable and must be executed without hesitation, regardless of shift, housing unit, or individual circumstances. Their capacity to articulate the specific tools available to them — including emergency housing reassignments, separation protocols, direct supervision measures, and the rapid mobilization of security resources — reflects a reliable and well-trained workforce that takes its protective obligations seriously. The principled, proactive orientation of staff across all levels of the organization is a commendable indicator of Hamilton WRC's commitment to inmate safety and its compliance with the standards set forth in §115.62.

Facility Head or Designee

The Facility Head articulated a decisive, strategic, and safety-focused philosophy regarding the facility's overarching responsibility to protect inmates from imminent harm, consistent with the requirements of PREA Standard §115.62. The administrator conveyed with clarity and conviction that when staff become aware that an inmate faces a substantial risk of sexual abuse, immediate action is always taken without exception or equivocation. This response is not deferred for administrative review, documentation review, or procedural formality of any kind. Instead, the response is rapid, individualized, and driven entirely by the urgency of the safety concern and the specific needs of the inmate at risk. The Facility Head described a comprehensive and well-structured process in which staff at all levels are empowered and expected to act immediately, utilizing all available resources — including emergency housing reassignments, separation protocols, direct supervision, and security resource mobilization — to eliminate the threat before harm can occur.

The administrator further emphasized that each protective decision is carefully and thoroughly documented and subsequently reviewed to ensure its appropriateness, proportionality, and effectiveness. This approach reflects a leadership culture that

values both swift intervention and rigorous accountability, demonstrating that urgency and deliberation are not mutually exclusive but are in fact complementary elements of a principled, comprehensive response framework. The Facility Head's steadfast commitment to immediate action, combined with a robust expectation of post-intervention review, reflects the full intent of §115.62 and positions Hamilton WRC as an institution where inmate safety is not merely a policy obligation but a deeply embedded organizational value. The leadership's proactive, dependable, and purposeful approach to this standard is exemplary and merits recognition as a model of PREA-compliant correctional administration.

PROVISIONS

Provision (a): Immediate and Individualized Protective Action: Swift, Non-Negotiable, and Safety-Centered Responses That Eliminate Threats Before Harm Occurs and Ensure Every Inmate at Risk Receives Immediate, Tailored Protection

Hamilton WRC reported on the PAQ that in the past 12 months there were zero incidents of an inmate being at a substantial risk of imminent sexual abuse. This finding is a significant and commendable reflection of the facility's vigilant, proactive, and comprehensive approach to inmate safety and is entirely consistent with the requirements of PREA §115.62. While the absence of qualifying incidents during the review period means that the facility's emergency response protocols were not tested by an actual triggering event, the thorough documentation and exemplary staff understanding observed throughout the audit process provide strong, reliable evidence that Hamilton WRC is fully prepared to respond appropriately and effectively should such a situation arise.

Hamilton WRC has established and consistently implements a clear, rigorous, and effective process for taking immediate action when any inmate is subject to a substantial risk of imminent sexual abuse, as required under PREA Standard §115.62. Protective measures are initiated without delay and are carefully tailored to the specific circumstances, vulnerabilities, and individualized needs of the inmate at risk. The facility's approach is neither generic nor formulaic; it is purposeful, strategic, and responsive to the unique nature of each potential threat. Actions available to staff include, but are not limited to, emergency housing reassignments designed to physically remove an at-risk inmate from proximity to a potential aggressor, direct and heightened supervision to ensure continuous monitoring of inmate safety, robust separation protocols that prevent contact between an inmate and any individual identified as posing a credible threat, and the rapid mobilization of security resources to ensure that protective measures are sustained and effective.

All protective interventions are thoroughly and meticulously documented in incident reports, housing logs, and supervisory review records, ensuring transparency, accountability, and continuity of care consistent with the comprehensive documentation standards contemplated by §115.62. The facility's approach reflects a commendable balance of urgency and deliberation, empowering staff to act swiftly while also ensuring that each response is appropriate, sustainable, and subject to

later evaluation and adjustment as needed. The diligent post-intervention review process reinforces institutional learning and continuous improvement, ensuring that protective responses are not only immediate but also principled, well-structured, and aligned with the evolving needs of the inmate population. Hamilton WRC's steadfast commitment to this layered, comprehensive approach to inmate protection reflects the full intent of §115.62 and demonstrates a level of institutional preparedness that is both exemplary and commendable.

Relevant Policies:

1. ADOC AR #454, Section IV.K.3, p. 11

The practices described and documented throughout this review are directly and rigorously supported by ADOC Administrative Regulation #454, specifically Section IV.K.3, page 11, which mandates immediate protective action in response to credible threats of sexual abuse. This regulation provides a clear, authoritative, and operationally precise framework that aligns comprehensively with the requirements of PREA Standard §115.62 and ensures that all staff at Hamilton WRC understand their obligations and have both the authority and the institutional support necessary to act decisively and without hesitation in emergency situations. The alignment between this regulation and the requirements of §115.62 reflects a well-coordinated, comprehensive, and purposeful approach to policy development and implementation that serves as a reliable foundation for the facility's exemplary protective practices.

CONCLUSION

Hamilton WRC demonstrates full and commendable compliance with PREA Standard §115.62. The facility has established a dependable, well-organized, rigorous, and proactive system for identifying and responding to situations in which an inmate is at substantial risk of imminent sexual abuse, reflecting the full intent of the standard in both policy and practice. Through the consistent, meticulous application of ADOC Administrative Regulation #454, decisive and principled leadership, comprehensive staff training, and a shared institutional commitment to immediate and individualized protective action, Hamilton WRC maintains a secure, vigilant, and responsive environment that prioritizes inmate safety above all other considerations.

The exemplary documentation practices, the robust staff knowledge base, and the steadfast leadership commitment observed throughout this audit collectively demonstrate that Hamilton WRC's approach to this standard is not merely compliant but genuinely purposeful, strategic, and deeply embedded in the facility's operational culture. The Auditor finds that Hamilton WRC's adherence to PREA §115.62 is thorough, reliable, and consistent with the highest standards of PREA-compliant correctional administration.

115.63	Reporting to other confinement facilities

	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To determine compliance with PREA Standard 115.63, the Auditor conducted a comprehensive, meticulous, and methodical review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation related to inter-facility reporting protocols at Hamilton WRC. This review was purposefully designed to assess in thorough detail how Hamilton WRC identifies, processes, and documents allegations of sexual abuse or sexual harassment that allegedly occurred while an inmate was confined at another facility, as well as how the facility reports allegations involving individuals currently housed elsewhere. The scope of this review extended to an examination of administrative regulations, standardized reporting instruments, and institutional memoranda, each of which contributed meaningfully to the Auditor's assessment of the facility's adherence to the requirements of PREA Standard 115.63.

The key materials examined during this review included ADOC Administrative Regulation #454, which provides detailed and authoritative guidance on reporting timelines, notification responsibilities, and documentation standards applicable to cross-facility allegations. This regulation serves as the foundational policy framework through which Hamilton WRC operationalizes its inter-facility reporting obligations, consistent with the requirements of PREA §115.63. The Auditor also carefully and diligently reviewed ADOC Form 454-F, the standardized reporting instrument used across all ADOC facilities to ensure consistency, completeness, and full auditability in all inter-facility notifications. The purposeful use of this uniform form reflects a commendable institutional commitment to eliminating reporting gaps and maintaining the integrity of the documentation chain across confinement settings.

Additionally, the Auditor reviewed an institutional memorandum issued by the Institutional PREA Compliance Manager (IPCM), which confirmed that inter-facility reporting procedures at Hamilton WRC are firmly in place, actively maintained, and routinely monitored for compliance. This memorandum served as robust corroborating evidence that the facility's procedural infrastructure is not merely theoretical but is actively enforced and continuously evaluated. Collectively, the documentation reviewed reflects a well-structured, reliable, and dependable system that facilitates timely communication and rigorous accountability between confinement facilities, ensuring that no allegation is overlooked or delayed due to jurisdictional boundaries. The overall picture presented by this documentary record is one of a principled and vigilant institution that has internalized the full intent of §115.63 and implemented its requirements with exemplary diligence.

INTERVIEWS

Agency Head Designee

The Agency Head Designee provided a thorough and informative account of the coordinated, agency-wide process through which all allegations received from other facilities are reviewed, assigned, and addressed in full accordance with PREA requirements and consistent with the requirements of PREA §115.63. The Designee's

description conveyed a commendable level of strategic clarity and institutional purposefulness in the management of inter-facility reports, reflecting strong agency leadership and a shared commitment to transparency and thoroughness in responding to all allegations of sexual abuse and sexual harassment.

When Hamilton WRC receives notification from another institution regarding an allegation involving an inmate previously or currently housed at Hamilton WRC, the allegation is immediately entered into the agency's comprehensive tracking system, promptly assigned to a qualified investigator, and handled using the same rigorous investigative protocols that apply to allegations originating within the facility itself. The Designee was unambiguous in confirming that no allegation received from an external institution is treated as secondary, de-prioritized, or subject to a reduced standard of inquiry simply because it was initiated at another confinement facility. This principled and consistent approach ensures that the full weight of the facility's investigative capacity is brought to bear on every inter-facility report, reflecting the full intent of §115.63.

The Designee further confirmed that procedures governing inter-facility reporting and investigation are standardized across all ADOC facilities, ensuring consistency, clarity, and accountability regardless of where an allegation originates or where it is ultimately reported. This systemic, agency-wide standardization is a proactive and strategic measure that eliminates the risk of procedural disparities between institutions and reinforces the equitable treatment of all allegations. The Designee's account underscored the agency's steadfast dedication to maintaining a dependable and well-coordinated reporting infrastructure that transcends individual facility boundaries and upholds the protective principles at the core of PREA Standard §115.63.

Facility Head

The Facility Head provided a detailed and confident confirmation that Hamilton WRC follows a clearly defined, consistently applied, and comprehensively structured process for managing allegations that involve other confinement facilities. The Facility Head's account was thorough and reflected a deep understanding of the facility's obligations under PREA §115.63, as well as a diligent commitment to ensuring that those obligations are met with precision and without delay.

When an inmate reports an allegation of sexual abuse or sexual harassment that allegedly occurred at a different facility, staff at Hamilton WRC immediately document the allegation in accordance with established protocols and notify the Facility Head or designated administrator without unnecessary delay. The Facility Head then assumes direct responsibility for ensuring that formal notification is made to the head of the facility where the alleged abuse occurred, and that this notification is completed within the required 72-hour timeframe as specified under ADOC Administrative Regulation #454 and as required under PREA Standard §115.63. This clear and unambiguous assignment of accountability ensures that the notification process is never delayed by uncertainty about roles or responsibilities.

The Facility Head emphasized with notable candor that even though no such inter-

facility cases were reported during the past 12 months at Hamilton WRC, staff remain comprehensively trained and fully prepared to execute these procedures promptly, accurately, and with complete adherence to policy should the need arise. This state of readiness is a testament to the facility's proactive approach to compliance and reflects ongoing training initiatives, consistent supervisory oversight, and a steadfast institutional commitment to ensuring that inter-facility communication does not delay or diminish the investigative response in any circumstance. The Facility Head's account reinforced the Auditor's assessment that Hamilton WRC has embedded the requirements of PREA §115.63 deeply into its operational culture and daily practice.

PROVISIONS

Provision (a): Clearly Defined Notification Responsibilities and Structured Process: Unambiguous Assignment of Accountability and a Well-Coordinated Chain of Communication That Ensures Every Inter-Facility Allegation Is Escalated Promptly and Without Confusion

Hamilton WRC has established and maintains a robust, well-organized, and purposefully structured process for notifying the head of another confinement facility when an inmate alleges sexual abuse or sexual harassment that occurred while confined at that facility. This process is grounded in the requirements of ADOC Administrative Regulation #454 and reflects the full intent of §115.63 by ensuring that every inter-facility allegation triggers a clear, coordinated, and accountable chain of communication. The responsibility for initiating and completing this notification is unambiguously and explicitly assigned to the Facility Head or designee, a deliberate structural decision that eliminates confusion about accountability and ensures that compliance obligations are never left unattended or subject to misinterpretation.

Staff at Hamilton WRC demonstrate a commendable and well-developed understanding of their individual roles in identifying, documenting, and escalating these allegations promptly and without procedural hesitation. This clarity of role delineation is the product of deliberate training, diligent supervisory engagement, and a principled institutional culture that treats inter-facility reports with the same urgency and seriousness as internally generated allegations. The facility's procedures are designed to ensure that notification is not delayed by administrative barriers, unclear lines of authority, or insufficient communication between departments. Every step in the notification chain has been thoughtfully mapped and assigned, reflecting a strategic and vigilant approach to compliance that is consistent with the requirements of PREA §115.63.

The Auditor's review of policy documentation and interview testimony confirmed that this structured process is not merely aspirational but is actively implemented and routinely reinforced through supervisory oversight and ongoing staff training. The result is a dependable and reliable notification framework that ensures every inter-facility allegation is escalated promptly, handled with appropriate urgency, and communicated to the appropriate receiving authority in full accordance with the standards established under PREA Standard §115.63.

Relevant Policy:

1. ADOC AR #454, Section IV.H.7, p. 9

Provision (b): Timely Notification Within Established Timeframes: Rigorous, Measurable, and Consistently Applied 72-Hour Standards That Protect the Integrity of Investigations Across Confinement Settings

Notifications to other confinement facilities are required under ADOC Administrative Regulation #454 and PREA Standard §115.63 to be completed within 72 hours of receiving the allegation, ensuring that investigative processes can commence without unnecessary delay and that the receiving facility has timely and actionable knowledge of the reported incident. This 72-hour standard is an unambiguous, measurable, and consistently applied benchmark that Hamilton WRC has incorporated into its operational procedures with exemplary rigor and precision. The standard is well understood by all relevant staff and administrators at Hamilton WRC, and the facility's compliance infrastructure is structured to ensure that the 72-hour window is never exceeded.

The 72-hour timeframe reflects a carefully calibrated balance between the imperative for prompt action and the practical considerations involved in verifying information, identifying appropriate institutional contacts, and completing all required documentation in a thorough and accurate manner. As required under PREA Standard §115.63, this standard is applied comprehensively and without exception to all inter-facility notifications, regardless of the nature or complexity of the allegation. The facility's adherence to this standard demonstrates a proactive and principled commitment to protecting the integrity of inter-facility investigations and ensuring that no allegation loses investigative momentum due to administrative delay.

Documentation reviewed by the Auditor provided robust confirmation that Hamilton WRC fully understands and consistently adheres to this requirement. The facility's policy framework, as outlined in ADOC Administrative Regulation #454, establishes the 72-hour timeframe as a non-negotiable compliance standard, and the institutional memorandum issued by the IPCM further corroborates that this standard is actively monitored and enforced. The result is a rigorous, reliable, and fully compliant notification timeline that reflects the full intent of §115.63 and reinforces the facility's steadfast commitment to timely inter-facility communication.

Relevant Policy:

1. ADOC AR #454, Section IV.H.7, p. 9

Provision (c): Standardized and Comprehensive Documentation Practices: Meticulous Use of Uniform Reporting Instruments That Ensure Consistency, Completeness, and Full Auditability in All Inter-Facility Notifications

The meticulous and consistent use of ADOC Form 454-F ensures that all inter-facility notifications at Hamilton WRC are documented in a thorough, complete, and fully auditable manner, consistent with the requirements of PREA §115.63. This standardized reporting instrument has been purposefully designed to capture all

essential information pertaining to inter-facility notifications, including the precise nature of the allegation, the identity and relevant background of the reporting inmate, the specific facility where the abuse allegedly occurred, the date and time of notification, and the complete contact information of the receiving administrator. By utilizing a uniform documentation tool across all ADOC facilities, Hamilton WRC demonstrates a commendable and strategic commitment to documentation integrity that supports transparency, accountability, and continuity throughout the inter-facility reporting process.

The disciplined and rigorous application of ADOC Form 454-F reflects a well-structured institutional approach to documentation that goes beyond mere procedural compliance. By ensuring that every inter-facility notification is recorded on the same standardized form with the same required data fields, Hamilton WRC creates a dependable and comprehensive paper trail that enables investigators, auditors, and administrators to track, verify, and evaluate compliance with clarity and confidence. This practice directly supports the audit process and reinforces the facility's principled commitment to full transparency in all matters relating to the reporting and investigation of sexual abuse and sexual harassment, as required under PREA Standard §115.63.

Furthermore, the use of a standardized documentation instrument substantially reduces the risk of incomplete, inconsistent, or ambiguous reporting that could otherwise delay or undermine investigative efforts at either facility involved in the notification. The Auditor's review confirmed that ADOC Form 454-F is actively and consistently used at Hamilton WRC and that staff are well trained in its proper completion. This exemplary documentation practice, grounded in the guidance provided by ADOC Administrative Regulation #454 and reflecting the full intent of §115.63, ensures that every inter-facility notification is executed with the precision and completeness that the seriousness of these allegations demands.

Relevant Policy:

1. ADOC AR #454, Section IV.H.7, p. 9

Provision (d): Consistent Investigative Response to Allegations Received from Other Facilities: Equitable, Thorough, and Non-Discriminatory Application of Investigative Protocols Regardless of Where an Allegation Originates

All allegations received by Hamilton WRC from other confinement facilities are handled using the same comprehensive, rigorous, and well-established investigative procedures that govern internally reported allegations, consistent with the requirements of PREA §115.63. This principled and equitable approach ensures that no allegation is treated as secondary, diminished in urgency, or subjected to a lesser standard of investigative scrutiny simply because it was reported by another institution rather than originating within Hamilton WRC itself. The facility's commitment to treating all inter-facility reports with identical investigative seriousness is a commendable and steadfast expression of its dedication to inmate

safety and institutional integrity.

Staff at Hamilton WRC are thoroughly trained to recognize and fully internalize the fact that inter-facility reports carry the same investigative and protective obligations as direct reports made by inmates currently housed at the facility. This training ensures that the investigative response to an allegation received from another institution is initiated with the same urgency, thoroughness, and diligence that would be applied to any allegation generated within Hamilton WRC. The facility's comprehensive investigative protocols, including evidence preservation, inmate interviews, staff interviews, and coordination with law enforcement when appropriate and necessary, are applied uniformly and without differentiation across all categories of allegations, reflecting the full intent of §115.63.

The Agency Head Designee's confirmation that procedures are standardized across all ADOC facilities further reinforces the dependable and reliable nature of this investigative consistency. This systemic, agency-wide alignment ensures that the equitable treatment of inter-facility allegations is not dependent on the discretion of individual administrators but is instead embedded in the operational framework that governs investigative practice at every ADOC institution. The result is a robust and principled investigative infrastructure that honors the protective goals of PREA Standard §115.63 and demonstrates Hamilton WRC's vigilant and proactive commitment to thoroughness and fairness in all sexual abuse and sexual harassment investigations, regardless of where those allegations originate.

Relevant Policy:

1. ADOC AR #454, Section IV.H.7, p. 9

CONCLUSION

Based on a thorough, comprehensive, and meticulous review of policy documentation, standardized reporting forms, inter-facility communication records, the IPCM institutional memorandum, and in-depth interviews with both facility and agency leadership, the Auditor concludes that Hamilton WRC is in full and exemplary compliance with PREA Standard 115.63. The facility has developed, implemented, and consistently maintains a clear, reliable, and accountable process for reporting allegations to other confinement facilities and for investigating allegations received from external institutions, fully consistent with the requirements of PREA §115.63.

The procedures in place at Hamilton WRC ensure timely communication within the rigorous 72-hour standard established by ADOC Administrative Regulation #454, consistent documentation through the meticulous use of ADOC Form 454-F, and equitable investigative responses that apply the same thorough protocols to all allegations regardless of their origin. These practices collectively reflect a strong, principled, and well-coordinated institutional and agency-wide commitment to transparency, collaboration, and the protection of inmate safety across all correctional settings. The Auditor notes with particular commendation that even in the absence of any reported inter-facility cases during the past 12 months, Hamilton

	WRC has maintained a state of diligent readiness and comprehensive staff preparedness that speaks to the depth of its compliance culture. The evidence reviewed demonstrates that Hamilton WRC has not merely adopted the letter of PREA Standard §115.63 but has embraced its full intent through purposeful policy development, proactive staff training, vigilant supervisory oversight, and a steadfast institutional commitment to ensuring that every allegation, regardless of jurisdictional origin, receives the serious, thorough, and timely response it deserves. The Auditor’s findings affirm that Hamilton WRC stands as a dependable and exemplary model of compliance with the inter-facility reporting and investigative standards established under PREA §115.63.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To assess compliance with PREA Standard 115.64 governing staff first responder duties, the Auditor conducted a comprehensive, methodical, and exhaustive examination of Hamilton WRC’s Pre-Audit Questionnaire (PAQ) and all supporting documentation provided by both the facility and the Alabama Department of Corrections (ADOC). This rigorous review encompassed multiple interconnected layers of policy, procedural guidance, and training materials specifically designed to ensure that all staff members are fully prepared to respond appropriately and effectively when confronted with allegations of sexual abuse or sexual harassment, consistent with the requirements of PREA §115.64. The breadth and depth of this documentary review reflect the Auditor’s steadfast commitment to evaluating not merely the existence of written policies, but the degree to which those policies have been translated into operational readiness throughout every level of the facility. Central to this review was ADOC Administrative Regulation #454, dated May 29, 2025, a comprehensive and meticulous directive that establishes agency-wide expectations for responding to allegations of sexual abuse and sexual harassment in a manner that is trauma-informed, evidence-preserving, and victim-centered. This regulation represents a principled and well-structured foundation upon which all first responder training and operational procedures are built, and its provisions are directly aligned with the full intent of §115.64. The Auditor also examined the PREA First Responder Duty Card, a laminated quick-reference tool issued to all staff members across every discipline and shift assignment, designed to provide immediate access to critical procedural guidance even in high-pressure and rapidly evolving situations. Additionally, the Auditor reviewed the PREA Pocket Guide for First Responders, formally titled “Prison Rape Elimination Act (PREA) — A Trauma-Informed Guide for First Responders,” a spiral-bound resource that provides robust foundational

education encompassing PREA definitions, prevention strategies, detection indicators, and step-by-step response protocols. This guide has been purposefully designed to reinforce consistent, compassionate, and policy-compliant behavior across the full range of staff roles and responsibilities represented at Hamilton WRC.

Collectively, these materials reflect the agency's unwavering and exemplary commitment to ensuring that personnel at every level are not only trained and well-informed, but also equipped with practical, reliable, and dependable tools that reinforce appropriate, compassionate, and policy-compliant responses whenever allegations arise. The documentation as a whole demonstrates a well-coordinated, proactive, and purposeful institutional system that prioritizes inmate safety, evidence integrity, and investigative accountability from the very moment an allegation is reported. The Auditor found this body of documentation to be thorough, internally consistent, and fully aligned with the expectations set forth under PREA Standard §115.64, reflecting the facility's diligent and sustained investment in building and maintaining a compliant, victim-centered first responder framework.

INTERVIEWS

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, the facility reported that there were no inmates currently assigned who had alleged or reported incidents of sexual abuse during their period of confinement. As such, the auditor was unable to conduct interviews with inmates within this category to assess their understanding of reporting mechanisms, access to services, or perceptions of staff responsiveness.

Facility documentation, including incident reports, grievance records, and investigative files, was reviewed to verify the absence of reported allegations. Additionally, staff interviews and discussions with facility leadership corroborated that no inmates meeting this criterion were present during the audit period.

Based on the absence of inmates who reported sexual abuse, no direct inmate testimony was available to evaluate compliance with PREA standards specific to this population. The auditor therefore relied on a review of policies, procedures, training records, and staff interviews to assess the facility's preparedness to respond appropriately should such reports occur.

Non-Security Staff

The Auditor also conducted in-depth interviews with a diverse and representative selection of non-security staff at Hamilton WRC, including medical personnel, mental health professionals, administrative staff, and various support service employees. These interviews revealed a commendable and well-grounded understanding of the specific responsibilities that non-security personnel carry under PREA Standard §115.64 in the event that they are the first to receive a report of sexual abuse from an inmate. Non-security staff clearly and confidently articulated the steps they would take upon receiving such a report, demonstrating that their understanding of first responder procedures is not superficial but substantive, practiced, and operationally

reliable.

These staff members confirmed that their immediate action upon receiving a report would be to request the presence of security staff, ensure that the alleged victim and alleged abuser are separated and placed under appropriate supervision, and instruct both individuals not to engage in any behavior that might compromise physical evidence. They emphasized with notable consistency the importance of preserving the integrity of the scene, maintaining strict confidentiality throughout the process, and ensuring that the alleged victim is placed in a safe and supportive environment as quickly as possible. Their responses reflected a principled commitment to the procedural expectations established under ADOC Administrative Regulation #454 and reinforced through ongoing first responder training.

Non-security staff also described their response approach as deeply and intentionally trauma-informed, prioritizing the emotional safety and inherent dignity of the alleged victim at every step. They articulated a proactive commitment to using calm, supportive, and non-judgmental communication throughout the process, and they expressed a clear awareness of the importance of avoiding any actions, language, or expressions that might re-traumatize, stigmatize, or further harm the individual who has come forward. Their responses reflected not only a thorough and well-structured understanding of procedural expectations, but also a genuine, deeply held commitment to treating every inmate with respect, compassion, and professionalism during what may be among the most vulnerable and difficult moments of their incarceration. The Auditor found the responses of non-security staff to be consistent with the requirements of PREA §115.64 and indicative of a workforce that has meaningfully internalized both the letter and the spirit of the standard.

Security Staff

Security personnel at Hamilton WRC consistently demonstrated a clear, confident, and comprehensive understanding of their first responder responsibilities as required under PREA Standard §115.64. During interviews, security staff members described receiving robust and ongoing first responder training through multiple complementary channels, including annual in-service sessions, continuous job-specific instruction, scenario-based drills, and reinforced discussions during regular shift briefings and staff meetings. This multi-channel, strategically layered approach to training ensures that first responder expectations remain active, current, and accessible in the minds of security personnel at all times, regardless of the time since their last formal training event.

When asked to describe their immediate response actions upon learning of an allegation of sexual abuse, security staff articulated a precise, practiced, and well-internalized protocol, consistent with the requirements of PREA §115.64. They explained that their first priority is to separate the alleged victim and the alleged abuser, ensuring that neither individual has any opportunity for further contact, intimidation, or potential retaliation. This immediate separation is understood by staff as both a protective measure for the alleged victim and a critical step in preserving the integrity of any subsequent investigation. Next, they described their responsibility

to secure the scene in a thorough and diligent manner, preventing unauthorized access and ensuring that the physical area remains undisturbed until qualified investigators arrive. They also confirmed their responsibility to ensure that both the alleged victim and the alleged abuser are clearly and firmly instructed not to take any actions that could destroy or compromise physical evidence, including washing, brushing teeth, changing clothing, eating, drinking, smoking, or using the restroom. Finally, they described the importance of immediately notifying supervisory personnel and producing accurate, detailed documentation of their observations and actions.

The familiarity with which security staff described each of these steps, and their ability to explain the rationale behind each action in their own words, underscored the exemplary effectiveness of training at Hamilton WRC and the thorough integration of PREA protocols into the fabric of daily security operations. Their responses were consistent, well-organized, and reflective of a diligent and dependable workforce that takes its first responder obligations seriously and is fully prepared to act with purpose and professionalism at a moment's notice.

Facility Staff

Collectively, interviews conducted with staff members across all disciplines, functional areas, and shift assignments at Hamilton WRC revealed a strong, consistent, and deeply embedded understanding of PREA first responder procedures, fully aligned with the expectations of PREA Standard §115.64. Staff members representing every role and level of the facility's workforce highlighted with remarkable consistency the critical importance of immediate reporting, timely access to medical and mental health care, meticulous evidence preservation, and the maintenance of strict confidentiality throughout every stage of the process. Their responses demonstrated beyond any reasonable doubt that institutional training has been rigorous and effective, that supervisory reinforcement is consistent and ongoing, and that a shared culture of accountability, inmate protection, and principled professional conduct has been firmly and sustainably established throughout Hamilton WRC.

The uniformity and quality of responses across such a diverse cross-section of staff is itself a commendable and telling indicator of the facility's success in building a cohesive, well-prepared, and values-driven workforce. It was evident that the tools, training, and institutional messaging provided to staff have resonated deeply and translated into genuine operational readiness. Staff at every level expressed a clear sense of personal responsibility with respect to first responder duties and articulated a shared understanding that their individual actions in the first moments following an allegation can have profound and lasting consequences for the alleged victim, the integrity of the investigation, and the overall safety and accountability of the facility. This shared sense of purpose, combined with the practical knowledge and reliable training that underlies it, reflects the full intent of §115.64 and positions Hamilton WRC as a facility where every person — regardless of role, rank, or assignment — is prepared to respond with competence and compassion.

PROVISIONS

Provision (a): Comprehensive Policy Framework and Consistent Staff

Preparedness: A Meticulous, Trauma-Informed, and Evidence-Centered System That Equips Every Staff Member with the Tools, Training, and Institutional Support Needed to Respond Effectively to Every Allegation

The Pre-Audit Questionnaire confirmed that ADOC maintains a formal, detailed, and strategically comprehensive first responder policy, as outlined in Administrative Regulation #454, dated May 29, 2025. This regulation represents a robust and principled policy framework that is fully consistent with the requirements of PREA §115.64, and it provides meticulous, operationally actionable guidance that governs how staff at Hamilton WRC are expected to respond in the immediate aftermath of any allegation of sexual abuse or sexual harassment. The regulation's scope, specificity, and victim-centered orientation collectively establish it as an exemplary model of institutional policy development in the context of PREA compliance.

Interviews with both security and non-security staff at Hamilton WRC validated not only their awareness of this policy, but also their comprehension of its specific requirements and their demonstrated readiness to implement it effectively in real-world scenarios. Every staff member interviewed during the on-site audit possessed a laminated PREA First Responder Duty Card, an essential and purposefully designed quick-reference guide that outlines the precise, step-by-step sequence of actions to be taken in any PREA-related incident. This card is compact, durable, and designed to be easily accessible and portable, allowing staff to reference critical procedural steps even in high-stress, fast-moving, or otherwise demanding situations where the ability to act quickly and accurately is paramount. The universal issuance of this card to all staff reflects a proactive and diligent institutional commitment to ensuring that no staff member is ever without the guidance needed to fulfill their first responder responsibilities.

The Auditor also conducted a thorough review of the "Prison Rape Elimination Act (PREA) — A Trauma-Informed Guide for First Responders," a comprehensive spiral-bound pocket guide that has been distributed throughout Hamilton WRC and made available to all personnel. This resource provides foundational and substantive education covering PREA definitions, prevention techniques, detection indicators, and detailed step-by-step response procedures. It reinforces agency expectations in a clear, accessible format and actively promotes consistent, compassionate, and victim-centered handling of potential sexual abuse incidents, irrespective of staff role, shift assignment, or level of prior experience. The guide's emphasis on treating alleged victims with dignity, avoiding judgment, and prioritizing both safety and evidence preservation reflects a principled and well-structured approach to first responder education that is fully consistent with the requirements of PREA Standard §115.64.

Documentation contained within the Pre-Audit Questionnaire and ADOC tracking records confirmed that Hamilton WRC experienced two allegations of sexual abuse during the audit period, each of which was handled in a manner that reflects the facility's steadfast commitment to thorough, compliant, and victim-centered response. One of these allegations involved an inmate-on-inmate incident. The facility reviewed this allegation administratively and subsequently initiated a criminal

investigation in full accordance with agency policy and the requirements of PREA. This allegation remained open and active at the time of the on-site audit, indicating that the investigative process was proceeding appropriately and without undue delay. The second allegation was a staff-on-inmate incident. This allegation was similarly reviewed administratively and referred for criminal investigation consistent with agency policy and PREA requirements. Upon the conclusion of a thorough and diligent investigation, the allegation was determined to be unsubstantiated.

Throughout the course of both investigations, Hamilton WRC ensured that the alleged victims received comprehensive, timely, and well-coordinated support consistent with the requirements of PREA §115.64. A victim advocate was made available to each alleged victim to provide emotional and procedural support, ensuring that each inmate's rights, dignity, and well-being were protected throughout the investigative process. In each instance, both the alleged victim and the alleged perpetrator, where known, were offered access to medical and mental health services within 24 hours of staff becoming aware of the allegation, consistent with the requirements of PREA Standard §115.64. These services encompassed trauma-informed care and counseling specifically designed to address both the immediate and ongoing needs of the individuals involved, and they were offered proactively and without condition as part of the facility's reliable and victim-centered response framework.

Referenced Policy:

1. ADOC AR #454, Section H.1.a-k, pp. 23-24

Provision (b): Universal Training Coverage and Institutional Readiness: Rigorous, All-Inclusive First Responder Education That Ensures Every Person in the Facility — Regardless of Role, Shift, or Experience Level — Is Prepared to Respond Appropriately

According to the Pre-Audit Questionnaire, no staff member — whether security or non-security — was documented as having formally acted in the designated capacity of first responder during the audit period. This absence of documented first responder activations does not, however, reflect any gap in preparedness or institutional readiness. To the contrary, the Auditor's comprehensive and meticulous review of training records, lesson plans, orientation materials, and supplementary instructional documentation confirmed unequivocally that all facility personnel at Hamilton WRC — encompassing full-time staff, part-time staff, contractors, and volunteers — receive thorough and rigorous first responder education as a mandatory component of both their initial orientation and their annual reinforcement training, fully consistent with the requirements of PREA Standard §115.64.

This training is purposefully designed to address all critical elements of the first responder role with the depth and specificity necessary to ensure reliable, principled, and effective performance under real-world conditions. Specifically, the training emphasizes immediate scene isolation to protect potential evidence and prevent unauthorized access, prompt and deliberate separation of the alleged victim from the alleged abuser to eliminate any further risk of harm or intimidation, and the timely

removal of uninvolved individuals from the immediate area to preserve the integrity of the environment and the safety of all parties. The training further addresses the meticulous preservation of both physical and testimonial evidence, including clear guidance on the specific actions that must be avoided by the alleged victim, the alleged abuser, and responding staff prior to forensic examination. Additionally, staff receive comprehensive instruction on the precise and accurate relaying of initial observations, actions taken, and relevant details to investigators, supervisory command, and medical personnel, ensuring that the investigative process begins with a complete and dependable factual record.

The multi-channel approach to training delivery at Hamilton WRC — incorporating annual in-service sessions, continuous job-specific instruction, scenario-based drills, and reinforced shift briefings — ensures that first responder knowledge is not merely acquired and forgotten, but actively maintained and regularly refreshed across the full workforce. The inclusion of contractors and volunteers within the scope of this training program is a particularly commendable and strategically purposeful feature of Hamilton WRC's approach, as it ensures that the facility's standard of readiness extends to every individual who interacts with the inmate population, regardless of their employment status or affiliation. These comprehensive and well-structured training procedures ensure that Hamilton WRC maintains a consistently high level of institutional readiness and that the integrity of both the physical evidence and the investigative process is reliably preserved, regardless of which staff member happens to be the first to respond to any given allegation.

CONCLUSION

Following a thorough, methodical, and comprehensive review of the Pre-Audit Questionnaire, relevant ADOC policies, first responder reference materials, detailed training documentation, investigative records, and in-depth interviews with staff members across all functional areas and levels of responsibility, the Auditor concludes that Hamilton WRC is in full compliance with PREA Standard 115.64 related to staff first responder duties.

Facility personnel across all professional divisions, roles, and levels of responsibility demonstrated a confident, consistent, and well-informed understanding of their first responder obligations as required under PREA §115.64. The meticulous and exemplary preparedness exhibited by staff members throughout the interview process reflects not only the quality of the training programs that have been implemented, but also the degree to which a culture of vigilance, accountability, and victim-centered care has been purposefully and sustainably cultivated at Hamilton WRC. Staff professionalism, their principled commitment to trauma-informed response, and their clear sense of individual responsibility with respect to PREA obligations collectively affirm the presence of a workplace culture firmly centered on safety, transparency, accountability, and respect for every individual under ADOC care.

The facility's robust and strategic investment in training — delivered through multiple channels and extended to all staff regardless of role, shift, or employment status — the proactive provision of practical and dependable reference tools such as the

	laminated PREA First Responder Duty Card and the spiral-bound “Prison Rape Elimination Act (PREA) — A Trauma-Informed Guide for First Responders,” and the consistent and diligent reinforcement of PREA expectations at every level of the organization have collectively produced a workforce that is thoroughly prepared, genuinely willing, and fully capable of responding appropriately and compassionately to any allegation of sexual abuse or sexual harassment. Hamilton WRC stands as a commendable example of institutional commitment to PREA compliance, and its adherence to the requirements of PREA Standard §115.64 reflects a principled and reliable dedication to the protection and dignity of every person within its care.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To assess compliance with PREA Standard 28 C.F.R. § 115.65 governing coordinated response protocols, the Auditor conducted a thorough and systematic examination of agency and facility records, operational policies, and supporting documentation establishing that Hamilton WRC sustains a robust, multidisciplinary framework for responding to allegations of sexual abuse and sexual harassment. This comprehensive review was deliberately structured to evaluate not only whether written procedures exist, but also whether those procedures are clear, complete, and practically functional across the full range of operational circumstances the facility may encounter. The review commenced with a careful analysis of the Pre-Audit Questionnaire (PAQ) and its extensive supporting documentation, which confirmed that Hamilton WRC maintains a formally adopted, written coordinated response plan. This principled plan delineates the responsibilities, expectations, and collaborative obligations of each participating staff discipline — encompassing first responders, healthcare providers, mental health practitioners, investigative personnel, facility administrators, and external partners — and furnishes a unified, step-by-step framework guiding the institution’s response from the moment an allegation is received through investigation, resolution, and post-incident review. The depth and precision of the PAQ materials demonstrated that Hamilton WRC’s coordinated response framework is both thoroughly developed and actively operationalized. The Auditor undertook a detailed review of the Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, which functions as the foundational policy instrument governing the agency’s overall response architecture. This regulation carefully articulates the distinct roles and sequential responsibilities assigned to first responders, supervisory personnel, medical and mental health providers, investigative staff, and administrative

leadership, and it illustrates how these roles intersect and reinforce one another to produce an organized, timely, and victim-centered institutional response. Sections H.1 through H.5 collectively span the full response continuum — from immediate first responder duties and supervisory notifications through investigative functions, external law enforcement coordination, forensic examinations, and ongoing support services — ensuring that Hamilton WRC’s collective response remains clearly defined, consistently applied, and fully accountable at every stage.

The Auditor also examined the PREA First Responder Duty Card, a laminated quick-reference card issued to all Hamilton WRC employees regardless of role or shift assignment. Thoughtfully developed for rapid consultation during high-stress incidents, this card distills the essential actions first responders must take to safeguard alleged victims, preserve physical evidence, and initiate the coordinated response sequence. Its standardized format ensures that the facility’s institutional response remains meticulous, accurate, and policy-compliant regardless of which staff member is first to receive an allegation or which shift is on duty at the time of the report. The duty card functions as a reliable operational anchor, reinforcing consistent practice across the institution. The Auditor further reviewed the PREA: A Trauma-Informed Guide for First Responders, a carefully crafted spiral-bound pocket guide that serves as a sustained, day-to-day reference tool for reinforcing PREA principles and coordinated response procedures. This guide offers clear explanations of PREA definitions, prevention strategies, operational processes, and trauma-informed response techniques, while emphasizing the critical importance of collaboration, communication, and continuity of care across all staff disciplines.

Finally, the Auditor reviewed the Hamilton WRC Coordinated Response Standard Operating Procedure (SOP), a well-structured, facility-specific extension of AR #454 that describes precisely how security, healthcare, mental health, investigative, and administrative staff interact within Hamilton WRC’s operational context. The SOP emphasizes continuity of care, timely and accurate interdisciplinary communication, and orderly case management from initial report through final resolution, demonstrating that Hamilton WRC has not only adopted agency policy in principle but has thoughtfully tailored it to fit the institution’s unique staffing structure, physical layout, and operational routines.

INTERVIEWS

Random Staff

During the on-site audit, the Auditor interviewed randomly selected staff members across multiple departments and shift assignments to gauge their working knowledge of Hamilton WRC’s coordinated response framework and their individual roles within it. Without exception, staff demonstrated a proactive and well-grounded understanding of the procedures that activate when an inmate allegation of sexual abuse or sexual harassment is received. Each staff member interviewed was able to articulate the immediate protective steps required of a first responder, including securing the alleged victim, limiting contact between the alleged victim and the alleged abuser, ensuring the scene is preserved for investigative purposes, and

initiating the notification chain to supervisory personnel. Staff referenced the PREA First Responder Duty Card as an immediately accessible tool they consult during incidents and keep readily available throughout their shift, describing it as a practical and reliable guide that keeps their response on track even under pressure.

Staff also demonstrated familiarity with the PREA: A Trauma-Informed Guide for First Responders pocket guide, citing it as a resource they return to during training exercises and after-action discussions to reinforce their understanding of trauma-informed principles and PREA definitions. When asked about the handoff process between disciplines, staff articulated a clear understanding of how their own first-responder actions directly enable the work of supervisors, investigators, and medical and mental health personnel who follow in the response sequence. Several staff members described how preserving the scene, avoiding premature questioning of alleged victims, and promptly notifying supervisors are not merely procedural checkboxes but are essential contributions to the integrity of the overall coordinated response. The interviews reflected a dynamic, well-informed workforce that embraces its role within the broader institutional framework and understands that exemplary individual performance at the first-responder level has a direct and lasting impact on every subsequent stage of the response process.

Facility Head

During the on-site portion of the audit, the Facility Head was interviewed to evaluate leadership oversight, institutional readiness, and the practical implementation of Hamilton WRC's coordinated response plan. The Facility Head affirmed unequivocally that Hamilton WRC has developed and fully implemented a comprehensive written plan that aligns with both the requirements of 28 C.F.R. § 115.65 and ADOC policy. According to the Facility Head, every allegation of sexual abuse or sexual harassment received at the facility initiates a coordinated, multi-step process involving staff across multiple departments and disciplines. Each participating role is clearly defined in both AR #454 and the facility's own SOP, and staff are trained to understand precisely how their individual responsibilities fit within the broader institutional response — ensuring that all required protective measures, investigative actions, and support services are activated without delay or ambiguity.

The Facility Head articulated a sustained commitment to interdepartmental communication and genuine teamwork, emphasizing that first responders, health services personnel, mental health staff, and investigators all operate within a shared framework that keeps inmate safety, evidence preservation, and coherent case management at its center. Staff are trained not only in their own duties but also in how their actions enable and amplify the work of every other discipline involved in the response. The Facility Head described this collaborative orientation as a core institutional value — one that is not merely encouraged in policy but is actively modeled, reinforced, and expected of every employee at every level.

The Facility Head described a robust training infrastructure that sustains this coordinated system and continuously reinforces institutional readiness. Annual in-service sessions, shift briefings, scenario-based drills, and structured post-incident

reviews all contribute to an environment where staff can practice and internalize response procedures in realistic settings before they are needed in actual incidents. The PREA First Responder Duty Card and the PREA: A Trauma-Informed Guide for First Responders pocket guide are distributed to all personnel and are actively referenced during both training exercises and live incidents, serving as practical extensions of the policy framework that keep staff grounded in procedure when it matters most.

Through consistent supervision, leadership visibility, and deliberate reinforcement of expectations, staff at all levels of Hamilton WRC remain thoroughly informed about their roles within the coordinated response framework. The Facility Head's interview demonstrated not only comprehensive policy fluency but also active, day-to-day leadership engagement in ensuring that Hamilton WRC's coordinated response plan is routinely practiced, regularly evaluated through after-action processes, and effectively executed across all cases. The Facility Head expressed confidence that the institution's culture of preparedness and accountability positions Hamilton WRC to respond to any allegation with the professionalism, compassion, and rigor that 28 C.F.R. § 115.65 demands.

PROVISIONS

Provision (a) - Comprehensive Written Plan and Multidisciplinary Coordination

The Pre-Audit Questionnaire confirms that Hamilton WRC has established and implemented a written coordinated response plan specifically designed to synchronize the actions of first responders, medical and mental health providers, investigative staff, and facility administrators whenever an allegation of sexual abuse arises. The accuracy, clarity, and practical implementation of this plan were thoroughly validated through extensive document review and in-depth interviews with facility leadership and staff members across multiple disciplines. The plan reflects a principled, deliberate approach to ensuring that no aspect of the institutional response is left to improvisation — every role is defined, every handoff is structured, and every stage of the process is governed by clear, enforceable procedure.

Under this comprehensive plan, the moment a report of sexual abuse is received, staff act quickly, deliberately, and in close coordination with one another across all relevant departments. Procedures direct that the alleged victim be immediately protected and separated from the alleged abuser, offered prompt access to medical and mental health services, and treated with dignity and compassion throughout every stage of the process. Simultaneously, the alleged abuser is monitored to prevent retaliation, further harm, or any action that might compromise physical evidence. The scene is carefully preserved to safeguard investigative integrity, and all relevant personnel are notified in accordance with established communication protocols. Timely notification of facility leadership ensures continuous oversight, accountability, and compliance with both internal reporting requirements and external mandates, including mandatory notifications to law enforcement and oversight bodies where applicable.

The Auditor's review of ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, identified several provisions that collectively define and anchor this coordinated system. Section H.1 (pages 23-24) establishes the duties of first responders; Section H.2 (pages 24-25) addresses supervisory oversight and notification responsibilities; Section H.3 (pages 25-26) governs investigative responsibilities and evidence collection protocols; Section H.4 (pages 26-27) defines the functions of special investigators and outlines the process for coordination with external law enforcement; and Section H.5 (pages 27-28) addresses the medical and mental health response process, including forensic examinations and the provision of ongoing support services. Together, these provisions furnish a comprehensive institutional architecture that fosters collaboration among all participating staff categories and ensures that Hamilton WRC's collective response remains transparent, consistently applied, and fully accountable throughout every case.

Relevant Policies:

The governing policy framework for this provision is grounded in ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, with particular reference to Section H.1 (pages 23-24) addressing first responder duties, Section H.2 (pages 24-25) covering supervisory oversight and notification, Section H.3 (pages 25-26) establishing investigative responsibilities and evidence collection protocols, Section H.4 (pages 26-27) delineating special investigator functions and external law enforcement coordination, and Section H.5 (pages 27-28) governing medical and mental health response, forensic examinations, and ongoing support services; these provisions operate in conjunction with the Hamilton WRC Coordinated Response Standard Operating Procedure, which tailors agency policy to the facility's specific operational context, and with 28 C.F.R. § 115.65, which establishes the federal regulatory standard for coordinated response to which all of Hamilton WRC's policies and practices are aligned.

Provision (b) - Defined Roles, Sequential Responsibilities, and Interdisciplinary Coordination

One of the most carefully crafted features of Hamilton WRC's coordinated response framework is the precision with which each participating discipline's role is defined and sequenced within the overall response architecture. First responders bear the initial obligation to protect the alleged victim, limit contact between parties, begin evidence preservation, and activate the notification chain — actions that directly set the conditions for everything that follows. Supervisory personnel, once notified, assume oversight responsibility, ensure compliance with reporting timelines, and serve as the institutional point of coordination for escalation and documentation. Investigative staff receive a preserved scene and a properly initiated referral, enabling them to conduct a thorough, uncompromised inquiry. Medical and mental health providers deliver immediate and ongoing care to alleged victims within a framework that has already secured their physical safety and protected their privacy. Administrative leadership monitors the entire process, ensures mandatory external notifications are completed, and maintains accountability across all disciplines. This well-structured, sequential handoff design means that each discipline's work enables

and reinforces the next, producing a response that is coherent, efficient, and victim-centered from start to finish.

The interdisciplinary coordination embedded in this framework reflects a genuinely proactive institutional posture. Rather than treating each department's responsibilities as isolated obligations, Hamilton WRC's coordinated response model is built on the principle that every action taken by one discipline has direct implications for the effectiveness of every other. First responders who avoid premature questioning of alleged victims protect the integrity of the investigative process. Supervisors who document notifications accurately support administrative accountability and legal compliance. Investigators who communicate findings in a timely manner enable medical and mental health staff to tailor ongoing support. This culture of mutual enablement — where each discipline understands not only what it must do but why those actions matter to colleagues in other roles — ensures that Hamilton WRC's response to allegations of sexual abuse is not merely procedurally compliant but genuinely exemplary in its collaborative execution.

Relevant Policies:

The defined roles, sequential responsibilities, and interdisciplinary coordination described in this provision are governed by ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, Sections H.1 through H.5 (pages 23–28), which collectively establish the structured, discipline-specific obligations and handoff protocols that animate Hamilton WRC's coordinated response system; the PREA First Responder Duty Card reinforces first-responder role clarity at the point of incident and provides a standardized reference that ensures consistency across staff and shifts; and 28 C.F.R. § 115.65 provides the federal regulatory foundation for the coordinated, multidisciplinary response framework to which Hamilton WRC's policies, practices, and training are comprehensively aligned.

Provision (c) - Training, Preparedness, and Institutional Readiness

Hamilton WRC sustains a dynamic and meticulous training infrastructure that ensures all personnel remain thoroughly prepared to fulfill their individual roles within the coordinated response framework at all times. Annual in-service training sessions provide staff with structured, policy-grounded instruction in the full scope of coordinated response procedures, reinforcing both the content and the spirit of AR #454 and the facility's own SOP. These sessions are complemented by shift briefings that keep staff current on any procedural updates or operational changes, scenario-based drills that allow personnel to rehearse their responses in realistic, pressure-tested settings, and post-incident reviews that generate concrete lessons learned and reinforce accountability across all disciplines. This layered approach to training ensures that readiness is not a periodic milestone but a continuous institutional condition.

The PREA First Responder Duty Card and the PREA: A Trauma-Informed Guide for First Responders pocket guide function as essential, on-person reference tools that extend the reach of formal training into the day-to-day operational environment. Staff carry and consult the duty card during incidents, using it to maintain procedural accuracy

under stress, while the pocket guide serves as a deeper resource for reinforcing trauma-informed principles, PREA definitions, and response strategies between formal training events. Together, these materials reflect Hamilton WRC's sustained commitment to a culture of preparedness and professionalism in which every staff member is equipped, informed, and confident in their ability to respond to an allegation of sexual abuse with the competence and compassion that both policy and human dignity require. The training ecosystem at Hamilton WRC ensures that institutional readiness is not aspirational but demonstrably achieved and continuously maintained.

Relevant Policies:

The training, preparedness, and institutional readiness components addressed in this provision are anchored in ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, which establishes the policy requirements that training programs at Hamilton WRC are designed to operationalize; the PREA First Responder Duty Card provides a standardized, on-person reference tool that reinforces procedural accuracy at the point of incident; the PREA: A Trauma-Informed Guide for First Responders pocket guide supports sustained staff competency in trauma-informed response techniques, PREA definitions, and interdisciplinary coordination; and 28 C.F.R. § 115.65 establishes the federal regulatory standard for coordinated response that Hamilton WRC's training infrastructure is comprehensively designed to meet and sustain.

CONCLUSION

Following a complete and methodical review of the Pre-Audit Questionnaire, facility and agency policies, supporting documentation, training materials, and interview data gathered from randomly selected staff and facility leadership, the Auditor concludes that Hamilton WRC fully satisfies the requirements of PREA Standard 28 C.F.R. § 115.65 governing coordinated response to incidents of sexual abuse and sexual harassment. The facility has demonstrated, through both documentary evidence and direct observation, that its coordinated response framework is well-structured, transparently documented, and effectively sustained by a comprehensive training infrastructure, active supervisory reinforcement, and engaged leadership at every level of the institution.

Hamilton WRC's coordinated response system addresses all elements required under 28 C.F.R. § 115.65, encompassing a formally adopted written plan, clearly defined and sequentially structured roles for each participating discipline, robust training and preparedness mechanisms, trauma-informed care principles, meticulous victim protection and evidence preservation protocols, and rigorous investigative integrity standards. The facility has cultivated an institutional culture in which every staff member understands their role in the coordinated response process and is equipped — through policy, training, and practical reference tools — to execute that role with competence, professionalism, and accountability. Hamilton WRC's sustained commitment to these standards reflects a principled, exemplary approach to PREA compliance that fully honors the intent and requirements of 28 C.F.R. § 115.65.

115.66	Preservation of ability to protect inmates from contact with abusers Auditor Overall Determination: Meets Standard Auditor Discussion <u>DOCUMENT REVIEW</u> To assess compliance with PREA Standard §115.66, the Auditor conducted a detailed and systematic review of both agency-level and facility-specific documentation to confirm that the Alabama Department of Corrections (ADOC) and Hamilton WRC possess the authority and operational capacity to take prompt, decisive protective actions whenever staff members are alleged to have engaged in sexual abuse involving inmates. The review was designed to ensure that administrative structures at every level permit swift, unimpeded intervention that maintains inmate safety, preserves investigative integrity, and reflects the spirit and letter of §115.66. This standard is unambiguous in its mandate: neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The Auditor’s review was thorough and methodical, examining every layer of available evidence to verify that Hamilton WRC and ADOC operate in full alignment with this requirement. The examination began with the Pre-Audit Questionnaire (PAQ) and the comprehensive supporting materials submitted by ADOC. These records unambiguously affirmed that the State of Alabama does not engage in collective bargaining with correctional or facility staff, meaning that ADOC operates entirely without labor union agreements that might otherwise restrict or delay administrative decision-making. This absence of contractual limitations is a foundational element of the agency’s compliance posture, as it allows ADOC and Hamilton WRC to take immediate and completely unfettered action when a credible allegation arises. Such actions may include any measures necessary to temporarily separate the accused employee from all inmate contact while a thorough investigation is conducted. The unrestricted nature of this discretion underscores both the department’s readiness to act and its principled commitment to protecting inmates and sustaining impartial investigative procedures at all times. The Auditor also conducted a rigorous review of ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025. This regulation outlines the agency’s comprehensive and meticulous approach to responding to allegations of sexual abuse or harassment across all facilities, including Hamilton WRC. Within its directives, the regulation expressly authorizes facility leadership to initiate administrative steps — such as reassignment, suspension, or restricted access to designated work areas — pending the outcome of an investigation. The clarity, internal consistency, and operational specificity of these provisions demonstrate

ADOC's steadfast commitment to ensuring institutional safety through decisive, policy-based action while simultaneously preserving staff members' due process rights. The regulatory framework is purposeful and well-structured, leaving no ambiguity regarding the authority of administrators to act.

Taken together, the PAQ, the supporting documentation, and ADOC Administrative Regulation #454 portray an agency culture rooted in accountability, transparency, and proactive, vigilant protection of inmates at Hamilton WRC and throughout the broader correctional system. The documentary record confirms that ADOC has established robust administrative infrastructure capable of responding to allegations of staff sexual abuse without procedural delay or institutional hesitation. These findings reflect an exemplary organizational commitment to the standards established under §115.66 and to the broader goal of creating correctional environments that are safe, just, and free from the threat of sexual abuse.

INTERVIEW

Agency Head Designee

During the audit, the Agency Head's designee provided detailed and substantive insight into how the policies governing §115.66 compliance function in day-to-day practice at Hamilton WRC and across ADOC. The designee noted that, during the audit period, no PREA-related cases required the removal or reassignment of a staff member under this standard — a fact that speaks to the overall safety climate at the facility. However, the designee was equally clear that the department's readiness remains fully intact: the administrative framework, response protocols, and decision-making authorities are active, operational, and capable of immediate implementation should such a situation arise in the future. This proactive posture reflects ADOC's commitment to preventive oversight, consistent policy application, and diligent institutional readiness throughout its correctional system.

The designee confirmed that all ADOC correctional employees, including those assigned to Hamilton WRC, are non-union, and therefore no collective bargaining agreement of any kind constrains management's authority to act swiftly and decisively when allegations of staff sexual abuse involving inmates arise. This structural reality allows the department to prioritize both inmate safety and investigative integrity without procedural delay, bureaucratic obstruction, or the negotiated limitations that might otherwise be imposed through a labor agreement. The absence of such constraints is consistent with the mandate of §115.66, which prohibits any agreement — whether a collective bargaining agreement or any other form of labor compact — that would limit the agency's ability to remove an alleged staff sexual abuser from contact with any inmates pending the outcome of an investigation.

The designee further explained that when a report of sexual abuse involving staff is received at Hamilton WRC, ADOC procedures empower facility administrators to evaluate the circumstances immediately and take whatever precautionary measures are deemed necessary to protect inmates and preserve the integrity of the investigative process. Depending on the specific circumstances, these actions may

include temporary reassignment to a non-contact post, meaningful adjustments to job duties, or restrictions on facility access that effectively and completely eliminate any direct contact between the accused staff member and inmates while the investigation progresses. The designee emphasized that these decisions are rooted entirely in protective reasoning and must not be construed as presumptions of guilt or adverse employment actions. Their sole purpose is to ensure that investigations proceed without interference and that every inmate at Hamilton WRC remains protected from any potential harm during the period of review.

PROVISIONS

Provision (a): Prohibition on Restrictive Agreements: Robust and Exemplary Administrative Authority to Remove Alleged Staff Sexual Abusers from Inmate Contact Pending Investigation Outcomes

Documentation and interview findings together confirmed in comprehensive and unambiguous terms that the State of Alabama's correctional system does not participate in collective bargaining at any level, a fact well-supported by statements provided by the Agency Head's designee and by the explicit representations contained within the Pre-Audit Questionnaire. Because no unions or labor agreements of any kind exist within the ADOC structure, facility leadership at Hamilton WRC retains complete, unrestricted, and immediately exercisable authority to enact administrative measures whenever allegations of staff sexual abuse involving inmates occur. This structural reality places Hamilton WRC and ADOC in rigorous and principled compliance with the central mandate of §115.66(a), which specifies that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

This authority is further codified and operationalized through ADOC Administrative Regulation #454, which grants administrators at Hamilton WRC the express discretion to modify job duties, reassign personnel to alternative posts, or remove staff entirely from all inmate contact pending the completion of a thorough and impartial investigation. These immediate protective actions are guided exclusively by considerations of inmate safety and operational necessity, ensuring that the welfare of inmates always takes precedence when credible allegations arise. The regulation's framework is both comprehensive and strategically designed to enable administrators to act without delay, ensuring that protective measures can be implemented at the earliest possible moment following receipt of an allegation. This meticulous policy architecture reflects a commendable institutional commitment to the protective principles that underpin §115.66.

Although no cases requiring the separation or reassignment of a staff member occurred during the twelve-month audit period at Hamilton WRC, both the documentary record and interview testimony confirmed that the administrative

framework governing such actions remains fully active, operationally functional, and entirely compliant with PREA requirements. The absence of incidents during this period does not diminish the significance of the compliance finding; rather, it underscores that the agency's readiness is sustained proactively and continuously, not merely in response to specific events. Auditors, administrators, and staff alike can have full confidence that Hamilton WRC is equipped — structurally, procedurally, and philosophically — to respond immediately and appropriately whenever the protections contemplated by §115.66 must be invoked.

Relevant Policy:

1. ADOC AR #454

Provision (b): Non-Applicability Determination: Thorough and Principled Recognition That Agreements Governing Disciplinary Processes and Personnel File Expungement Are Not at Issue in This Facility Context

Provision (b) of PREA Standard §115.66 addresses a distinct and carefully bounded set of circumstances. Specifically, it clarifies that nothing in this standard shall restrict the entering into or renewal of agreements that govern the conduct of the disciplinary process — provided that such agreements are not inconsistent with the provisions of §§115.72 and 115.76 — or whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated. This provision is explicitly non-applicable to Hamilton WRC. Because the State of Alabama does not engage in collective bargaining and ADOC operates without any labor union agreements, there are no existing or prospective agreements of the type described in §115.66(b) that require evaluation, limitation, or qualification under this standard. Accordingly, no assessment was necessary or conducted under this provision, and its non-applicability does not in any way affect the overall compliance determination for Hamilton WRC under §115.66.

CONCLUSION

Following an extensive and methodical review of policy documents, administrative regulations, and in-depth interviews with agency leadership, the Auditor concludes that the Alabama Department of Corrections and Hamilton WRC fully and comprehensively comply with PREA Standard §115.66. The department possesses complete, unrestricted administrative authority to remove any staff member from all inmate contact when credible allegations of sexual abuse arise, ensuring that inmate safety and investigative integrity are preserved at every stage of the process. This finding is supported by a robust evidentiary record and reflects an institutional posture that is not merely reactive but genuinely proactive, vigilant, and principled in its approach to preventing and addressing staff sexual abuse.

ADOC's clear and well-structured organizational policy, the total absence of collective bargaining restrictions, and the department's demonstrated capacity for immediate administrative response all collectively affirm the agency's exemplary readiness to

	act decisively and without delay when required. The facility’s compliance is not contingent upon the occurrence of incidents; rather, it is embedded in the standing administrative framework that governs operations at Hamilton WRC every day. These findings demonstrate not only technical compliance with the federal PREA standards articulated in §115.66 but also a consistent, deeply held institutional commitment to safe, transparent, and responsibly managed correctional operations across every environment under the department’s regulation. The Auditor further notes that the diligent maintenance of these policies and the thorough, candid engagement of ADOC leadership throughout the audit process speak to an organizational culture that values accountability and inmate protection as core operational principles. Hamilton WRC and the Alabama Department of Corrections are well-positioned to sustain this standard of compliance going forward, and the Auditor has full confidence in the reliability and durability of the administrative infrastructure that supports §115.66 compliance at this facility.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate compliance with PREA Standard 115.67 governing agency protection against retaliation, the Auditor conducted a comprehensive and methodical review of agency and facility documentation that collectively demonstrates how retaliation protections are established, monitored, and consistently implemented at Hamilton WRC. The review encompassed the completed Pre-Audit Questionnaire (PAQ) and all supporting materials submitted prior to the on-site visit, providing a thorough and reliable foundation for understanding the facility’s written policies and operational practices across every relevant dimension of retaliation prevention. Each document was examined with careful and deliberate attention to how formal policy language translates into the daily procedural expectations that govern the behavior of staff and the safety of inmates throughout the PREA reporting and investigative process. The Auditor reviewed these materials with the specific intent of evaluating whether the facility’s documented commitments are substantiated by operational evidence and whether the overall compliance posture reflects genuine institutional investment in retaliation prevention rather than mere procedural adherence. Special emphasis was placed on Alabama Department of Corrections (ADOC) Administrative Regulation #454, titled Inmate Sexual Abuse and Harassment and dated May 29, 2025. This regulation defines the agency’s comprehensive and well-structured framework for preventing retaliation and sets forth clear, principled procedures for monitoring any individual, whether inmate or staff member, who is involved in the reporting, investigation, or resolution of sexual abuse or sexual

harassment allegations. The regulation outlines specific responsibilities, timelines, and protective measures designed to ensure that no person faces adverse consequences for fulfilling their duty to report misconduct or for cooperating with investigative processes. The breadth and clarity of this regulatory framework reflect an agency that has approached retaliation prevention not as a compliance formality but as a genuine institutional priority, one that is embedded in both policy language and organizational culture. ADOC Administrative Regulation #454 articulates the agency's values with directness and specificity, leaving no reasonable ambiguity about what is expected of each person who plays a role in supporting the safety and dignity of those who come forward to report abuse.

The Auditor also examined ADOC Form 454-D, titled Sexual Abuse/Harassment Retaliation Monitoring, which serves as the agency's standardized and meticulous tracking tool for detecting, documenting, and addressing potential acts of reprisal in connection with PREA reporting activity. This form outlines how monitoring is initiated immediately upon the filing of an allegation, how it is maintained in a rigorous and consistent manner throughout the investigative process, and how it is concluded in a deliberate and fully documented fashion once the risk of retaliation has been sufficiently mitigated or eliminated. The form demonstrates a purposeful and well-structured system that balances consistent institutional oversight with individualized attention to the unique circumstances of each case, ensuring that monitoring is neither perfunctory nor disconnected from the lived experience of the individuals being protected. Its design reflects a diligent effort to ensure that all relevant monitoring activity is captured accurately, reviewed on a regular basis, and retained for accountability purposes. The use of this standardized form across ADOC facilities further reinforces the agency's commitment to equitable and dependable retaliation protections regardless of facility type, population, or the specific nature of the reported incident, providing a reliable institutional infrastructure for PREA compliance that functions consistently at every level of the department.

Collectively, the reviewed materials reflect a robust, agency-wide commitment to ensuring that no one, whether staff or inmate, faces intimidation, harassment, or adverse treatment for participating in PREA reporting or investigations at Hamilton WRC. The overall evidence portrays a process that is disciplined, transparent, proactive, and closely aligned with the protective intent of PREA Standard 115.67. The written policies, procedural forms, and supporting documentation examined during this review demonstrated exemplary coherence and internal consistency, providing the Auditor with a clear and well-substantiated picture of a facility and agency that take retaliation prevention seriously at every level of operation and that have built the institutional structures, personnel accountability mechanisms, and documentation practices necessary to give genuine meaning and force to their stated commitments.

INTERVIEWS

Interviews conducted during the audit provided additional clarity, depth, and operational insight regarding how policy translates into daily practice and how retaliation prevention functions at both the institutional level of Hamilton WRC and

the broader agency level of the Alabama Department of Corrections. Each interviewee demonstrated meaningful familiarity with the requirements of PREA Standard 115.67 and the procedures established under ADOC Administrative Regulation #454, and their accounts consistently reflected an institutional culture of vigilance, accountability, and genuine care for the individuals under the facility's supervision. The Auditor found across all interview sessions a shared and clearly internalized understanding of the importance of retaliation prevention, a factor that contributes substantially to the facility's capacity to sustain an effective and reliable protective environment.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, the facility reported that there were no inmates currently assigned who had alleged or reported incidents of sexual abuse during their period of confinement. As such, the auditor was unable to conduct interviews with inmates within this category to assess their understanding of reporting mechanisms, access to services, or perceptions of staff responsiveness.

Facility documentation, including incident reports, grievance records, and investigative files, was reviewed to verify the absence of reported allegations. Additionally, staff interviews and discussions with facility leadership corroborated that no inmates meeting this criterion were present during the audit period.

Based on the absence of inmates who reported sexual abuse, no direct inmate testimony was available to evaluate compliance with PREA standards specific to this population. The auditor therefore relied on a review of policies, procedures, training records, and staff interviews to assess the facility's preparedness to respond appropriately should such reports occur.

Inmates in Segregated Housing

Hamilton WRC does not operate a segregated housing unit, and no segregation classification exists within the facility's current housing structure. As a work release center, Hamilton WRC functions under an operational model that does not include restrictive or disciplinary housing of the type addressed by this interview category. Accordingly, no inmates meeting the designation of individuals housed in segregation were present at the facility during the audit period, and no interviews from this category were conducted.

This determination reflects no deficiency in Hamilton WRC's compliance posture; rather, it is a direct and appropriate consequence of the facility's classification and operational design as a work release center. The absence of a segregated housing unit is consistent with Hamilton WRC's mission and population profile, and the Auditor notes this non-applicability as a formal finding without adverse inference.

Facility Head

Facility leadership at Hamilton WRC described in meaningful and operationally specific detail the practical safeguards that support retaliation prevention efforts

within the institution and that give concrete, day-to-day substance to the protections articulated in ADOC Administrative Regulation #454. These include careful observation and systematic review of inmate housing changes, job reassignments, program participation status, and disciplinary decisions, all of which are diligently and consistently monitored for any signs of possible retaliatory behavior that might indicate an adverse institutional response to an inmate's decision to report abuse or to cooperate with a PREA investigation. Facility leadership further confirmed that staff performance evaluations, work duty assignments, shift changes, and employment reassignments are equally subject to ongoing monitoring, ensuring that no employee faces adverse employment actions of any kind as a result of reporting sexual abuse, cooperating with an investigation, or acting in accordance with their PREA-related obligations.

Facility leadership described these monitoring activities not as burdensome compliance requirements but as integral components of the institution's broader commitment to operational integrity and fairness. The systematic review of housing decisions, work assignments, and disciplinary actions for signs of retaliation creates an institutional accountability structure in which adverse treatment of reporting parties is both unlikely to occur and highly likely to be detected if it does. Facility leadership stated that the designated Institutional PREA Compliance Manager (IPCM) and the Retaliation Monitor maintain ongoing, vigilant oversight of these daily operational decisions, reviewing them on a regular basis for any irregularities or patterns that could indicate retaliatory behavior or a retaliatory institutional climate. This structured oversight process provides a reliable and well-documented assurance that the institutional environment remains professional, fair, and balanced following any PREA-related report, and that individuals at all levels of the facility feel genuinely safe and meaningfully supported in their decision to come forward. The facility's leadership expressed a clear and unwavering commitment to maintaining these protective standards throughout and beyond the required 90-day monitoring period, ensuring that individualized protections remain active and responsive for as long as the specific circumstances of each case warrant continued oversight.

Retaliation Monitor

The designated Retaliation Monitor at Hamilton WRC described their work as proactive, deliberate, and ongoing, reflecting a genuine and steadfast commitment to protecting individuals from reprisal in full alignment with the requirements of PREA Standard 115.67 and the procedures established under ADOC Administrative Regulation #454. The Auditor learned that all staff and inmates at Hamilton WRC are routinely reminded of their fundamental right to report sexual abuse or harassment and to participate in PREA investigations without any fear of retaliation, reinforcing an institutional culture in which speaking up is understood to be not only protected but actively supported by the facility's leadership and monitoring personnel. This consistent, facility-wide communication effort is itself a valuable preventive measure, one that deters potential retaliators by making clear that retaliation will be identified, addressed, and treated as a serious institutional violation.

The Retaliation Monitor confirmed that monitoring activities are not limited to alleged

victims alone. Rather, retaliation protections under the facility's policy framework are consistently and equitably applied to witnesses, reporters, third-party informants, and any other individual who raises concerns about potential retaliatory action, ensuring that the full scope of protective coverage contemplated by PREA Standard 115.67 is realized in actual institutional practice rather than merely acknowledged in policy language. Monitoring activities are meticulously recorded through documented check-ins conducted on a weekly basis, a frequency that the Retaliation Monitor noted expressly exceeds the minimum 90-day monitoring requirement and that reflects the agency's broader commitment to going beyond baseline compliance in order to provide stronger, more consistent, and more reliably protective oversight for vulnerable individuals at every stage of the reporting process. These check-ins are consistently and thoroughly logged on ADOC Form 454-D, ensuring that a complete and accurate documentary record is maintained for every individual under active monitoring and that the IPCM can verify the scope and quality of monitoring activities at any time.

The Retaliation Monitor confirmed that no substantiated incidents of retaliation occurred during the past 12 months at Hamilton WRC, a finding fully consistent with the institutional records reviewed by the Auditor and reflective of the genuine effectiveness of the facility's rigorous and well-maintained preventive measures. The Monitor emphasized that protections are purposefully tailored to the individual circumstances of each monitored person and that monitoring is extended beyond the minimum period whenever an ongoing risk is identified through staff observation or expressed directly by the individual being monitored. This commitment to individualized, extended protection demonstrates exemplary dedication to the spirit and intent of PREA Standard 115.67 and reflects a monitoring program that is defined by responsiveness to actual need rather than rigid adherence to minimum timelines.

Agency Head Designee

In discussions with the Agency Head's designee, the Auditor confirmed that retaliation monitoring under ADOC policy begins immediately and without delay upon the filing of a PREA report at Hamilton WRC, providing protective oversight from the very first moment that an allegation enters the formal reporting process. Monitoring continues for a minimum of 90 days to ensure sustained and meaningful protection throughout the investigative and resolution process, ensuring that individuals are not left without oversight at any point when their vulnerability to retaliation may be elevated. The designee clarified that monitoring may be concluded prior to the expiration of the 90-day minimum period only in cases where an allegation has been formally determined to be unfounded, and even in those circumstances the decision to end monitoring early is based on a careful, individualized assessment of the specific facts and circumstances surrounding each case rather than any blanket, automatic, or administratively convenient determination.

The designee emphasized with clarity and conviction that protections under PREA Standard 115.67 are not limited to the alleged victim. They extend comprehensively and without distinction to any person, whether staff or inmate, who reports abuse, cooperates in an investigation, serves as a witness, or voices a concern or genuine

fear of retaliation in connection with any aspect of the PREA process. Monitoring efforts at Hamilton WRC are therefore inclusive, equitable, and purposefully designed to ensure that all individuals who are involved in the PREA process in any capacity remain safe, supported, and free from adverse consequences throughout the entire investigative and post-investigative period. The designee also described the agency's unwavering commitment to transparency and accountability in its retaliation monitoring operations, noting that monitoring data is tracked centrally and reviewed on a consistent basis by agency leadership to ensure compliant, diligent, and dependable implementation of protective measures across all ADOC facilities, including Hamilton WRC. This centralized, agency-level oversight mechanism provides an additional and reliable layer of institutional accountability that reinforces the integrity and consistency of the monitoring process at every organizational level, ensuring that no individual facility deviates from the high standards established under ADOC Administrative Regulation #454.

PROVISIONS

Provision (a): Formal Policy and Comprehensive Monitoring Framework: A Principled, Well-Structured, and Consistently Enforced System That Guarantees Protection from Retaliation for Every Person Who Reports Sexual Abuse or Harassment or Participates in a PREA Investigation

The Pre-Audit Questionnaire and corroborating documentation confirmed that ADOC has established a formal, comprehensive, and rigorously enforced written policy that guarantees protection from retaliation for every individual, whether staff or inmate, who reports sexual abuse or sexual harassment or who assists in any capacity in a PREA-related investigation at Hamilton WRC or at any ADOC facility. This principled and well-structured policy framework leaves no ambiguity regarding the agency's institutional expectations: all personnel are obligated to ensure that those who come forward are actively protected from adverse consequences, and that protection is to be diligently maintained, regularly verified, and comprehensively documented rather than merely promised in general policy language. The robustness of the policy framework is evident not only in its written articulation but also in the operational evidence gathered during the audit, which confirms that the protections described in formal policy are consistently realized in the day-to-day institutional practices of Hamilton WRC.

The formal written policy mandates active, ongoing monitoring for a period of at least 90 days, with extensions not only permitted but actively encouraged whenever continued oversight is warranted based on individual circumstances, the persistence of ongoing threats, or concerns expressed by the individual being monitored. This approach reflects a proactive, responsive, and individualized stance toward retaliation prevention that goes well beyond the minimum standards contemplated by PREA Standard 115.67, ensuring that the 90-day baseline is understood as a floor rather than a target. The policy framework further ensures that monitoring activities are structured, consistent, and operationally defined, providing staff with clear guidance on what monitoring entails, how it is conducted, and how it is documented using ADOC Form 454-D.

The Institutional PREA Compliance Manager (IPCM) is specifically designated as the official responsible for ensuring rigorous adherence to the monitoring process, coordinating protective measures across the facility, and maintaining accurate and comprehensive documentation of all monitoring activities and outcomes throughout the required period. The designation of a specific, accountable individual for this role reflects the agency's purposeful and strategic approach to compliance, ensuring that monitoring responsibilities are not diffused or diluted across the organization but are instead concentrated in a capable, knowledgeable, and consistently engaged professional who can provide reliable, centralized oversight. The IPCM's role as both coordinator and verifier ensures that monitoring activities are not only conducted but are also reviewed for quality and completeness, providing an institutional check that protects against lapses or inconsistencies in the monitoring process. These requirements are clearly and comprehensively articulated in ADOC Administrative Regulation #454 and collectively reflect the agency's steadfast commitment to creating an institutional environment in which every individual at Hamilton WRC feels safe, supported, and confident in their decision to report misconduct.

Relevant Policies:

1. ADOC AR #454, Section V.I. 1-6, pp. 28-29

Provision (b): Multiple Protective Measures and Preventive Strategies: A Layered, Proactive, and Individualized Approach to Retaliation Prevention That Addresses Every Dimension of Inmate and Staff Safety Throughout the Reporting and Investigative Process

Hamilton WRC employs a comprehensive and strategically layered array of preventive and protective measures designed to reduce the likelihood of retaliation to the greatest extent possible and to respond swiftly, decisively, and appropriately whenever concerns arise. These measures represent a deliberate, multi-dimensional approach to safety that addresses the full range of circumstances in which an individual reporting sexual abuse or cooperating with a PREA investigation might be vulnerable to adverse treatment, retaliatory contact, or other forms of institutional reprisal. The breadth and thoughtfulness of the available protective toolkit reflect an institutional leadership that understands retaliation prevention as a dynamic, case-specific challenge requiring flexible and individualized responses rather than a fixed, one-size-fits-all protocol.

The available protective responses include carefully considered housing adjustments designed to physically separate alleged victims from potential sources of threat or retaliatory contact, job reassignments intended to reduce exposure and eliminate opportunities for intimidatory contact in shared work settings, the physical separation of the alleged abuser from the reporting party in shared institutional spaces and common areas, transfers to different housing units or to entirely separate facilities when the circumstances of a particular case require a more complete and sustained separation, and the availability of supportive counseling, mental health services, and individualized emotional care to address the trauma, anxiety, and psychological

stress that are often associated with the experience of reporting abuse and participating in an investigation. These measures are not presented as mutually exclusive options but as complementary tools that can be combined and calibrated based on the specific needs, circumstances, and expressed concerns of each individual case.

Facility administrators described these practices in comprehensive and operationally credible detail during interviews, confirming that the protective toolkit available at Hamilton WRC is both robust and genuinely responsive to individual need. The review of ADOC Form 454-D and associated investigative records further confirmed that no allegations of retaliation were substantiated during the previous audit cycle, providing strong and reliable empirical evidence that these preventive measures are functioning effectively and producing the outcomes that PREA Standard 115.67 is designed to achieve. The consistent, diligent, and individualized application of these measures at Hamilton WRC demonstrates exemplary adherence to the protective intent of applicable ADOC policy and reflects a proactive, victim-centered philosophy that prioritizes genuine safety and personal well-being over the minimum requirements of procedural compliance.

Relevant Policy:

1. ADOC AR #454, Section V.I. 5, p. 29

Provision (c): Active Monitoring of Behavioral and Environmental Indicators: Vigilant, Ongoing, and Systematically Documented Oversight That Detects Early Warning Signs and Ensures Prompt Response to Any Evidence of Retaliatory Behavior

ADOC policy mandates the active, vigilant, and ongoing monitoring of both inmates and staff for any changes in behavior, demeanor, housing status, job assignments, program participation, disciplinary actions, or working conditions that might suggest the presence of retaliation or the emergence of a retaliatory institutional climate at Hamilton WRC. This comprehensive and purposefully designed monitoring framework is structured to detect early warning signs of potential retaliation before they manifest as serious adverse events, enabling prompt, targeted, and effective intervention on behalf of the individuals being monitored and ensuring that the institutional environment remains safe and free from reprisal at every stage of the reporting and investigative process. The active monitoring requirement operates as a continuous, real-time oversight mechanism rather than a periodic or reactive check-in, ensuring that the full range of behavioral and environmental indicators associated with retaliation risk is kept under consistent and rigorous review.

The active monitoring requirement is maintained for at least 90 days from the initiation of a report and may be extended in duration whenever risk factors persist, new concerns emerge, or the individual being monitored requests continued protection, ensuring that oversight remains calibrated to actual need rather than arbitrary administrative timelines. Both the Pre-Audit Questionnaire and the interview responses provided by multiple institutional and agency-level personnel confirmed

that no instances of retaliation had been reported or substantiated at Hamilton WRC during the past 12 months, reinforcing the conclusion that the monitoring system functions as designed and that the protective measures in place at the facility are producing meaningful, real-world results. This sustained absence of substantiated retaliation is not a passive or accidental outcome; it reflects the consistent and reliable operation of a well-designed, diligently administered monitoring framework that treats retaliation prevention as an active institutional responsibility. The behavioral and environmental monitoring requirements that produce this outcome are clearly and comprehensively set forth under applicable ADOC policy, and the evidence reviewed during this audit confirms that Hamilton WRC is implementing those requirements in a thorough, vigilant, and exemplary manner that should be recognized as a model of effective PREA compliance.

Relevant Policy:

1. ADOC AR #454, Section V.I. 4, pp. 28-29

Provision (d): Comprehensive Documentation and Verified Oversight: Meticulous, Transparent, and Accountability-Driven Record-Keeping That Exceeds Minimum Requirements and Demonstrates the Agency's Steadfast Commitment to Inmate and Staff Protection

The agency's approach to documentation, centered on the standardized and comprehensive ADOC Form 454-D, creates a meticulous, multi-layered record of all monitoring activities and outcomes associated with each individual retaliation monitoring case at Hamilton WRC. The form captures the frequency and full scope of all monitoring contacts, the specific protective actions taken in response to identified concerns or needs, detailed staff observations and professional assessments regarding each monitored individual's safety and well-being, inmate feedback and expressed concerns gathered during monitoring check-ins, and the verification signature of the IPCM confirming that the monitoring process has been conducted in full accordance with the requirements of ADOC Administrative Regulation #454. This comprehensive and structured documentation framework ensures that every material aspect of the retaliation monitoring process is captured with accuracy and completeness, reviewed with rigor and professional judgment, and retained for accountability purposes in a manner that supports both internal quality assurance and external audit verification.

Records reviewed by the Auditor during the on-site visit demonstrated unambiguously that monitoring at Hamilton WRC occurred on a weekly basis rather than merely monthly, a practice that clearly and significantly exceeds the 90-day minimum monitoring requirement established under PREA Standard 115.67 and reinforces the facility's commitment to providing the strongest possible protective oversight for every individual in the monitoring program. This elevated frequency of documented monitoring contacts reflects a diligent, purposeful, and exemplary commitment to inmate and staff protection that goes substantially beyond what policy mandates, providing stronger, more consistent, more responsive, and more reliably documented

ongoing oversight for every individual subject to a retaliation monitoring plan at Hamilton WRC. The practices documented in these records demonstrate a level of transparency, institutional accountability, and professional dedication that is both commendable in its own right and fully consistent with the high standards established under applicable ADOC policy and the broader protective objectives of PREA Standard 115.67.

Relevant Policy:

1. ADOC AR #454, Section V.I. 5, p. 29

Provision (e): Inclusive Protections for All Reporting Parties and Witnesses: Equitable, Non-Discriminatory Access to Monitoring and Support Services That Extend Beyond Alleged Victims to Every Person Involved in the PREA Reporting Process

Both the documentary records reviewed during the audit and the interviews conducted with institutional and agency-level personnel verified conclusively that retaliation monitoring at Hamilton WRC is available and actively extended to every individual who expresses fear or concern about potential reprisal in connection with PREA reporting or investigative activity, without limitation or discrimination based on role, institutional status, or specific relationship to the underlying allegation. This inclusive, equitable, and principled approach to retaliation protection ensures that alleged victims, witnesses to reported incidents, third-party reporters who come forward with corroborating or supplementary information, and staff members who cooperate with PREA investigations all receive the same reliable and comprehensive access to monitoring, support services, and protective measures. No individual who participates in the PREA reporting or investigative process in any capacity is treated as less deserving of protection based on the nature of their involvement, ensuring that the full spectrum of individuals covered by PREA Standard 115.67 receives meaningful, consistent, and equitable protection at Hamilton WRC.

These inclusive protections reflect a principled and non-discriminatory interpretation of the agency's obligations under PREA Standard 115.67, and their consistent and diligent implementation at Hamilton WRC demonstrates exemplary institutional commitment to equitable treatment, operational integrity, and the fundamental dignity of all individuals who participate in the PREA process. The reliable, non-discretionary extension of monitoring and support services to all reporting parties and witnesses not only fulfills the letter of applicable policy but also reinforces the broader institutional message that participation in the PREA process is genuinely safe, comprehensively protected, and actively supported for every person involved, regardless of their specific role, status, or relationship to the reported incident. This commitment to inclusive protection contributes materially to the facility's capacity to sustain an environment in which individuals feel confident that coming forward will not expose them or those who support them to adverse treatment of any kind.

Relevant Policies:

1. ADOC AR #454, Section V.I. 1-6, pp. 28-29

Provision (f): Obligation to Protect Staff Reporters: A Clear, Non-Discretionary Commitment to Applying Equal Protections to Staff Members Who Report Sexual Abuse or Cooperate with PREA Investigations

This provision was not applicable during the current audit review period, as no staff members at Hamilton WRC reported sexual abuse or sexual harassment or were identified as requiring retaliation monitoring protections during the audit cycle. However, the policy documentation reviewed during the audit and the interview responses provided by both facility and agency personnel confirmed clearly and without ambiguity that the protections established under ADOC Administrative Regulation #454 would be applied fully, equitably, and without exception to any staff member who reports sexual abuse or cooperates with a PREA investigation, ensuring that equal and non-discretionary protections would be available to staff under the same rigorous and comprehensive standards that govern the protections afforded to inmates at Hamilton WRC.

CONCLUSION

Through careful, thorough, and comprehensive examination of all relevant documentation, extensive interviews with agency and facility leaders, and direct engagement with correctional staff and designated monitors, the Auditor concludes that the Alabama Department of Corrections and Hamilton WRC not only satisfy but demonstrably and consistently exceed the expectations of PREA Standard 115.67 governing agency protection against retaliation. The evidence gathered across every avenue of review reflected an institution and an agency that have embraced retaliation prevention as a genuine and deeply embedded organizational priority, investing the necessary personnel resources, procedural rigor, administrative accountability structures, and documentation practices to ensure that this priority is reliably and verifiably realized in daily institutional operations at Hamilton WRC.

The finding that monitoring checks are conducted on a weekly basis, rather than merely monthly, stands as one of the most compelling and concrete illustrations of the agency's proactive stance and consistent, principled follow-through on its commitment to inmate and staff protection under PREA Standard 115.67. This practice, documented meticulously and verifiably on ADOC Form 454-D and confirmed by multiple interviewees at different organizational levels of the institution, reflects a purposeful and strategic institutional decision to go beyond minimum compliance in order to provide the strongest possible protective oversight for individuals who have taken the courageous and often personally difficult step of reporting sexual abuse or cooperating with a PREA investigation. The sustained absence of any substantiated incidents of retaliation during the past 12 months at Hamilton WRC further validates the effectiveness of this elevated monitoring approach, providing empirical evidence that the protective measures employed at the facility are producing meaningful, real-world outcomes that align directly with the goals of PREA Standard 115.67.

	Clear, well-structured, and comprehensively articulated policies, detailed and operationally specific procedures, specifically assigned and appropriately accountable personnel, and transparent and meticulous documentation collectively ensure that retaliation concerns at Hamilton WRC are prevented through vigilant and consistent deterrence, detected early through proactive and ongoing monitoring, and promptly resolved through individualized protective action tailored to the specific circumstances of each case. Staff at every organizational level demonstrated a thorough, reliable, and genuine understanding of their roles and responsibilities in protecting individuals from retaliation, while leadership at both the facility and agency levels conveyed strong, dependable, and well-documented administrative oversight and rigorous verification mechanisms. The IPCM's central role in coordinating, verifying, and documenting the monitoring process provides an additional and valuable layer of institutional accountability that ensures consistency, reliability, and completeness across all monitoring activities. The monitoring process at Hamilton WRC, as documented in agency records and as practiced in the day-to-day operations of the facility, reflects an established and deeply ingrained culture of safety, integrity, accountability, and trust that extends across every dimension of the facility's institutional life and that stands as a commendable and exemplary model of rigorous, principled, and sustained PREA compliance.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> The Auditor conducted a thorough review of the Pre-Audit Questionnaire submitted by Hamilton WRC, along with all supporting documentation assembled in advance of the on-site assessment. That review confirmed that the facility's operational framework is carefully crafted to address the full scope of obligations imposed by 28 C.F.R. § 115.68, and that the documentation package presented is comprehensive, transparent, and well-structured. The PAQ responses were consistent with the supplementary materials provided and accurately described the facility's approach to housing management as it relates to PREA-related protective concerns. AR #454 Section V.K.1-4, pages 30-31, establishes the governing last-resort standard for any involuntary protective placement within the Alabama Department of Corrections system. That standard requires that segregated housing be considered only after all less-restrictive alternatives have been evaluated and found insufficient. At Hamilton WRC, however, the application of that standard is structurally complete in a manner that surpasses procedural adherence: the facility does not operate a segregation unit of any kind. Because no segregation unit exists, the last-resort standard established under AR #454 is not merely applied — it is inherently and architecturally satisfied. There is no pathway through which an inmate could be

placed in segregated housing, which means the policy's highest aspirational outcome is the facility's baseline operational reality.

The IPCN Memorandum dated October 22, 2025 was reviewed and confirms that Hamilton WRC's protective custody framework is in full compliance with 28 C.F.R. § 115.68 during the applicable audit period. The memorandum is a principled and deliberate affirmation of the facility's sustained adherence to federal PREA standards governing protective housing, and it corroborates the conclusion that no qualifying placements occurred during the audit window. The memorandum stands as a transparent institutional acknowledgment that Hamilton WRC's protective housing practices align fully with the requirements of the standard.

ADOC Form 454-H constitutes the formal accountability record through which any involuntary protective custody placement would be documented and tracked under ADOC policy. The form incorporates fields for initial justification, supervisory authorization, and periodic review scheduling, providing a robust infrastructure for oversight should any such placement ever occur. The Auditor confirmed that ADOC Form 454-H was not invoked at any point during the audit period. The non-invocation of this form is not a gap in the documentary record — it is itself direct evidence of compliance. Because Hamilton WRC does not operate a segregation unit, there was no circumstance in which the form could have been triggered, and its absence from the active record is entirely consistent with the structural design of the facility.

OBSERVATIONS

An on-site tour of Hamilton WRC was conducted as part of the audit process. The Auditor examined all housing areas, common spaces, and ancillary facilities within the institution. The tour confirmed, without exception, that Hamilton WRC does not operate a segregation unit of any kind. There is no dedicated restrictive housing wing, no isolation cell block, no administrative segregation tier, and no physical space designated or configured for the segregated housing of inmates. The facility's entire housing infrastructure is organized within general population units, and no architectural provision for punitive or protective segregation exists anywhere on the premises.

As a direct consequence of the facility's design, no PREA-related protective placements occurred during the audit period, and no such placements could have occurred under any circumstances. Every inmate housed at Hamilton WRC during the audit window resided within the general population at all times. This structural reality is itself the most complete and affirmative compliance indicator available under 28 C.F.R. § 115.68. The absence of a segregation unit eliminates the risk of over-reliance on restrictive housing, ensures that no inmate is exposed to the documented harms associated with isolation, and renders involuntary protective placement not merely a last resort but a structural impossibility. This is proactive compliance in its fullest expression.

INTERVIEWS

Facility Staff

Staff members interviewed during the on-site assessment demonstrated a thorough and principled understanding of the facility's protective housing framework. Without exception, staff confirmed that Hamilton WRC does not operate a segregation unit and that no mechanism exists through which an inmate could be placed in restrictive or isolated housing for PREA-related protective purposes. Staff articulated clearly that this is not a policy gap but a deliberate and affirmative feature of the facility's operational design, one that is well-understood at every level of the institution.

When asked how protective concerns are addressed in the absence of a segregation unit, staff described a dynamic and thoughtfully developed set of alternative housing strategies that constitute the full toolkit available to the facility. These strategies include unit reassignment, which allows an inmate with a protective concern to be moved to a different general population unit within the facility; the deliberate separation of involved parties across distinct housing units to eliminate ongoing contact; and, where the nature of the concern warrants it, coordination with ADOC for inter-facility transfer to another institution. Staff emphasized that because all inmates remain within the general population regardless of any protective action taken, program access, educational participation, and work assignments are never disrupted. Every protective measure available at Hamilton WRC operates entirely within the general population framework.

Facility Head

The Facility Head confirmed during the interview that Hamilton WRC was designed and is operated without a segregation unit, and that this design feature represents a foundational commitment to the facility's PREA compliance posture. Leadership made clear that no automatic or involuntary protective custody placement is possible within this institution — not merely because policy prohibits it as a first resort, but because the physical infrastructure necessary to carry out such a placement does not exist. The Facility Head characterized this structural absence as the strongest possible operationalization of the last-resort standard's underlying intent.

The Facility Head further confirmed awareness of the ADOC Form 454-H documentation framework and the 30-day periodic review requirement established under AR #454 Section V.K.1-4. Leadership noted that both the form and the review schedule would govern any hypothetical future placement were circumstances ever to change, and that the underlying policy infrastructure remains in place and ready. However, the Facility Head was unambiguous that no qualifying circumstances arose during the audit period and that, given the facility's design, none could have arisen. The continued existence of the ADOC Form 454-H framework is maintained as a meticulous expression of institutional accountability, even as its practical invocation at Hamilton WRC remains structurally precluded.

PROVISIONS

Provision (a) - Last Resort Standard for Involuntary Protective Placement

The last-resort standard established under AR #454 Section V.K.1-4 and codified in 28 C.F.R. § 115.68 requires that segregated housing be used for PREA-related

protective purposes only after all less-restrictive alternatives have been exhausted and found inadequate. At Hamilton WRC, compliance with this provision is not achieved through careful procedural adherence to a sequential decision-making framework — it is achieved structurally and inherently through the facility’s physical design. Because Hamilton WRC does not operate a segregation unit of any kind, the involuntary placement of an inmate in restrictive housing is architecturally impossible. No decision-maker at the facility could elect to place an inmate in segregation even if they sought to do so, because no such housing environment exists. Policy codifies the last-resort standard; the facility’s design operationalizes it completely and permanently. Hamilton WRC is in full compliance with Provision (a) of 28 C.F.R. § 115.68.

Relevant Policies:

Compliance with this provision is governed by ADOC Administrative Regulation #454, Section V.K.1–4, pages 30–31, which establishes the last-resort standard for involuntary protective placement, and by 28 C.F.R. § 115.68, which mandates that facilities exhaust all alternatives before resorting to segregated housing for inmates who report sexual abuse.

Provision (b) - Mandatory Documentation and Justification Requirements

Provision (b) of 28 C.F.R. § 115.68 requires that any involuntary protective placement be accompanied by thorough documentation, including a written record of the justification for the placement and the alternatives considered before segregation was selected. ADOC Form 454-H is the formal instrument through which this documentation obligation would be fulfilled at Hamilton WRC, and it reflects a robust and well-structured accountability framework that is fully operational within ADOC policy. The form’s fields for initial justification, supervisory review, and ongoing assessment confirm that the documentation infrastructure is in place and would be immediately applicable to any future placement. The non-invocation of ADOC Form 454-H during the audit period is not an indication of any deficiency; it is directly and exclusively attributable to the structural reality that no placement occurred or could have occurred given the facility’s design. Hamilton WRC is in full compliance with Provision (b) of 28 C.F.R. § 115.68.

Relevant Policies:

Compliance with this provision is governed by ADOC Administrative Regulation #454, Section V.K.1–4, pages 30–31, which mandates written documentation for all involuntary protective placements; ADOC Form 454-H, which serves as the formal record for evaluating and justifying such placements; and 28 C.F.R. § 115.68, which requires facilities to document the basis for any decision to place a sexual abuse victim in segregated housing.

Provision (c) - Periodic Review and Continued Placement Assessment

Provision (c) of 28 C.F.R. § 115.68 mandates that any inmate held in involuntary protective custody be subject to a formal periodic review, conducted no less

frequently than every thirty days, to assess whether continued placement remains justified and whether any less-restrictive alternative has become available. At Hamilton WRC, the 30-day review requirement is inapplicable during the audit period because no placements occurred and no placements could have occurred. The absence of a segregation unit means that no inmate was ever in a status that would trigger the review obligation. Nonetheless, the broader housing oversight infrastructure at Hamilton WRC — including the supervisory mechanisms embedded in AR #454 Section V.K.1-4 and the administrative review processes built into ADOC Form 454-H — reflects the same sustained, principled commitment to ongoing oversight that Provision (c) is designed to enforce. Hamilton WRC is in full compliance with Provision (c) of 28 C.F.R. § 115.68.

Relevant Policies:

Compliance with this provision is governed by ADOC Administrative Regulation #454, Section V.K.1-4, pages 30-31, which establishes the mandatory thirty-day review requirement for any ongoing involuntary protective placement, and by 28 C.F.R. § 115.68, which requires periodic reassessment to determine whether continued segregated housing remains necessary and whether less restrictive alternatives have become available.

Provision (d) - Preservation of Program Access During Protective Custody

Provision (d) of 28 C.F.R. § 115.68 requires that any inmate held in protective custody retain access to programs, education, and work opportunities to the greatest extent possible, and that any reduction in such access not be used as a punitive measure. At Hamilton WRC, this provision is satisfied in the most comprehensive manner possible. Because the facility does not operate a segregation unit and no inmate is removed from the general population for PREA-related protective purposes, every inmate at the facility retains full, uninterrupted, and unrestricted access to all available programs, educational offerings, and work assignments at all times. There is no mechanism through which a PREA-related protective action at Hamilton WRC could result in any diminishment of program access, because all protective measures — unit reassignment, party separation, and inter-facility transfer coordination — are implemented entirely within the general population framework. Hamilton WRC satisfies Provision (d) of 28 C.F.R. § 115.68 without qualification or exception.

Relevant Policies:

Compliance with this provision is governed by ADOC Administrative Regulation #454, Section V.K.1-4, pages 30-31, which requires that inmates in protective custody retain access to programs, education, and work opportunities, and by 28 C.F.R. § 115.68, which mandates that facilities ensure no punitive effect results from the use of post-allegation protective housing.

Provision (e) - Audit Period Compliance: Absence of Involuntary Placements

Provision (e) of 28 C.F.R. § 115.68 requires accounting for the use of involuntary protective placements during the audit period, including the number of placements of

any duration and those exceeding thirty days. The Auditor confirms that Hamilton WRC recorded zero involuntary protective custody placements of any duration during the audit period — no placements lasting between one and twenty-four hours, no placements extending beyond thirty days, and no placements of any intermediate duration. This outcome is not a coincidental absence of circumstances warranting action; it is a structural certainty produced by the facility’s design. The IPCN Memorandum dated October 22, 2025 independently confirms this finding and affirms full compliance with 28 C.F.R. § 115.68 for the audit period. Zero placements constitute affirmative, structural compliance — not merely the absence of violations, but the positive realization of everything the standard was designed to achieve. Hamilton WRC is in exemplary compliance with Provision (e) of 28 C.F.R. § 115.68.

Relevant Policies:

Compliance with this provision is governed by ADOC Administrative Regulation #454, Section V.K.1–4, pages 30–31, which establishes the full framework for post-allegation protective custody decisions; the IPCN Memorandum addressing 28 C.F.R. § 115.68, dated October 22, 2025, which documents agency-level confirmation of compliance during the audit period; and 28 C.F.R. § 115.68, which sets forth the federal standard for post-allegation protective custody and the requirements against which Hamilton WRC’s practices are evaluated.

CONCLUSION

Hamilton WRC has demonstrated full and exemplary compliance with each of the five provisions of 28 C.F.R. § 115.68 governing protective custody. That compliance is not the product of reactive procedural adjustment or corrective policy revision — it is the product of a facility design that is itself the most complete possible expression of the last-resort standard’s intent. By operating without a segregation unit of any kind, Hamilton WRC has eliminated the structural precondition for any of the harms that § 115.68 was enacted to prevent. The involuntary placement of an inmate in restrictive housing for PREA-related protective purposes is not merely a final option at this facility; it is an architectural impossibility. Every element of the facility’s protective housing framework — the alternative housing strategies available to staff, the robust ADOC Form 454-H documentation infrastructure maintained in readiness, the supervisory oversight mechanisms embedded in AR #454 Section V.K.1–4, and the comprehensive IPCN Memorandum confirmation — reflects a thoughtfully developed and sustained institutional commitment to PREA compliance at its most principled level.

All five provisions of 28 C.F.R. § 115.68 are satisfied. The ADOC Form 454-H accountability infrastructure is in place and would be immediately operative under any future qualifying circumstances. Program access is universally and unconditionally preserved for every inmate at Hamilton WRC because no PREA-related action at this facility removes any inmate from the general population. Zero involuntary protective placements occurred during the audit period, and zero could have occurred. The Auditor finds Hamilton WRC in full compliance with 28 C.F.R. § 115.68, and commends the facility for a compliance posture that is not merely adequate but genuinely exemplary.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW In order to assess Hamilton WRC’s compliance with PREA Standard 115.71, governing criminal and administrative agency investigations, the Auditor undertook a thorough and methodical review of documentation submitted by Hamilton WRC and the Alabama Department of Corrections (ADOC). This comprehensive examination was designed to evaluate the facility’s investigative infrastructure across multiple dimensions, including the promptness and objectivity of investigative initiation, the rigor of evidence collection and preservation practices, the adequacy of documentation, the effectiveness of victim notification procedures, and the overall accountability mechanisms that govern investigations of alleged sexual abuse and sexual harassment under 28 C.F.R. § 115.71. Among the primary materials examined were the completed Pre-Audit Questionnaire (PAQ) and its accompanying supporting documentation, ADOC Administrative Regulation (AR) #454, titled Inmate Sexual Abuse and Harassment, dated May 29, 2025, with particular attention to Section V.G.1.g-h and i (pages 21-22), Section V.H.3.a-g (pages 25-26), and Section IV.C.1-9 (pages 5-6). The Auditor also reviewed ADOC Administrative Regulation #300, Institutional Management, and the Standard Operating Procedure for Investigations and Intelligence (SOP I&I) #454, titled PREA Sexual Assault Investigations. These foundational policy instruments collectively establish the operational framework within which all PREA-related investigations at Hamilton WRC are initiated, conducted, and concluded. Additional documentation reviewed included ADOC Form #454-C, the Investigative Summary Report, which serves as the principal instrument for recording findings, credibility determinations, and final dispositions; records reflecting investigative outcomes and dispositions for all allegations reported during the audit period; minutes from Investigative Review Team meetings convened to assess the thoroughness and procedural adequacy of completed investigations; and Notification to Inmate Forms confirming that alleged victims received written communication of investigation outcomes in accordance with PREA requirements. Taken together, these materials presented a well-structured and principled investigative framework that reflects Hamilton WRC’s deliberate commitment to conducting investigations that are objective, evidence-based, victim-centered, and fully compliant with 28 C.F.R. § 115.71. The documentation demonstrated that the facility’s investigative processes are thoughtfully developed, carefully crafted to ensure accountability at every stage, and sustained by robust administrative oversight from the ADOC Law Enforcement Services Division (LESD), which carries out all internal investigations. INTERVIEWS

Investigative Staff

Interviews conducted with investigative personnel at Hamilton WRC confirmed that all investigations into allegations of sexual abuse and sexual harassment are initiated without delay upon receipt of a report, irrespective of the channel through which that report arrives. Whether an allegation is submitted in person, by telephone, anonymously, through a third-party intermediary, or via an external advocacy organization, investigative staff described a consistent and meticulous response protocol that ensures no allegation is deferred, minimized, or filtered out before formal investigation commences. This proactive posture reflects Hamilton WRC's principled adherence to the requirements of 28 C.F.R. § 115.71 and underscores the facility's commitment to treating every report as credible until investigative findings indicate otherwise.

Investigative personnel detailed a victim-centered interview sequence in which the alleged victim is always interviewed first, followed by witnesses with potential knowledge of or proximity to the incident, and concluding with the alleged perpetrator. This carefully crafted sequence prioritizes the safety and well-being of the reporting individual while preserving the integrity of the investigative process. Evidence collection responsibilities are carried out by trained LESD investigators or, when circumstances warrant, by Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) professionals. Investigative staff confirmed that they have received National Institute of Corrections (NIC)-certified training in trauma-informed interviewing techniques, forensic evidence handling, evidence preservation protocols, and the dynamics unique to sexual abuse investigations in confinement settings.

Staff further described the deliberate and carefully crafted process by which compelled administrative interviews — those conducted under threat of disciplinary action or termination — are handled only after consultation with prosecutorial authorities. This consultation ensures that Fifth Amendment protections are not undermined and that potential criminal proceedings are not compromised by compelled disclosures. Investigators affirmed that credibility assessments are conducted individually and objectively, free from bias, preconceived assumptions, or the use of polygraph examinations or any analogous truth-telling devices. Each investigation also includes a comprehensive examination of whether any staff member's actions or inactions contributed to the incident in question. All findings are fully documented in detailed investigative reports, and all investigations are carried through to completion regardless of whether the alleged victim or perpetrator has departed from ADOC's custody or employment.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, the facility reported that there were no inmates currently assigned who had alleged or reported incidents of sexual abuse during their period of confinement. As such, the auditor was unable to conduct interviews with inmates within this category to assess their understanding of reporting mechanisms, access to services, or perceptions of staff responsiveness.

Facility documentation, including incident reports, grievance records, and investigative files, was reviewed to verify the absence of reported allegations. Additionally, staff interviews and discussions with facility leadership corroborated that no inmates meeting this criterion were present during the audit period.

Based on the absence of inmates who reported sexual abuse, no direct inmate testimony was available to evaluate compliance with PREA standards specific to this population. The auditor therefore relied on a review of policies, procedures, training records, and staff interviews to assess the facility's preparedness to respond appropriately should such reports occur.

Institutional PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager confirmed that no investigation at Hamilton WRC is closed, suspended, or otherwise terminated solely on the basis of the departure of an involved party — whether that party is an alleged victim, alleged perpetrator, witness, or staff member — from ADOC custody or employment. This principled commitment to investigative completeness ensures that accountability is not contingent upon the continued presence of any individual within the facility or the agency. The IPCM described a robust tracking process through which every investigation is monitored from the point of initiation through final disposition, with ongoing status reviews designed to identify and address any delays or procedural gaps that may arise.

The IPCM also emphasized that transparency and accountability remain central institutional values throughout the investigative lifecycle. Even in cases involving individuals who have been released, transferred, or separated from employment, Hamilton WRC continues to pursue thorough and objective conclusions, ensuring that both alleged victims and the broader institutional record receive the full measure of investigative follow-through that PREA standards require.

PREA Director

The PREA Director confirmed that investigative records at Hamilton WRC are retained for the full duration of an inmate's period of incarceration or a staff member's period of employment, followed by an additional five years, consistent with agency policy and the requirements of 28 C.F.R. § 115.71. This carefully maintained retention schedule ensures that records remain accessible for subsequent review, legal proceedings, audits, or pattern analysis well beyond the conclusion of any individual investigation.

The Director further noted that inmate-related data is maintained indefinitely within the SCRIBE system, ADOC's central data management platform, which functions as a dynamic and comprehensive repository of institutional records. The SCRIBE system enables facility and agency leadership to track investigative outcomes longitudinally, identify emerging trends or patterns in reported allegations, and support ongoing efforts to strengthen PREA compliance infrastructure across all ADOC facilities.

Facility Head or Designee

Facility leadership reported that during the twelve-month period preceding the audit, no substantiated allegations of sexual abuse arising at the leadership level had been referred for prosecution. This reporting is consistent with the investigative outcomes documented in the Investigative Summary Reports and other supporting materials reviewed during the audit, and reflects the factual disposition of cases as determined through thorough and objective investigations carried out under established ADOC protocols.

Leadership further emphasized that all allegations received during the audit period — regardless of their ultimate disposition — were investigated fully, with alleged victims receiving appropriate services, protections, and written notification of outcomes throughout the process. The facility’s leadership expressed a deliberate and sustained commitment to ensuring that every inmate who comes forward with an allegation receives a response that is prompt, professional, and grounded in the victim-centered principles that 28 C.F.R. § 115.71 demands.

PROVISIONS

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

The Pre-Audit Questionnaire and its supporting documentation confirmed that Hamilton WRC initiates investigations into all allegations of sexual abuse and sexual harassment promptly and without discrimination as to the method, source, or perceived credibility of the report. ADOC Administrative Regulation #454 and SOP I&I #454 together establish a comprehensive and well-structured framework that governs investigative initiation, the sequencing of interviews, the collection and preservation of evidence, and the documentation of findings and outcomes. Compliance with these policies was evident throughout the investigative records reviewed during the audit, and was corroborated by interviews with investigative staff, the IPCM, the PREA Director, and facility leadership.

During the twelve-month audit period, Hamilton WRC received a total of 58 allegations: 22 involving sexual abuse and 36 involving sexual harassment. Of the 22 sexual abuse allegations, 9 remained open and under active investigation at the time of the audit, 7 were determined to be unfounded, 5 were classified as unsubstantiated, and 1 was substantiated. All 36 sexual harassment allegations were investigated and resolved in accordance with ADOC policy. In each case, alleged victims were offered appropriate medical and mental health services, referred for forensic examination when indicated, and provided written notification of investigative outcomes upon conclusion. These outcomes are thoroughly documented in ADOC Form #454-C, Investigative Summary Reports, and Notification to Inmate Forms, and are consistent with the requirements of 28 C.F.R. § 115.71.

Relevant Policies:

Hamilton WRC’s compliance with this provision is supported by ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment (May 29, 2025), specifically Section V.G.1.g-h and i (pages 21-22), Section V.H.3.a-g (pages 25-26), and Section IV.C.1-9 (pages 5-6), as well as ADOC Administrative Regulation #300, Institutional

Management, the SOP for Investigations and Intelligence #454, PREA Sexual Assault Investigations, ADOC Form #454-C, the Investigative Summary Report, Notification to Inmate Forms, Investigative Review Team meeting minutes, and the requirements set forth in 28 C.F.R. § 115.71.

Provision (b): Specialized Training for Investigators

Hamilton WRC's investigative personnel have received specialized, NIC-certified training that equips them to conduct PREA investigations with the skill, sensitivity, and procedural rigor that complex sexual abuse allegations demand. This training encompasses trauma-informed interviewing techniques designed to minimize re-traumatization while eliciting accurate and complete disclosures, as well as forensic evidence handling and evidence preservation protocols that ensure the integrity of physical and electronic evidence throughout the investigative process. Investigators are trained to recognize the psychological dynamics that characterize sexual abuse within confinement settings, including the power imbalances and institutional dependencies that may affect a victim's willingness or ability to report.

Training further prepares investigators to conduct objective and unbiased credibility assessments, to manage the sequencing of victim, witness, and subject interviews with tactical precision, and to document findings in a manner that is comprehensive, legally defensible, and fully compliant with the standards established by 28 C.F.R. § 115.71. The consistent application of this training across Hamilton WRC's investigative personnel was confirmed through staff interviews, training records, and the quality of investigative documentation reviewed during the audit. This principled investment in investigative capacity reflects Hamilton WRC's proactive approach to ensuring that all investigations are conducted with the highest degree of professional competence.

Relevant Policies:

Hamilton WRC's compliance with this provision is supported by ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment (May 29, 2025), specifically Section V.G.1.g-h and i (pages 21-22), Section V.H.3.a-g (pages 25-26), and Section IV.C.1-9 (pages 5-6), as well as ADOC Administrative Regulation #300, Institutional Management, the SOP for Investigations and Intelligence #454, PREA Sexual Assault Investigations, ADOC Form #454-C, the Investigative Summary Report, Notification to Inmate Forms, Investigative Review Team meeting minutes, and the requirements set forth in 28 C.F.R. § 115.71.

Provision (c): Comprehensive Evidence Gathering and Preservation

Hamilton WRC's investigative protocols mandate the comprehensive collection and careful preservation of all categories of evidence relevant to allegations of sexual abuse and sexual harassment. Physical evidence — including clothing, bedding, and any materials that may bear biological material or trace evidence — is collected in accordance with established forensic protocols and chain-of-custody procedures that ensure its admissibility and integrity. When circumstances indicate the potential presence of DNA evidence, specialized forensic personnel, including SAFE or SANE

professionals, are engaged to conduct collections that meet evidentiary standards for both administrative and criminal proceedings. The documentation reviewed confirmed that evidence collection is initiated promptly and conducted with meticulous attention to preservation requirements.

Electronic evidence also receives deliberate and structured attention in Hamilton WRC's investigative process. Video surveillance footage, telephone records, and electronic communications are reviewed and preserved by trained investigators as a standard component of each investigation. Witness and victim interviews are conducted in a sequenced manner that prioritizes the safety and narrative integrity of the reporting individual, and prior complaint records are reviewed to identify any patterns or prior conduct that may be relevant to the allegation under investigation. The totality of evidence gathered in each case is thoroughly documented in ADOC Form #454-C and associated investigative records, reflecting a robust and well-structured evidentiary practice consistent with 28 C.F.R. § 115.71.

Relevant Policies:

Hamilton WRC's compliance with this provision is supported by ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment (May 29, 2025), specifically Section V.G.1.g-h and i (pages 21-22), Section V.H.3.a-g (pages 25-26), and Section IV.C.1-9 (pages 5-6), as well as ADOC Administrative Regulation #300, Institutional Management, the SOP for Investigations and Intelligence #454, PREA Sexual Assault Investigations, ADOC Form #454-C, the Investigative Summary Report, Notification to Inmate Forms, Investigative Review Team meeting minutes, and the requirements set forth in 28 C.F.R. § 115.71.

Provision (d): Coordination with Prosecutorial Authorities on Compelled Interviews

Hamilton WRC's investigative framework reflects a principled and carefully calibrated approach to the use of compelled administrative interviews. Consistent with the requirements of 28 C.F.R. § 115.71, investigators at Hamilton WRC do not compel administrative statements — those demanded under threat of discipline or termination — from individuals who are also subjects of potential criminal investigation without first consulting with prosecutorial authorities. This consultation process is designed to protect against the inadvertent undermining of Fifth Amendment rights and to prevent the introduction of administratively compelled statements in ways that could compromise or foreclose criminal prosecution.

Investigative staff confirmed during interviews that this consultation is a non-negotiable prerequisite before any compelled administrative interview is conducted, and that LESD investigators are trained to recognize the circumstances under which such consultation is required. The careful sequencing of administrative and criminal investigative steps reflects Hamilton WRC's transparent commitment to ensuring that both accountability within the institution and the prospects for criminal prosecution are preserved. This deliberate and proactive approach to protecting the integrity of parallel proceedings is fully consistent with the intent and requirements of 28 C.F.R. § 115.71.

Relevant Policies:

Hamilton WRC's compliance with this provision is supported by ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment (May 29, 2025), specifically Section V.G.1.g-h and i (pages 21-22), Section V.H.3.a-g (pages 25-26), and Section IV.C.1-9 (pages 5-6), as well as ADOC Administrative Regulation #300, Institutional Management, the SOP for Investigations and Intelligence #454, PREA Sexual Assault Investigations, ADOC Form #454-C, the Investigative Summary Report, Notification to Inmate Forms, Investigative Review Team meeting minutes, and the requirements set forth in 28 C.F.R. § 115.71.

Provision (e): Objective Credibility Assessment Without Polygraph Testing

Hamilton WRC's investigative personnel conduct credibility assessments on a case-by-case basis, evaluating each party's account individually and without reference to generalizations, stereotypes, or assumptions based on an individual's status as an inmate, staff member, alleged victim, or alleged perpetrator. This principled approach to credibility determination ensures that every investigation is grounded in the actual facts and circumstances of the specific allegation, rather than in preconceived notions about the reliability of particular categories of individuals. The consistency of this practice across all cases reviewed during the audit reflects Hamilton WRC's sustained commitment to objectivity and fairness in its investigative process.

Critically, Hamilton WRC does not use polygraph examinations or any other form of truth-telling or truth-verification device as a basis for assessing the credibility of alleged victims, witnesses, or alleged perpetrators, and does not require submission to such devices as a condition of pursuing an investigation. Investigative staff confirmed this practice during interviews, and a review of case files produced no evidence of polygraph use in connection with any allegation reviewed during the audit period. This approach is fully consistent with the explicit prohibition established by 28 C.F.R. § 115.71 and reflects Hamilton WRC's exemplary commitment to evidence-based, bias-free investigative practice.

Relevant Policies:

Hamilton WRC's compliance with this provision is supported by ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment (May 29, 2025), specifically Section V.G.1.g-h and i (pages 21-22), Section V.H.3.a-g (pages 25-26), and Section IV.C.1-9 (pages 5-6), as well as ADOC Administrative Regulation #300, Institutional Management, the SOP for Investigations and Intelligence #454, PREA Sexual Assault Investigations, ADOC Form #454-C, the Investigative Summary Report, Notification to Inmate Forms, Investigative Review Team meeting minutes, and the requirements set forth in 28 C.F.R. § 115.71.

Provision (f): Administrative Investigation of Staff Actions and Comprehensive Documentation

Every investigation conducted at Hamilton WRC includes a comprehensive and deliberate examination of whether any staff member's conduct — through action,

inaction, or omission — may have contributed to or failed to prevent the alleged incident. Investigators assess whether applicable policies and procedures were followed, whether supervision was adequate, and whether staff responded appropriately to prior warning signs, earlier complaints, or known risk factors involving the individuals concerned. This examination of staff culpability is embedded as a standard component of every investigation, reflecting Hamilton WRC’s principled commitment to institutional accountability at all levels.

The findings of every investigation, including the complete body of evidence collected, assessments of the credibility of all parties, determinations regarding staff conduct, and final conclusions regarding the disposition of the allegation, are fully documented in detailed investigative reports prepared using ADOC Form #454-C. These reports are reviewed by the Investigative Review Team, whose meeting minutes reflect ongoing institutional attention to the quality and thoroughness of completed investigations. This dynamic and well-structured documentation framework ensures that findings are transparent, accessible for future review, and fully compliant with the documentation requirements of 28 C.F.R. § 115.71.

Relevant Policies:

Hamilton WRC’s compliance with this provision is supported by ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment (May 29, 2025), specifically Section V.G.1.g-h and i (pages 21–22), Section V.H.3.a-g (pages 25–26), and Section IV.C.1–9 (pages 5–6), as well as ADOC Administrative Regulation #300, Institutional Management, the SOP for Investigations and Intelligence #454, PREA Sexual Assault Investigations, ADOC Form #454-C, the Investigative Summary Report, Notification to Inmate Forms, Investigative Review Team meeting minutes, and the requirements set forth in 28 C.F.R. § 115.71.

Provision (g): Thorough Documentation of Criminal Investigations

Criminal investigations conducted by LESD investigators at Hamilton WRC are documented with the same meticulous attention to completeness that characterizes the facility’s administrative investigations. Physical evidence is catalogued and preserved in accordance with forensic standards, and photographic documentation, diagrams, and forensic laboratory reports are attached to investigative files wherever feasible and applicable. Testimonial evidence gathered through victim, witness, and subject interviews is documented with precision, capturing not only the substance of each account but also the context and circumstances under which the interview was conducted.

Documentary evidence — including surveillance footage, electronic communications, institutional records, and prior complaint histories — is incorporated into the investigative record as a matter of standard practice. The resulting case files present a comprehensive, well-organized evidentiary record that supports transparent and legally sound disposition decisions. The thoroughness of this documentation was confirmed through the Auditor’s review of investigative records from the audit period and is fully consistent with the criminal investigation documentation requirements established by 28 C.F.R. § 115.71.

Relevant Policies:

Hamilton WRC's compliance with this provision is supported by ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment (May 29, 2025), specifically Section V.G.1.g-h and i (pages 21-22), Section V.H.3.a-g (pages 25-26), and Section IV.C.1-9 (pages 5-6), as well as ADOC Administrative Regulation #300, Institutional Management, the SOP for Investigations and Intelligence #454, PREA Sexual Assault Investigations, ADOC Form #454-C, the Investigative Summary Report, Notification to Inmate Forms, Investigative Review Team meeting minutes, and the requirements set forth in 28 C.F.R. § 115.71.

Provision (h): Long-Term Retention of Investigative Records

During the audit period, Hamilton WRC received a total of 58 allegations, 22 of which involved sexual abuse. Of those 22 sexual abuse cases, 9 remained open and under active investigation at the time of the audit, with their delay attributable to pending DNA evidence laboratory results. Seven cases were determined to be unfounded, 5 were classified as unsubstantiated, and 1 was substantiated. The single substantiated case was referred to the District Attorney's office, with a prosecutorial decision remaining pending at the time of the audit. The remaining 12 cases — those deemed unfounded or unsubstantiated — were not forwarded for prosecution, consistent with agency policy and the evidentiary standards applicable to referral decisions under 28 C.F.R. § 115.71.

All investigative records generated in connection with these cases are retained in accordance with Hamilton WRC's carefully maintained records retention policy. Records are preserved for the full duration of an inmate's period of incarceration or a staff member's period of employment, plus an additional five years following the conclusion of that period. Inmate-related records are maintained indefinitely within the SCRIBE system, ADOC's central data management platform, which provides long-term accessibility, supports pattern and trend analysis across the agency, and ensures that the investigative history of any individual remains accessible for future reference. This robust and sustained records retention framework is fully consistent with the requirements of 28 C.F.R. § 115.71.

Relevant Policies:

Hamilton WRC's compliance with this provision is supported by ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment (May 29, 2025), specifically Section V.G.1.g-h and i (pages 21-22), Section V.H.3.a-g (pages 25-26), and Section IV.C.1-9 (pages 5-6), as well as ADOC Administrative Regulation #300, Institutional Management, the SOP for Investigations and Intelligence #454, PREA Sexual Assault Investigations, ADOC Form #454-C, the Investigative Summary Report, Notification to Inmate Forms, Investigative Review Team meeting minutes, and the requirements set forth in 28 C.F.R. § 115.71.

Provision (i): Cooperation with External Investigative Agencies

The Law Enforcement Services Division (LESF) serves as the designated body

responsible for conducting all internal PREA-related investigations at Hamilton WRC. LESD investigators are certified law enforcement professionals with specialized training in sexual abuse investigations in confinement settings, and their involvement ensures that all investigations are conducted with the technical competence and legal rigor that both administrative and criminal proceedings require. When external investigative bodies — including state or federal law enforcement agencies or prosecutorial authorities — become involved in matters arising from allegations at Hamilton WRC, LESD and facility administration extend full and transparent cooperation.

This cooperation encompasses the provision of access to relevant documentation and evidence, the facilitation of interviews with staff and inmates as directed by external investigators, and the timely communication of investigative status updates to the appropriate external authorities. Hamilton WRC's commitment to full cooperation with external investigative bodies reflects a principled understanding that accountability for sexual abuse in confinement settings may involve multiple layers of oversight and that institutional transparency is essential to the integrity of that process. This approach is consistent with the cooperative obligations established by 28 C.F.R. § 115.71.

Relevant Policies:

Hamilton WRC's compliance with this provision is supported by ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment (May 29, 2025), specifically Section V.G.1.g-h and i (pages 21-22), Section V.H.3.a-g (pages 25-26), and Section IV.C.1-9 (pages 5-6), as well as ADOC Administrative Regulation #300, Institutional Management, the SOP for Investigations and Intelligence #454, PREA Sexual Assault Investigations, ADOC Form #454-C, the Investigative Summary Report, Notification to Inmate Forms, Investigative Review Team meeting minutes, and the requirements set forth in 28 C.F.R. § 115.71.

Provision (j): Continuation of Investigations Despite Departure of Involved Parties

Hamilton WRC maintains an unwavering commitment to carrying every investigation through to its conclusion, regardless of whether the alleged victim, alleged perpetrator, or any other material party has departed from ADOC custody or employment prior to the completion of the investigation. This principled practice ensures that accountability is not contingent upon the continued physical presence of any individual within the facility or the agency, and that the institutional record reflects a full and objective assessment of every allegation received. The IPCM confirmed this commitment during interviews and described the robust tracking mechanisms in place to monitor the status of all open investigations.

The continuation of investigations beyond the departure of involved parties serves multiple important institutional purposes. It ensures that alleged victims receive the closure and formal notification of outcome to which they are entitled under PREA standards, even if they are no longer in ADOC custody. It also enables the identification of patterns of conduct that may span multiple placements or

employment periods and that could inform future risk mitigation and supervision strategies. This comprehensive and sustained approach to investigative completeness is fully aligned with the requirements of 28 C.F.R. § 115.71 and reflects Hamilton WRC's exemplary commitment to the long-term integrity of its investigative process.

Relevant Policies:

Hamilton WRC's compliance with this provision is supported by ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment (May 29, 2025), specifically Section V.G.1.g-h and i (pages 21-22), Section V.H.3.a-g (pages 25-26), and Section IV.C.1-9 (pages 5-6), as well as ADOC Administrative Regulation #300, Institutional Management, the SOP for Investigations and Intelligence #454, PREA Sexual Assault Investigations, ADOC Form #454-C, the Investigative Summary Report, Notification to Inmate Forms, Investigative Review Team meeting minutes, and the requirements set forth in 28 C.F.R. § 115.71.

Provision (k): Not Applicable

This provision was reviewed and determined to be not applicable to Hamilton WRC for the purposes of this audit. No findings or compliance determinations are required under this provision.

Provision (l): Cooperation with External Agencies and Law Enforcement

LESD investigators, who hold full law enforcement certification and carry primary responsibility for PREA-related investigations at Hamilton WRC, are positioned to engage with external agencies and law enforcement bodies in a manner that is transparent, professional, and fully cooperative. While external law enforcement involvement in Hamilton WRC's PREA investigations has been infrequent during the audit period, the facility's established protocols ensure that should such involvement occur, it is met with immediate and comprehensive institutional support. This includes the provision of all relevant investigative documentation, access to facility records and evidence, and the coordination of interviews and other investigative activities as directed by the external authority.

Hamilton WRC's commitment to cooperation with external agencies reflects the broader ADOC philosophy that accountability for sexual abuse in correctional settings is a shared responsibility that extends beyond the boundaries of any single institution. Facility leadership and LESD personnel understand that effective collaboration with external investigators and law enforcement bodies strengthens the overall integrity of the investigative process and reinforces the credibility of ADOC's PREA compliance efforts. This proactive and transparent approach to external cooperation is fully consistent with the requirements of 28 C.F.R. § 115.71.

Relevant Policies:

Hamilton WRC's compliance with this provision is supported by ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment (May 29, 2025), specifically

Section V.G.1.g-h and i (pages 21-22), Section V.H.3.a-g (pages 25-26), and Section IV.C.1-9 (pages 5-6), as well as ADOC Administrative Regulation #300, Institutional Management, the SOP for Investigations and Intelligence #454, PREA Sexual Assault Investigations, ADOC Form #454-C, the Investigative Summary Report, Notification to Inmate Forms, Investigative Review Team meeting minutes, and the requirements set forth in 28 C.F.R. § 115.71.

CONCLUSION

Based on a comprehensive review of all relevant documentation and a thorough analysis of interviews conducted with investigative staff, the Institutional PREA Compliance Manager, the PREA Director, and facility leadership, the Auditor finds that Hamilton WRC is in full compliance with all applicable provisions of 28 C.F.R. § 115.71, governing criminal and administrative agency investigations. The facility has established a robust, principled, and well-structured investigative framework that satisfies the standard's requirements across every dimension assessed, including the prompt and objective initiation of investigations, the comprehensive collection and preservation of evidence, the specialized training of investigative personnel, the careful coordination of compelled interviews with prosecutorial authorities, the objective and polygraph-free assessment of credibility, the thorough examination of staff actions and inactions, and the meticulous documentation of all findings and conclusions.

Hamilton WRC's investigative infrastructure reflects a sustained and deliberate institutional commitment to accountability, transparency, and victim-centered practice that is deeply embedded in the facility's policies, procedures, and operational culture. Investigations are carried to completion regardless of the departure of involved parties, records are preserved for appropriate durations within a dynamic and comprehensive data management system, and alleged victims consistently receive the services, protections, and written notifications to which they are entitled. The facility's cooperation with external investigative bodies and law enforcement agencies further reinforces the integrity and credibility of its investigative process. In all respects, Hamilton WRC's performance under 28 C.F.R. § 115.71 is exemplary, and the Auditor commends the facility's leadership, investigative personnel, and PREA compliance team for the thoughtfully developed and carefully crafted systems that make this level of compliance possible.

115.72	Evidentiary standard for administrative investigations

	Auditor Overall Determination: Meets Standard

	Auditor Discussion

	<u>DOCUMENT REVIEW</u>

	To evaluate compliance with PREA Standard 115.72 governing the evidentiary standard for administrative investigations, the Auditor conducted a detailed,

methodical, and comprehensive review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by Hamilton WRC and the Alabama Department of Corrections (ADOC). This thorough examination was structured to assess the evidentiary standard applied by investigators when determining whether allegations of sexual abuse or sexual harassment are substantiated, unsubstantiated, or unfounded — the three recognized outcome categories under the PREA framework — as well as the full process for collecting, analyzing, evaluating, and reporting investigative findings in a manner that ensures consistency, fairness, and institutional transparency. Central to this review was an assessment of whether Hamilton WRC and ADOC impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated, as required by PREA Standard 115.72(a).

The Auditor examined Alabama Department of Corrections Administrative Regulation #454, titled Inmate Sexual Abuse and Harassment and effective May 29, 2025, which outlines investigative procedures, evidentiary expectations, and the standard of proof required for administrative investigations involving inmates at Hamilton WRC. This regulation establishes with clarity and precision the requirement that investigators apply the preponderance of the evidence standard — meaning that a finding of substantiated is appropriate when the evidence, considered as a whole, demonstrates that the alleged incident was more likely than not to have occurred, representing a probability greater than fifty percent. Administrative Regulation #300, titled Investigations and Intelligence Division and effective August 11, 2004, was also reviewed in detail to confirm requirements related to investigative processes, investigator qualifications, report preparation, and the systematic distribution of investigative findings to facility leadership, agency administrators, and external authorities when circumstances warrant.

Documentation reviewed by the Auditor reflects a clear, well-organized, and institutionally principled approach to administrative investigations, encompassing standardized evidence collection protocols, systematic report preparation, consistent application of the preponderance of the evidence standard across all cases involving Hamilton WRC inmates, and robust accountability mechanisms that ensure investigative findings are reviewed, documented, and acted upon appropriately. The materials confirm that PREA Standard 115.72(a) also preserves the agency's authority under subsection (b), which provides that nothing in this standard shall restrict the agency from imposing a higher standard of evidence for allegations against staff members — a distinction that reflects the different administrative and institutional stakes involved in staff-versus-inmate allegations.

The reviewed policies and operational materials demonstrate that Hamilton WRC and ADOC have established procedures that align fully with PREA requirements and support fair, objective, and thorough investigations. The documentation further underscores the important distinction between the administrative preponderance standard and the beyond a reasonable doubt standard used in criminal proceedings. Because the preponderance of the evidence threshold is meaningfully lower than the criminal standard, the agency is appropriately positioned to reach substantiated findings and implement protective measures and corrective actions even when

evidence may not rise to the level required for criminal prosecution. This distinction is a deliberate and principled feature of the PREA framework, and Hamilton WRC's policies reflect a clear understanding of that distinction.

OBSERVATIONS

The review of investigative materials, case files, and completed investigative reports indicates that Hamilton WRC and ADOC follow a clear, organized, and institutionally grounded process for gathering, analyzing, and evaluating evidence in all administrative investigations of sexual abuse and sexual harassment involving inmates. Documentation consistently supports the application of investigative standards across all cases, proper reporting procedures that ensure multi-layered transparency and accountability, and thorough documentation of physical evidence, credibility assessments, and analytical reasoning that supports investigative conclusions. The evidentiary record reflects a professional culture in which investigators understand that the preponderance of the evidence standard requires a holistic assessment — not proof to a certainty — and that this standard serves to protect inmates and ensure accountability even when evidence falls short of the criminal threshold.

Case documentation further reflects that investigators at Hamilton WRC approach each matter with objectivity, care, and a commitment to reaching accurate outcomes regardless of the identities of the parties involved. Credibility assessments are made on a case-by-case basis, free from bias, preconceived assumptions, or reliance on stereotypes, and the reasoning supporting each determination is documented with sufficient detail to support supervisory review and administrative oversight. The completed investigative reports reviewed by the Auditor demonstrate that the process is not only procedurally sound but also practically effective in producing reliable, well-supported, and defensible investigative conclusions.

The materials examined also confirm that completed investigative reports at Hamilton WRC are subject to a structured distribution process that ensures multiple levels of review and accountability. Reports are transmitted to facility leadership, the Institutional PREA Compliance Manager, and agency administrators, and — when evidence supports potential criminal charges — to the District Attorney's office for consideration of possible criminal prosecution. This multi-tiered distribution framework ensures that investigative outcomes are not siloed but are instead subject to appropriate oversight, corrective action planning, and systemic pattern identification.

INTERVIEWS

Investigative Staff

Investigative staff at Hamilton WRC confirmed with clarity and confidence that the standard applied to determine whether an allegation involving an inmate is substantiated, unsubstantiated, or unfounded is the preponderance of the evidence. Staff articulated this standard accurately, explaining that a finding of substantiated is appropriate when the evidence, taken as a whole, demonstrates that the alleged

incident was more likely than not to have occurred — a threshold grounded in probability rather than certainty. Investigators emphasized that this standard is applied consistently across all cases regardless of the identity of the alleged victim or alleged abuser, and that no higher evidentiary threshold is imposed as a prerequisite to reaching a substantiated finding in administrative investigations involving inmates. Staff further acknowledged the important distinction between this administrative standard and the beyond a reasonable doubt standard applicable in criminal proceedings, recognizing that the preponderance standard appropriately enables the agency to take protective and corrective action even in cases where criminal prosecution may not be pursued.

Staff also described the structured process by which completed investigative reports are distributed and reviewed once an investigation has concluded. Completed reports are submitted to facility leadership, the Institutional PREA Compliance Manager (IPCM), and agency administrators for review and appropriate follow-up action. When the evidence supports a reasonable basis for potential criminal charges, investigative findings are also forwarded to the District Attorney for review and possible criminal prosecution. Investigators described this distribution framework as an important mechanism for ensuring accountability, enabling supervisory oversight, and allowing the agency to identify patterns or systemic concerns that may require broader institutional attention. Staff expressed a clear understanding of their responsibility to produce thorough, well-documented reports that support meaningful review at each level of this oversight chain.

Investigators described a thorough and methodical approach to evidence collection that prioritizes comprehensiveness, objectivity, and respect for all parties involved. Staff explained that all available evidence is collected and preserved throughout the course of each investigation, including physical evidence such as clothing, bedding, and other materials; written and recorded statements from alleged victims, alleged abusers, and witnesses; video surveillance footage and electronic monitoring data; and scene-related information such as photographs, diagrams, and documented observations of physical conditions. Interviews are conducted with all relevant parties in a trauma-informed and respectful manner, and investigative findings are carefully reviewed, analyzed, and evaluated before any conclusions are reached.

Investigators at Hamilton WRC noted that credibility assessments are made on a case-by-case basis, without bias, preconceived assumptions, or reliance on stereotypes. The overall orientation of staff toward their investigative responsibilities reflects a professional and principled commitment to producing accurate, fair, and well-supported outcomes for every inmate whose allegation is investigated under the preponderance of the evidence standard. The depth and consistency of staff responses during interviews demonstrated not only a thorough command of the evidentiary standard and reporting process but also an institutional culture that values both accountability and the dignity of all individuals involved.

PROVISIONS

Provision (a): Robust, Exemplary, and Meticulous Application of a

Comprehensive, Well-Structured, and Principled Evidentiary Standard Supported by a Thorough, Proactive, and Strategically Designed Investigative Reporting Framework That Is Consistently and Reliably Implemented Across All Administrative Investigations

Agency policy clearly, comprehensively, and unambiguously establishes that the standard of proof for administrative investigations of sexual abuse and sexual harassment involving inmates is a preponderance of the evidence. This standard, as codified in PREA Standard 115.72(a), requires that the agency impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated, and Hamilton WRC's policy reflects full and diligent compliance with this requirement. The preponderance of the evidence standard means that investigative conclusions are based on a fair and objective assessment of whether the evidence demonstrates that the alleged incident was more likely than not to have occurred — a rigorous yet appropriately calibrated threshold that balances institutional accountability with evidentiary integrity. This standard is meaningfully lower than the beyond a reasonable doubt standard applied in criminal proceedings, reflecting the fundamentally different and administrative rather than criminal nature of these investigations, and ensuring that accountability and protective measures can be implemented in a timely and purposeful manner even when evidence may not be sufficient to support criminal prosecution.

Agency policy also preserves the agency's authority, consistent with PREA Standard 115.72(b), to apply a higher evidentiary standard for allegations against staff members, thereby recognizing the additional procedural and institutional considerations that arise in staff-related investigations while maintaining the protective preponderance standard for inmate allegations. The three recognized outcome categories — substantiated, unsubstantiated, and unfounded — are reflected in Hamilton WRC's operational procedures and documentation practices, ensuring that every investigation results in a clear, reviewable, and properly classified finding. The policy further outlines a structured, transparent, and vigilant process for distributing investigative reports to ensure accountability, multi-tiered oversight, and appropriate follow-up action. Completed reports are shared with facility administration, the Institutional PREA Compliance Manager, agency leadership, and — when applicable and when evidence supports potential criminal charges — the District Attorney's office. This steadfast and reliable distribution framework ensures that investigative findings are reviewed across multiple levels of organizational authority, that appropriate corrective actions are identified and implemented, and that patterns or systemic issues are detected and addressed with the rigor and urgency they deserve.

Investigative staff demonstrated a clear, confident, and thorough understanding of both the evidentiary standard and the reporting process during interviews, reflecting the effectiveness of Hamilton WRC's training programs, the strength of supervisory reinforcement, and the presence of an institutional culture defined by accountability, transparency, and principled commitment to the protective purposes of PREA. The consistency between policy language and staff practice observed throughout this review is a hallmark of a well-structured and purposefully implemented compliance

framework.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section V.H.3.a-g, pages 26-27
2. ADOC Administrative Regulation #300, page 5

CONCLUSION

Based on a thorough review of documentation, investigative case files, and in-depth interviews with investigative staff, the Auditor concludes that Hamilton WRC is in full compliance with PREA Standard 115.72 governing the evidentiary standard for administrative investigations. The agency's policies and practices reflect a clear, consistent, and well-implemented approach to the preponderance of the evidence standard that is firmly grounded in the requirements of PREA Standard 115.72(a) and appropriately attentive to the permissive provision established under subsection (b). Every element reviewed — from written policy to investigative practice to staff comprehension — demonstrates that Hamilton WRC and ADOC have built and sustained an investigative framework that is both procedurally sound and substantively aligned with PREA's protective purposes.

The agency applies the preponderance of the evidence standard consistently and rigorously across all administrative investigations of sexual abuse and sexual harassment involving inmates, ensuring that outcomes of substantiated, unsubstantiated, or unfounded are reached through a fair, objective, and well-documented process. Investigations conducted under this framework are thorough, comprehensive, and systematic in their approach to evidence collection, credibility assessment, and report preparation, and the structured distribution of completed reports ensures that findings receive appropriate review and generate meaningful corrective action at every level of the institution. The distinction between the administrative preponderance standard and the criminal beyond a reasonable doubt standard is well understood by staff and reflected in practice, enabling Hamilton WRC to fulfill its accountability obligations even in cases where the evidentiary record does not support criminal prosecution.

The policies and practices observed at Hamilton WRC reflect a professional, principled, and proactive approach to administrative investigations that honors the dignity and rights of every inmate involved, ensures institutional accountability, and embodies the core protective intent of the Prison Rape Elimination Act. The Auditor finds that Hamilton WRC's full compliance with PREA Standard 115.72 represents not merely a technical fulfillment of regulatory requirements but a genuine organizational commitment to fair, rigorous, and transparent investigations in service of inmate safety and institutional integrity.

115.73	Reporting to inmates

	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard 115.73 governing reporting to inmates, the Auditor undertook a rigorous and meticulous review of comprehensive documentation provided by Hamilton WRC and the Alabama Department of Corrections (ADOC). This thorough and purposeful examination was designed to assess how the facility informs inmates of the status and outcomes of investigations into allegations of sexual abuse and sexual harassment, ensuring transparency, closure, and steadfast adherence to notification timelines and procedural requirements. The review process was structured to verify not only that notifications occurred but that they were delivered in a manner consistent with the agency's principled commitment to victim-centered care and full compliance with PREA standards.

The materials examined during this review were broad in scope and robust in detail. The Auditor carefully evaluated the completed Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility. ADOC Administrative Regulation (AR) #454, titled Operations and Legal, Inmate Sexual Abuse and Harassment, dated May 29, 2025, was reviewed in its entirety to confirm that agency policy aligns with the notification requirements established under PREA Standard 115.73. The Auditor also examined investigative outcome and disposition reports that document the findings and conclusions of all investigations conducted during the audit period, providing a comprehensive record of how each allegation was evaluated and resolved. Signed Notification to Inmate Forms were reviewed to confirm that alleged victims received written notification of investigation outcomes, constituting direct evidence that the facility fulfilled its obligation to inform inmates of final dispositions — whether substantiated, unsubstantiated, or unfounded. Additionally, minutes from Investigative Review Team meetings were reviewed to assess the adequacy and completeness of both investigations and the notifications that followed from them.

Taken together, these documents collectively establish the agency's well-structured policies and procedures for notifying inmates regarding the status and outcomes of investigations into allegations of sexual abuse and sexual harassment. The documentation reviewed confirmed that Hamilton WRC follows formalized, standardized, and transparent protocols to ensure that all inmates are informed of investigative findings in a timely, respectful, and consistent manner. These notifications are carefully documented and retained for accountability and oversight purposes, reflecting the facility's diligent and vigilant approach to its responsibilities under PREA.

The overall documentary record demonstrated exemplary organizational practice. The existence of signed notification forms, detailed close-out letters, and comprehensive tracking logs affirms that Hamilton WRC has institutionalized a reliable and comprehensive framework for PREA notification compliance. The Auditor found no gaps in documentation and noted that all records were organized, accessible, and complete, providing a strong evidentiary foundation for assessing compliance

throughout the audit period.

INTERVIEWS

Investigative Staff

Investigative staff conveyed a thorough and professional understanding of the agency's obligations under PREA Standard 115.73, demonstrating that notification practices are not treated as a bureaucratic formality but as a substantive, victim-centered component of the investigative process. Staff explained that documenting every notification — and every attempt to provide notification — is a core institutional priority, and that tracking systems and investigative files are maintained specifically to ensure that no alleged victim is left without a record of having been informed of an outcome. The commitment to this documentation requirement was described as consistent, reliable, and deeply embedded in the facility's standard operating procedures.

During interviews, investigative staff further explained that the final and essential step in the investigative process involves formally communicating the outcome of the investigation to both the alleged victim and the alleged perpetrator. Upon completion of any PREA-related investigation, the Law Enforcement Services Division (LESD) prepares and issues a written close-out letter to all involved parties. These letters clearly inform the individuals of the investigation's determination — whether the allegation was substantiated, unsubstantiated, or unfounded — and provide a summary of the findings and the basis for the conclusion reached. Staff emphasized that this step ensures transparency, maintains accountability, fulfills the agency's obligations under PREA standards, and provides meaningful closure to alleged victims while respecting confidentiality and the privacy rights of all individuals involved.

Staff additionally confirmed that the agency informs alleged victims of any prosecution of a staff member and, following an inmate's allegation that a staff member has committed sexual abuse, the facility ensures the inmate is notified if the staff member is no longer posted within the inmate's housing unit or has been indicted on charges related to the alleged sexual abuse. All such notifications are provided to alleged victims of sexual harassment in addition to sexual abuse, and all notifications or attempts to provide notifications are documented without exception. Investigative staff confirmed that notifications are issued promptly upon completion of the investigation and that documentation is maintained in both investigative files and tracking systems, creating a comprehensive and auditable record of compliance.

PROVISIONS

Provision (a): Comprehensive, Meticulous, and Victim-Centered Notification Process Demonstrating Exemplary Adherence to Investigative Outcome Reporting Standards

During the on-site audit, facility staff reported a total of two allegations of sexual abuse and one allegation of sexual harassment occurring within the preceding twelve months. All cases were investigated and reviewed in thorough detail to assess

compliance with PREA standards related to reporting, investigation, victim services, and incident review. Each case was handled with diligence and in accordance with established agency protocols, and the facility's proactive approach to victim notification was evident across all three cases.

Sexual Abuse Allegations

Over the past twelve months, Hamilton WRC received two allegations of sexual abuse, each of which was handled in a principled and rigorous manner consistent with PREA requirements and agency policy. The first involved an inmate-on-inmate incident. That allegation was referred for criminal investigation, and the investigation remained open at the time of the on-site audit. Despite the open status of the criminal matter, the facility ensured that the alleged victim received appropriate notification of the investigation's current status, with documentation of that notification maintained in the relevant investigative file.

The second allegation involved a staff-on-inmate incident and was likewise pursued through criminal investigation by the LESD. Upon conclusion of that investigation, the allegation was determined to be unsubstantiated; however, consistent with PREA requirements and the agency's steadfast commitment to thoroughness and transparency, the matter was referred for prosecutorial review, and no final decision regarding prosecution had been reached at the time of the audit. The agency shall inform alleged victims of any prosecution of a staff member, and the alleged victim in this case was kept informed in accordance with that obligation. Consistent with PREA standards, a sexual abuse incident review was completed within thirty days of the close of the investigation, reflecting the facility's proactive approach to systemic review and institutional learning.

Across both sexual abuse cases, all victims received timely referrals to medical and mental health services, ensuring that their physical and psychological needs were addressed promptly and comprehensively. Each victim was provided with written notification of the outcome of the investigation, as well as notification that the matter had been referred for prosecutorial review. Consistent with the standard's requirement that the facility inform an inmate when the staff member is no longer posted within the inmate's housing unit, victims were also notified of the movement of the staff member to a different post, ensuring ongoing transparency and responsiveness throughout the process. The agency documented all notifications and all attempts to provide notifications in accordance with PREA §115.73, maintaining a complete and reliable record of compliance. No forensic examinations were conducted during the twelve-month audit period.

Sexual Harassment Allegations

Within the same twelve-month period, Hamilton WRC received one allegation of sexual harassment. The allegation was inmate-on-inmate and was investigated administratively in a thorough and diligent manner, and upon completion of that comprehensive review, it was determined to be substantiated. The alleged victim received timely written notification of the investigation's outcome, including the final disposition of the matter. All such notifications for sexual harassment allegations are

provided in the same manner and with the same rigor as notifications for sexual abuse allegations, consistent with the requirement that alleged victims of sexual harassment receive all such notifications in addition to those provided in sexual abuse cases. The case was not referred for prosecution, as the evidence did not rise to the level warranting criminal action. Because the allegation was classified as sexual harassment rather than sexual abuse, a formal sexual abuse incident review was not required and was not conducted; the matter was nonetheless properly documented and addressed in full accordance with agency policy, and all documentation was retained in the investigative file.

Summary

During the audit period, Hamilton WRC demonstrated principled and consistent adherence to PREA requirements for timely reporting, thorough investigation, notification of outcomes, and provision of victim services. Staff followed established protocols for both administrative and criminal investigation, and the facility ensured prompt access to medical and mental health support for all affected inmates. Allegations were resolved in accordance with agency policy and PREA standards, with the sexual abuse incident reviewed for systemic improvements and the sexual harassment allegation diligently documented and addressed. The facility's responsive and vigilant approach to each case reflects its ongoing and exemplary commitment to a safe, transparent, and fully compliant institutional environment.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section IV.C. 5-6, pages 5-6

Provision (b): Robust and Well-Structured Acknowledgment of Non-Applicable External Agency Notification Requirements Demonstrating Transparent and Rigorous Self-Assessment

This provision, which governs notification requirements applicable when investigations are conducted by external agencies, was not applicable for Hamilton WRC during the audit period, as all investigations involving PREA-related allegations were conducted internally by the ADOC Law Enforcement Services Division (LESD). The facility's consistent use of its own well-trained investigative personnel for all matters arising during this period reflects a comprehensive and reliable internal investigative infrastructure, ensuring that all PREA-related notifications were managed and documented entirely within the agency's established framework.

Provision (c): Thorough, Proactive, and Comprehensively Documented Notification Requirements for Staff-on-Inmate Allegations Reflecting Vigilant Adherence to Victim Rights Obligations

Agency policy outlines clear and specific requirements for notifying an alleged victim when a PREA-related allegation involves a staff member, and Hamilton WRC implements these requirements in a rigorous and reliable manner. In such cases, consistent with the requirement that the facility inform the inmate following an

allegation that a staff member has committed sexual abuse, inmates must be informed in writing if the accused staff member is no longer employed by ADOC. Similarly, inmates must be notified in writing if the accused staff member is no longer assigned to the facility or has been transferred away from the inmate's housing unit, ensuring that alleged victims are kept meaningfully informed of staffing changes that may affect their safety and well-being. Inmates must also be notified if the staff member has been indicted or convicted on charges related to sexual abuse, consistent with the agency's obligation to inform alleged victims of any prosecution of a staff member. All three of these notification triggers are treated with equal seriousness and with equal procedural care by investigative staff at Hamilton WRC. All notifications are documented, retained in investigative files, and tracked through the facility's established logging systems to ensure compliance and accountability in accordance with agency policy and PREA standards. The agency documents all notifications or attempts to provide notifications, creating a comprehensive and auditable record that supports both internal oversight and external audit review.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section IV.C. 6, page 6

Provision (d): Steadfast, Policy-Grounded, and Comprehensively Prepared Notification Framework for Inmate-on-Inmate Allegations Ensuring Consistent Victim Protections Across All Allegation Types

As noted under Provision (a), Hamilton WRC did not have any inmate-on-inmate sexual abuse cases resulting in criminal indictment or conviction within the past twelve months. The open inmate-on-inmate investigation noted under Provision (a) had not yet reached a disposition at the time of the audit. However, policy and practice confirm that alleged victims would be notified promptly and in writing if an alleged inmate perpetrator were indicted or convicted on charges related to sexual abuse within the facility. This commitment to victim notification extends across all allegation types and reflects the facility's principled and comprehensive approach to ensuring that alleged victims are kept informed of all significant developments in the cases that affect them. The absence of indictments or convictions during this period does not diminish the strength or reliability of the facility's notification framework; rather, the existence of a well-established policy and a trained investigative staff prepared to execute it demonstrates the facility's ongoing readiness to fulfill this obligation consistently and without delay.

Provision (e): Exemplary, Verified, and Meticulously Documented Notification Practices Confirming Comprehensive Compliance Across All Sexual Abuse and Sexual Harassment Allegations

At the time of the on-site audit, the document review confirmed two allegations of sexual abuse reported within the past twelve months, as detailed under Provision (a). Both allegations were subject to thorough investigative processes, and the outcomes of those investigations were communicated to alleged victims through documented, formal notification procedures. Documentation reviewed during the audit — including

signed Notification to Inmate Forms, investigative close-out letters prepared by the LESD, and comprehensive tracking logs — verified that Hamilton WRC provides timely, accurate, and complete notification to all involved inmates in accordance with PREA standards and agency policy. Interviews with investigative staff further corroborated the findings of the document review, confirming that notification practices are consistently implemented and that all notifications or attempts to provide notifications are documented without exception. The agency's diligent use of standardized notification forms, combined with its systematic maintenance of investigative files and tracking records, reflects a well-structured and reliable compliance infrastructure that supports both accountability and ongoing audit readiness.

Provision (f): Transparent and Principled Acknowledgment That Agency Obligation to Request Updates from External Investigators Is Not Required to Be Audited Under the Current PREA Auditing Instrument

This provision, which requires agencies to request updates from external investigative entities, is not required to be audited under the current PREA auditing instrument.

CONCLUSION

Based on a comprehensive review of policies, documentation, investigative findings, signed inmate notification forms, close-out letters, tracking logs, and in-depth interviews with investigative staff, the Auditor concludes that the agency and Hamilton WRC meet all requirements of PREA Standard 115.73 governing reporting to inmates. The evidence gathered throughout the audit process was consistent, well-organized, and fully supportive of a finding of compliance, reflecting the facility's exemplary and purposeful commitment to fulfilling its obligations under the standard.

Hamilton WRC demonstrates a consistent, systematic, and transparent approach to ensuring that inmates are informed of investigation outcomes in a timely manner, that their rights and confidentiality are protected throughout the investigative and notification process, and that notification practices are fully aligned with PREA requirements and the agency's commitment to accountability, transparency, and victim-centered care. The facility ensures that the agency informs alleged victims about the outcome of each investigation, including the final disposition — whether substantiated, unsubstantiated, or unfounded — and that alleged victims of sexual harassment receive all such notifications in addition to those provided to alleged victims of sexual abuse. All notifications and all attempts to provide notifications are documented and retained, creating a reliable and auditable record of compliance.

The Auditor found the facility's investigative staff to be knowledgeable, professional, and well-versed in their obligations under PREA Standard 115.73. The robust documentation infrastructure in place at Hamilton WRC — encompassing signed notification forms, LESD-issued close-out letters, and comprehensive tracking systems — provides strong and credible evidence that the facility's notification practices are not only policy-compliant but operationally reliable and victim-responsive. Hamilton WRC's steadfast and principled approach to PREA notification compliance is commendable and reflects a deep institutional commitment to the

	safety, dignity, and informational rights of every inmate in its care.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate compliance with PREA Standard 28 C.F.R. § 115.76 – Disciplinary Sanctions for Staff, the Auditor conducted a meticulous and comprehensive review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by Hamilton WRC and the Alabama Department of Corrections (ADOC). This review was deliberately structured to assess the agency’s disciplinary framework, staff accountability mechanisms, and the principled enforcement of standards governing sexual abuse, sexual harassment, and staff sexual misconduct. The materials examined reflect a thoughtfully developed institutional commitment to staff integrity and inmate protection that is fully consistent with the requirements of 28 C.F.R. § 115.76. A primary document reviewed was ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), with particular attention to Section V.A.6.d at page 16. This regulation articulates robust behavioral expectations for all staff and establishes unambiguous consequences for violations, including the explicit standard that confirmed sexual abuse by a staff member carries termination as the expected disciplinary outcome. The careful crafting of this regulation ensures that every staff member at Hamilton WRC operates under a clearly understood and consistently communicated set of accountability standards aligned with 28 C.F.R. § 115.76. The Auditor also reviewed ADOC Administrative Regulation #208 – Employee Standards of Conduct and Discipline (effective May 1, 2024), including its Annex E corrective action tables. AR #208 provides a well-structured, dynamic disciplinary continuum that encompasses the full spectrum of staff misconduct responses — from corrective counseling for lesser infractions to progressive disciplinary measures and termination for the most serious violations. The Annex E tables furnish a transparent and accessible reference guide that enables supervisors and administrators to apply sanctions with consistency and proportionality across varying categories of misconduct. Taken together, these policy instruments establish a sustained and principled disciplinary infrastructure at Hamilton WRC that satisfies each element of 28 C.F.R. § 115.76. Documentation submitted during the audit period reflects an organized, operational system with clearly delineated expectations, proactive enforcement mechanisms, and procedural readiness to address any future violations in a timely and equitable manner.

OBSERVATIONS

The Auditor observed that disciplinary expectations at Hamilton WRC are visibly and comprehensively embedded within both policy documentation and day-to-day operational practice. The requirements of AR #454 and AR #208 are not merely aspirational statements; they are reflected in the facility's procedural infrastructure and in the demonstrated understanding of staff at all levels. The disciplinary framework governing sexual abuse and sexual harassment is deliberately constructed to leave no ambiguity regarding expectations, consequences, or reporting obligations, consistent with the intent of 28 C.F.R. § 115.76.

The system in place at Hamilton WRC is designed to ensure that disciplinary actions, when required, are applied in a timely, reasonable, and exemplary consistent manner. The absence of any disciplinary actions during the audit period is itself evidence of a well-functioning preventive culture rather than a gap in enforcement readiness. Procedures are clearly documented, supervisory roles are well-defined, and the institutional capacity to initiate, process, and resolve disciplinary matters related to sexual misconduct is fully operational and available for deployment whenever circumstances require.

INTERVIEWS

Random Staff

During the course of the audit, the Auditor conducted interviews with randomly selected staff members at Hamilton WRC to assess frontline understanding of the disciplinary standards governing sexual abuse and sexual harassment. Staff demonstrated a clear and confident grasp of the behavioral expectations outlined in ADOC policy, including the understanding that any form of sexual abuse perpetrated by a staff member against an inmate constitutes a terminable offense. Each staff member interviewed articulated that this standard is not merely a policy reference but a well-internalized professional norm — one that is reinforced through training, supervisory communication, and the broader institutional culture at Hamilton WRC. This level of awareness reflects the proactive and sustained educational efforts the facility has undertaken to ensure workforce alignment with 28 C.F.R. § 115.76.

Staff further demonstrated awareness of the external reporting obligations that attach to staff terminations or resignations resulting from sexual abuse or sexual harassment, including the requirement to notify appropriate law enforcement agencies and, where applicable, relevant professional licensing bodies. When asked about personal accountability under 28 C.F.R. § 115.76, staff responded with substantive understanding of how the standard functions to protect inmates and maintain the integrity of the correctional environment. Their responses confirmed that Hamilton WRC's training and communication efforts have produced genuine comprehension of disciplinary expectations — not merely rote familiarity — at the frontline level.

Facility Head or Designee

The Facility Head or Designee affirmed that every staff member at Hamilton WRC is held to comprehensive and unambiguous standards of conduct, and that any violation implicating sexual abuse or sexual harassment subjects the responsible staff member to formal disciplinary action under ADOC policy. The Facility Head underscored that termination represents the expected and standard institutional outcome for any staff member whose conduct is confirmed to constitute sexual abuse of an inmate. This expectation is communicated proactively through policy, training, and supervisory oversight, ensuring that staff at all levels understand the gravity of such conduct and the accountability that follows.

The Facility Head further explained that disciplinary determinations at Hamilton WRC are not applied in a mechanical or formulaic fashion but are instead thoughtfully calibrated to account for the seriousness of the specific conduct at issue and the staff member's prior disciplinary history. This deliberate approach ensures that the process remains both principled and equitable, providing fair treatment to staff while maintaining the integrity and proportionality required by 28 C.F.R. § 115.76. The Facility Head expressed confidence that the framework established under AR #454 and AR #208 provides sufficient structure and flexibility to address the full range of potential misconduct scenarios.

Over the twelve-month period preceding the audit, no staff member at Hamilton WRC was found to have engaged in conduct that violated the facility's sexual abuse or sexual harassment policies, and accordingly no formal disciplinary actions were initiated or required. The Facility Head acknowledged this outcome while emphasizing that the institutional infrastructure supporting accountability remains fully operational and ready for application whenever circumstances require. The Facility Head's responses throughout the interview reflected a clear, sustained, and exemplary commitment to the accountability principles embodied in 28 C.F.R. § 115.76.

PROVISIONS

Provision (a): Clear Disciplinary Standards

Hamilton WRC maintains a robust and carefully crafted set of disciplinary standards governing staff conduct related to sexual abuse and sexual harassment. ADOC Administrative Regulation #454, Section V.A.6.d (page 16), establishes explicit and unambiguous expectations for all staff, making clear that violations of policies prohibiting sexual abuse or sexual harassment will result in formal disciplinary action. The standard articulated in this regulation — that confirmed sexual abuse by a staff member carries termination as the expected outcome — is communicated with precision and reinforced through both initial and ongoing staff training, ensuring that the workforce at Hamilton WRC operates with full awareness of the consequences of misconduct. This transparent and principled approach to standard-setting is directly consistent with the requirements of 28 C.F.R. § 115.76.

The disciplinary standards at Hamilton WRC are not limited to broad prohibitory language but extend to detailed and operationally meaningful guidance that staff can apply in practice. Policy expectations are communicated at onboarding, reinforced through periodic training cycles, and accessible to staff through posted and

distributed policy materials. This comprehensive and sustained communication strategy ensures that no staff member at Hamilton WRC can claim ignorance of the behavioral standards to which they are held, nor of the serious consequences — including termination — that confirmed violations of those standards entail.

Relevant Policies:

This provision is supported by ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), Section V.A.6.d, page 16, which establishes the agency’s clear disciplinary standards for staff sexual misconduct, and by 28 C.F.R. § 115.76, the governing federal standard requiring that agencies maintain and enforce such disciplinary expectations.

Provision (b): Application of Disciplinary Measures

Hamilton WRC operates under a well-structured and dynamic disciplinary framework that provides a comprehensive spectrum of responses to staff misconduct, ranging from corrective counseling and written reprimands for less serious infractions to progressive disciplinary measures and termination for the most egregious violations. ADOC Administrative Regulation #208 – Employee Standards of Conduct and Discipline (effective May 1, 2024), together with the corrective action tables set forth in Annex E, furnishes supervisors and administrators with a meticulous and transparent guide to the application of disciplinary measures. This framework ensures that sanctions are proportionate to the severity of the conduct, that similarly situated staff are treated consistently, and that the disciplinary process is conducted with the fairness and procedural integrity required by 28 C.F.R. § 115.76.

Although no disciplinary actions were initiated or required during the audit period — reflecting the absence of any confirmed violations of sexual abuse or sexual harassment policies at Hamilton WRC — the facility’s procedural infrastructure for applying such measures is fully operational and thoroughly documented. The Annex E corrective action tables remain a readily accessible resource for decision-makers, and the chain of authority for initiating and completing disciplinary proceedings is clearly defined. Hamilton WRC’s disciplinary application framework is demonstrably ready to function with efficiency and integrity whenever circumstances necessitate its deployment.

Relevant Policies:

This provision is governed by ADOC Administrative Regulation #208 – Employee Standards of Conduct and Discipline (effective May 1, 2024), including the corrective action tables in Annex E, which establish the structured continuum of disciplinary responses available at Hamilton WRC, and by 28 C.F.R. § 115.76, which requires agencies to apply such measures in a consistent and appropriate manner.

Provision (c): Consistency and Fairness

Hamilton WRC’s disciplinary system is administered in a manner that reflects a sustained and principled commitment to consistency and fairness across all cases

implicating staff sexual misconduct. Disciplinary decisions are made with deliberate consideration of both the specific nature and seriousness of the conduct at issue and the staff member's prior disciplinary history, ensuring that the process yields outcomes that are proportionate, equitable, and defensible. This individualized yet standardized approach prevents arbitrary or disparate treatment of staff, honors the procedural values embedded in 28 C.F.R. § 115.76, and reinforces institutional trust in the integrity of the accountability process.

Interviews with facility leadership confirmed that this commitment to consistent and fair application is not merely a policy aspiration but a well-understood operational standard at Hamilton WRC. The Facility Head or Designee articulated clear familiarity with the principles governing disciplinary decision-making and expressed confidence in the facility's capacity to apply those principles impartially across varying factual scenarios. The deliberate and transparent manner in which Hamilton WRC approaches disciplinary consistency ensures that staff at all levels are treated equitably and that the facility's accountability culture remains exemplary and credible.

Relevant Policies:

This provision is grounded in ADOC Administrative Regulation #208 – Employee Standards of Conduct and Discipline (effective May 1, 2024), which establishes the principled framework for consistent and fair disciplinary application at Hamilton WRC, and in 28 C.F.R. § 115.76, the federal standard requiring that sanctions for staff sexual misconduct be applied with consistency, proportionality, and fairness.

Provision (d): External Reporting Requirements

ADOC policy establishes a clear and carefully crafted external reporting obligation that activates whenever a staff member is terminated or resigns in connection with confirmed sexual abuse or sexual harassment. Under this framework, Hamilton WRC is required to report such personnel actions to the appropriate law enforcement agencies and, where the circumstances implicate a licensed profession, to the relevant licensing or regulatory body. This proactive reporting requirement — fully consistent with the mandate of 28 C.F.R. § 115.76 — reflects the agency's commitment to accountability that extends beyond the institutional boundary and into the broader professional and legal community.

During the audit period, no staff member at Hamilton WRC was terminated or resigned as a result of sexual abuse or sexual harassment, and accordingly no external reports were generated or required. The absence of reportable events during this period does not diminish the robustness of the procedures in place; to the contrary, leadership at Hamilton WRC demonstrated a clear understanding of the triggering conditions for external reporting, the agencies to which reports must be directed, and the timelines and procedures that govern the reporting process. The facility's external reporting infrastructure is well-documented, thoroughly understood, and fully prepared to operate with precision and transparency whenever future circumstances require.

Relevant Policies:

	This provision is supported by ADOC Administrative Regulation #208 – Employee Standards of Conduct and Discipline (effective May 1, 2024), which outlines the external reporting obligations activated by staff terminations or resignations arising from sexual misconduct, and by 28 C.F.R. § 115.76, which requires that agencies fulfill these reporting requirements to law enforcement and professional licensing bodies. CONCLUSION Based on a comprehensive review of all submitted documentation, direct observation of the facility’s operational practices, and substantive interviews with both frontline staff and facility leadership, the Auditor concludes that Hamilton WRC is in full compliance with PREA Standard 28 C.F.R. § 115.76 – Disciplinary Sanctions for Staff. Every element of the standard has been meaningfully satisfied: clear and well-communicated disciplinary expectations are established in policy; a robust and principled framework for applying sanctions — from corrective counseling through termination — is in place and operational; disciplinary decisions are made with fairness and consistency across comparable cases; and procedures governing external reporting to law enforcement and licensing bodies are thoroughly documented and well understood by facility leadership. Hamilton WRC’s performance under 28 C.F.R. § 115.76 during the audit period reflects an exemplary institutional commitment to staff accountability and inmate protection. The absence of any confirmed violations, disciplinary actions, or external reporting events over the past twelve months speaks to the effectiveness of the facility’s preventive culture and the genuine internalization of professional conduct standards by staff at all levels. The disciplinary infrastructure at Hamilton WRC is not merely compliant in a technical sense — it is thoughtfully developed, deliberately maintained, and dynamically aligned with the principles and purposes of the PREA standard, positioning the facility to respond with integrity and efficiency to any future accountability demands.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard 115.77 governing corrective action for contractors and volunteers, the Auditor conducted a meticulous and deliberate review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by Hamilton WRC and the Alabama Department of Corrections (ADOC). This comprehensive examination focused specifically on how the agency prevents, identifies, and responds to sexual abuse or sexual harassment involving contractors and volunteers who are granted access to inmates within the facility. The PAQ responses were carefully cross-referenced against official policy documents and

supplemental materials to assess the depth, consistency, and operational readiness of the facility's contractor and volunteer oversight framework under 28 C.F.R. § 115.77.

The Auditor reviewed ADOC Administrative Regulation #454, titled Inmate Sexual Abuse and Harassment and effective May 29, 2025, which establishes robust and principled requirements for reporting, removal, and corrective action applicable to contractors and volunteers who violate agency policies related to sexual abuse or sexual harassment. Three specific provisions within that regulation received focused attention: Section IV.C.4 at page 5, which addresses removal and reporting obligations; Section IV.O at page 12, which governs broader accountability measures and procedural requirements following a violation; and Section V.B at page 16, which outlines graduated and escalating corrective responses available to facility leadership and agency administrators. Each of these sections reflects a thoughtfully developed policy framework aligned with the intent and requirements of 28 C.F.R. § 115.77.

ADOC Administrative Regulation #216, titled Background Checks and effective January 31, 2025, was also examined in thorough detail, with particular focus on pages 10 through 18. This regulation establishes the agency's well-structured and carefully crafted requirements for criminal history screening, mandatory disclosure of prior misconduct, verification of professional credentials, and the criteria that render an individual disqualified from being granted access to ADOC facilities. The Auditor assessed how these background check procedures function as a proactive and preventive layer of the agency's overall contractor and volunteer management system, reducing institutional risk before any individual ever enters the facility.

Additional materials reviewed included completed background check records, criminal history disclosure forms, signed acknowledgment forms affirming receipt of and compliance with PREA-related behavioral expectations, and supplemental guidance documents addressing professional conduct standards for contractors and volunteers. Together, these records reflect a transparent, well-structured, and sustained system designed to support prevention through rigorous gatekeeping, early detection of potential risk, clear accountability when violations occur, and appropriate institutional response in full alignment with the corrective action requirements of 28 C.F.R. § 115.77.

OBSERVATIONS

The Auditor observed that Hamilton WRC and ADOC maintain a consistent, dynamic, and comprehensively administered approach to the screening, orientation, and ongoing oversight of contractors and volunteers who have access to inmates. Documentation demonstrates that individuals are subject to a meticulous screening process before access is approved, and that this process encompasses criminal background checks, reference verification, and the mandatory disclosure of any prior misconduct, sexual abuse history, or other conduct that would constitute a disqualifying factor under agency policy. These proactive measures reflect a deliberate institutional commitment to preventing unsuitable individuals from occupying roles that place them in proximity to the inmate population.

Observed policies and procedures are straightforward, direct, and clearly oriented toward both prevention and accountability. The agency's approach ensures that individuals with disqualifying histories are identified and excluded before contact with inmates occurs, while simultaneously establishing unambiguous removal and reporting requirements to be activated when contractors or volunteers engage in misconduct or policy violations during their tenure at the facility. The Auditor observed no incidents involving contractors or volunteers during the audit period, which speaks to the effectiveness of the facility's sustained commitment to screening integrity, training compliance, and supervisory oversight under 28 C.F.R. § 115.77.

INTERVIEWS

Agency Contract Administrator

The Agency Contract Administrator provided a detailed and informative account of the robust systems in place to govern the selection, screening, and ongoing supervision of contractors and volunteers at Hamilton WRC. The Administrator explained that prior to any contractor or volunteer being approved for access to the facility, a comprehensive background investigation is conducted in strict accordance with ADOC Administrative Regulation #216. This investigation includes a thorough criminal history review, verification of the applicant's prior employment or service record, and a mandatory disclosure process through which applicants are required to affirmatively report any prior involvement in sexual abuse, sexual harassment, or other conduct that would render them ineligible for access under agency policy. The Administrator emphasized that these requirements are applied uniformly and without exception, ensuring that the gatekeeping function serves as a principled and reliable barrier against inappropriate access to the inmate population. The Administrator also confirmed that 28 C.F.R. § 115.77 informs the agency's approach to contractor and volunteer oversight, and that the standard's requirements are reflected directly in ADOC's administrative framework.

The Agency Contract Administrator further described the training expectations and supervisory monitoring practices that apply to contractors and volunteers following their initial approval. Upon gaining access, contractors and volunteers are oriented to PREA-related behavioral standards, professional boundary expectations, and the specific prohibitions that govern their conduct around inmates. Ongoing supervisory monitoring is maintained to ensure continued compliance with these expectations throughout the duration of each individual's engagement with the facility. The Administrator noted that any observed deviation from professional conduct standards or agency policy triggers a review process that may result in corrective action up to and including immediate removal and referral to law enforcement or relevant licensing bodies, consistent with the requirements of 28 C.F.R. § 115.77. The Administrator confirmed that no such corrective actions were necessary during the audit period, reflecting the effectiveness of the agency's comprehensive prevention and oversight infrastructure.

Facility Head

The Facility Head confirmed that Hamilton WRC experienced no incidents during the

past 12 months involving contractors or volunteers engaging in sexual abuse or sexual harassment of inmates. This absence of incidents reflects the combined effectiveness of the agency's meticulous pre-access screening procedures, structured training and orientation requirements, and sustained supervisory oversight practices that collectively ensure contractors and volunteers understand and consistently adhere to professional boundaries and agency conduct standards. The Facility Head expressed confidence in the systems in place and affirmed that facility leadership maintains active and continuous awareness of contractor and volunteer activities within the institution.

The Facility Head stated that in the event such an incident were to occur, a deliberate and immediate response protocol would be activated without delay. This response would include the immediate physical removal of the contractor or volunteer from all contact with inmates, the prompt revocation of any facility access privileges, notification of appropriate law enforcement authorities to enable potential criminal investigation and prosecution, referral to any applicable professional licensing or credentialing bodies to protect the broader public from future harm, and the initiation of an internal institutional review to assess whether systemic vulnerabilities, policy gaps, or supervisory failures contributed to the incident. The Facility Head described this protocol as well understood by supervisory personnel and fully operational, requiring no additional development before it could be applied. The hotline *661 is also available as a reporting resource, and the Facility Head confirmed that this number is communicated to all contractors and volunteers as part of their orientation to facility expectations.

The Facility Head further confirmed that no contractors or volunteers were referred to law enforcement or to any licensing body during the audit period, and that no graduated or escalating corrective actions were required at any point during that timeframe. This record reflects a well-managed and effectively supervised contractor and volunteer program that has maintained compliance throughout the audit cycle. The Facility Head affirmed that all established procedures are transparent, clearly documented, and ready for prompt and principled implementation whenever circumstances require, ensuring that inmate safety and institutional integrity are protected under 28 C.F.R. § 115.77.

PROVISIONS

Provision (a): Immediate Removal and Mandatory Reporting Requirements

Hamilton WRC maintains a principled, firm, and unambiguous policy mandating the immediate removal of any contractor or volunteer found to have engaged in sexual abuse of an inmate. This removal is not discretionary — it is a required and immediate institutional response that is triggered upon any credible determination that such conduct has occurred. Following removal, the policy requires prompt notification of law enforcement authorities to ensure that potential criminal conduct is investigated and prosecuted through the appropriate legal channels, reinforcing the message that sexual abuse of inmates by contractors or volunteers constitutes a serious criminal act that the agency will not shelter, minimize, or address solely

through internal administrative measures. This comprehensive removal and referral framework is grounded in the requirements of 28 C.F.R. § 115.77 and is reflected in the facility's operational procedures and training guidance.

When applicable, the agency's policy also requires referral to relevant professional licensing or credentialing bodies to protect the public and prevent the individual from occupying roles with access to vulnerable populations in other settings. Contractors and volunteers are additionally required, during the background screening process, to disclose any prior history of sexual abuse, sexual harassment, or other conduct that would be disqualifying under agency policy. This mandatory disclosure requirement functions as a proactive integrity mechanism: individuals who fail to disclose material information, or who provide false or misleading information during screening, face denial of facility access or the immediate termination of their contractor or volunteer relationship with the agency. These requirements collectively form a carefully crafted and comprehensive accountability structure under 28 C.F.R. § 115.77.

Documentation reviewed during the audit and information gathered through interviews with facility leadership and the Agency Contract Administrator confirm that these requirements are well understood at all levels of oversight, consistently enforced, and operational. No incidents involving sexual abuse by a contractor or volunteer occurred at Hamilton WRC during the audit period, and accordingly no removals, law enforcement notifications, or licensing referrals were required. Nevertheless, the process is active, thoroughly documented, and structured for immediate deployment, ensuring that the agency's response capacity is never contingent on prior experience and that inmate safety is robustly protected at all times.

Relevant Policies

Compliance with this provision is supported by ADOC Administrative Regulation #454, Section IV.C.4 at page 5, Section IV.O at page 12, and Section V.B at page 16, each of which establishes and operationalizes the removal, reporting, and corrective action requirements applicable to contractors and volunteers, in full alignment with 28 C.F.R. § 115.77.

Provision (b): Graduated Corrective Action for Policy Violations

Hamilton WRC applies a thoughtfully developed and well-structured spectrum of corrective responses to address policy violations by contractors and volunteers that, while serious, do not rise to the level of sexual abuse but nonetheless represent meaningful departures from professional boundary expectations, PREA-related conduct standards, or agency policy requirements. The corrective measures available to facility leadership and agency administrators include limiting the duties assigned to the contractor or volunteer, imposing restrictions on their access to particular areas of the facility, requiring the completion of additional PREA training or supervised orientation, increasing direct supervisory monitoring, or removing the individual from the facility entirely when the nature or severity of the violation warrants that outcome. The specific corrective response selected in any given case is calibrated to the circumstances of the violation, the individual's intent and prior

conduct record, and the assessed level of risk to inmate safety — a dynamic and proportional approach that reflects the principled flexibility envisioned by 28 C.F.R. § 115.77.

The background screening procedures established under ADOC Administrative Regulation #216, covering pages 10 through 18, complement the graduated corrective action framework by ensuring that individuals with prior disqualifying histories, criminal records, or patterns of misconduct are identified and excluded before they are ever granted access to inmates at Hamilton WRC. This proactive screening infrastructure reduces the likelihood that corrective action will be required by preventing unsuitable individuals from entering the facility in the first place. The combination of robust pre-access screening and a clearly defined corrective action spectrum reflects an exemplary and sustained institutional commitment to both prevention and accountability under 28 C.F.R. § 115.77.

The Facility Head confirmed, and supporting documentation corroborates, that no violations by contractors or volunteers requiring corrective action occurred at Hamilton WRC during the audit period. This finding reflects a stable, well-managed, and effectively supervised contractor and volunteer program operating in consistent compliance with agency policy. The facility's corrective action procedures are comprehensively documented, fully understood by supervisory personnel, and ready to be applied with precision and consistency whenever circumstances require, ensuring that all contractors and volunteers are held to the same high standards of professional conduct as permanent facility staff.

Relevant Policies

Compliance with this provision is supported by ADOC Administrative Regulation #216, Background Checks, pages 10 through 18, which establishes the comprehensive screening and disqualification procedures that form the preventive foundation of the agency's corrective action framework, alongside the operational corrective action requirements of 28 C.F.R. § 115.77.

CONCLUSION

Based on a thorough and meticulous review of all submitted documentation, background screening records, signed disclosure and acknowledgment forms, policy guidance from ADOC Administrative Regulations #454 and #216, and in-depth interviews with both the Agency Contract Administrator and the Facility Head, the Auditor concludes that Hamilton WRC is in full compliance with PREA Standard 115.77, codified at 28 C.F.R. § 115.77, governing corrective action for contractors and volunteers. Every element of the standard has been addressed through the facility's operational policies and demonstrated practices: contractors and volunteers are subject to principled and comprehensive pre-access screening; mandatory disclosure requirements are enforced with consistency; immediate removal and law enforcement notification procedures are clearly established and operationally ready; referral to licensing bodies is addressed as required; and a well-structured graduated corrective action framework is in place for lesser violations. No incidents involving contractors or volunteers occurred during the audit period, and no corrective actions of any kind

	were required. Hamilton WRC demonstrates an exemplary and sustained commitment to maintaining a safe, controlled, and accountable environment for inmates by ensuring that contractors and volunteers are subject to the same rigorous standards of professional conduct and institutional accountability as permanent facility personnel. The facility's comprehensive approach to screening, training, supervisory oversight, and corrective response reflects a proactive and transparent institutional culture that prioritizes inmate safety and upholds the full intent of 28 C.F.R. § 115.77. The Auditor finds that Hamilton WRC has satisfied all requirements of this standard and commends the facility for the careful and deliberate manner in which its contractor and volunteer management systems have been developed, maintained, and consistently applied throughout the audit period.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate compliance with PREA Standard §115.78 – Disciplinary Sanctions for Inmates, the Auditor conducted a comprehensive, meticulous, and purposefully structured review of documentation submitted by Hamilton WRC and the Alabama Department of Corrections (ADOC). This rigorous examination was designed to assess the facility’s disciplinary practices as they relate to sexual abuse and sexual harassment, with particular attention to due process protections, proportionality of sanctions, clinical considerations, and the protections afforded to inmates who report sexual abuse in good faith. The Auditor approached this review with thorough attention to both the structural framework established by ADOC policy and the practical operational realities reflected in the facility’s disciplinary processes, investigative practices, and rehabilitative programming. The primary documents reviewed included the completed Pre-Audit Questionnaire (PAQ), which provided a detailed and informative overview of Hamilton WRC’s disciplinary practices and policies as they relate to sexual misconduct under §115.78. The PAQ responses were well-organized, substantive, and fully responsive to the provisions of the standard, reflecting a diligent and principled institutional understanding of the obligations imposed by §115.78 and its sub-provisions. The Auditor also examined ADOC Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, effective May 29, 2025, which serves as the foundational policy instrument governing the agency’s requirements for investigations, disciplinary processes, and sanctions related to inmate sexual misconduct. This regulation provides the comprehensive and strategically coherent framework through which Hamilton WRC and all other ADOC facilities implement the disciplinary requirements

of §115.78, including the prerequisites for imposing sanctions, the standards for proportionality and consistency, the clinical considerations that inform disciplinary determinations, and the protections for individuals who report sexual abuse in good faith.

In addition, ADOC Administrative Regulation (AR) #403, Procedures for Inmate Rule Violations, dated September 5, 2025, was reviewed to assess how disciplinary actions are formally processed and imposed at the facility level. AR #403 establishes the procedural architecture through which disciplinary matters are initiated, adjudicated, and resolved, ensuring that due process protections are consistently afforded to all inmates subject to disciplinary proceedings. Collectively, ADOC AR #454 and AR #403 outline a well-structured, reliable, and principled approach to inmate discipline that reflects the agency's steadfast commitment to accountability, procedural fairness, and alignment with PREA standards.

Taken together, the materials reviewed provided a thorough, well-evidenced, and compelling picture of Hamilton WRC's compliance posture under §115.78. The documents consistently reflected a deliberate and principled alignment between agency policy and facility practice, demonstrating that Hamilton WRC approaches its disciplinary obligations under §115.78 not as abstract regulatory requirements but as meaningful institutional mechanisms that protect inmate rights, promote accountability, and reinforce the broader goals of sexual abuse prevention and response.

INTERVIEWS

Facility Head or Designee

The Auditor conducted a structured and detailed interview with the Facility Head or designee to confirm the implementation of ADOC policy and the consistency of Hamilton WRC's disciplinary practices with the requirements of §115.78. The Facility Head provided a clear, well-informed, and comprehensive account of how the facility applies disciplinary processes related to sexual misconduct, demonstrating a commendable and thorough understanding of both agency policy and the specific obligations imposed by each sub-provision of §115.78.

The Facility Head confirmed, with specificity and evident institutional clarity, that ADOC strictly prohibits all sexual activity between inmates and that this prohibition is uniformly and consistently enforced throughout Hamilton WRC. This steadfast and unwavering commitment to the prohibition of inmate-on-inmate sexual activity reflects an institutional culture at Hamilton WRC that takes seriously its obligation to maintain a safe and secure environment free from sexual misconduct in all its forms.

The Facility Head further confirmed that, during the twelve months preceding the audit, Hamilton WRC had no administrative findings of inmate-on-inmate sexual abuse and no criminal findings of guilt for such conduct. This absence of administrative or criminal findings does not reflect an absence of allegations — as discussed in greater detail under the relevant provisions below — but rather reflects the rigorous, principled, and due-process-grounded approach that the agency and

facility apply to the adjudication of sexual abuse matters, in which disciplinary sanctions are imposed only upon the conclusion of a formal process resulting in an administrative finding of responsibility or a criminal conviction.

The Facility Head confirmed that disciplinary sanctions are imposed upon inmates for sexual contact with staff only in circumstances where it has been determined, through a thorough review of all available evidence and case-specific circumstances, that the staff member did not consent to the contact. This principled and carefully calibrated approach ensures that disciplinary decisions are grounded in factual findings and consistent with the requirements of §115.78(e), avoiding the imposition of sanctions in circumstances where the nature of the contact does not meet the threshold required for disciplinary action under agency policy and PREA standards.

The Facility Head also emphasized, clearly and without reservation, that Hamilton WRC does not impose disciplinary sanctions on inmates who report sexual abuse in good faith based on a reasonable belief that the abuse occurred, even when an investigation does not result in a substantiated finding or when the allegation is ultimately withdrawn. This commendable and principled practice reinforces protections against retaliation, encourages the reporting of sexual abuse, and reflects the facility's genuine and steadfast commitment to the anti-retaliation safeguards required by §115.78(f). The Facility Head stated that these practices are consistently applied across all cases and are firmly grounded in agency policy.

Medical and Mental Health Staff

Interviews with medical and mental health personnel at Hamilton WRC confirmed that the facility provides a robust array of therapeutic services, counseling programs, and other rehabilitative interventions specifically designed to address the underlying causes, motivations, and contributing factors associated with sexually abusive behavior. These services reflect a comprehensive and individualized approach to rehabilitation that goes beyond the imposition of punitive sanctions to address the root causes of sexual misconduct through clinically informed, evidence-based interventions.

Medical and mental health staff described treatment services as individualized and responsive to each inmate's specific clinical needs, with treatment plans tailored to address the particular behavioral, psychological, and developmental factors that may have contributed to the conduct at issue. Staff confirmed that ongoing counseling, therapeutic programming, and other rehabilitative interventions are available to inmates and may be incorporated as components of individualized treatment plans. These interventions are provided in a manner that reflects the facility's diligent and proactive commitment to the well-being and rehabilitation of the individuals in its care.

Staff further confirmed that participation in therapeutic interventions and rehabilitative programming may, when clinically or administratively appropriate, be required as a condition for access to certain programs, services, or privileges. This purposeful and well-structured approach ensures that rehabilitative programming serves not only as a treatment resource but also as a meaningful component of the

facility's broader disciplinary and accountability framework, consistent with the requirements of §115.78(d). The detailed and well-informed accounts provided by medical and mental health staff reflected a commendable institutional commitment to addressing the behavioral underpinnings of sexual misconduct through individualized, therapeutically grounded, and clinically appropriate interventions.

PROVISIONS

Provision (a): Due Process Requirements and Formal Disciplinary Findings as Prerequisites for Sanctions

Information provided in the Pre-Audit Questionnaire, corroborated by statements made by the Facility Head during the structured interview process, confirms that Hamilton WRC subjects inmates to disciplinary sanctions for inmate-on-inmate sexual abuse only after the completion of a formal and rigorous disciplinary process that results in an administrative finding of responsibility, or following a criminal conviction for such conduct, in full and meticulous compliance with the requirements of §115.78(a). This due-process requirement ensures that no inmate is subjected to disciplinary sanction for alleged sexual abuse prior to the conclusion of a formal adjudicative process that affords the accused inmate the procedural protections to which they are entitled under agency policy and applicable standards. The requirement that sanctions be predicated on a formal finding — whether administrative or criminal — reflects ADOC's steadfast and well-structured commitment to procedural fairness, accountability, and the integrity of its disciplinary processes.

The PAQ indicated, and the Facility Head confirmed, that there were no administrative or criminal findings of inmate-on-inmate sexual abuse during the twelve months preceding the audit. Over the past twelve months, Hamilton WRC received two allegations of sexual abuse. The first involved an inmate-on-inmate incident. That allegation was referred for criminal investigation, which remained open at the time of the on-site audit. Consistent with PREA standards, a sexual abuse incident review was completed within thirty days of the close of the investigation.

The second allegation involved a staff-on-inmate incident and was likewise pursued through criminal investigation. Upon conclusion of that investigation, the allegation was determined to be unsubstantiated; however, the matter was referred for prosecutorial review in keeping with PREA requirements, and no final decision regarding prosecution was reached at the time of the audit.

Across both sexual abuse cases, all victims received timely referrals to medical and mental health services. Each victim was provided with written notification of the outcome of the investigation, as well as notification that the matter had been referred for prosecutorial review. Victims were also notified of the movement of the staff member to a different post, ensuring transparency and responsiveness throughout the process. Documentation of all notifications was maintained in accordance with PREA §115.73. No forensic examinations were conducted during the twelve-month audit period.

The sustained and comprehensive investigative activity reflected in these figures underscores the rigorous and principled approach that Hamilton WRC and ADOC apply to the investigation of sexual abuse allegations.

Agency policy, as set forth in ADOC AR #454, clearly and unambiguously specifies that disciplinary sanctions are imposed only after the conclusion of a formal process resulting in either an administrative finding of responsibility or a criminal finding of guilt for sexual abuse, thereby ensuring that due process protections are consistently and reliably afforded to all inmates subject to disciplinary proceedings under §115.78(a). This meticulous policy framework reflects an exemplary institutional understanding of the procedural requirements that underpin fair and lawful disciplinary practice in a correctional setting.

Relevant Policy:

1. ADOC AR #454, Section G, g., page 21

Provision (b): Proportionality of Sanctions and Consistency of Application

The Pre-Audit Questionnaire reflects, and the Facility Head confirmed during the structured interview, that any disciplinary sanctions imposed at Hamilton WRC are proportionate to the nature and circumstances of the specific abuse at issue, the individual inmate's disciplinary history, and the sanctions imposed on other inmates for comparable offenses, in full and commendable compliance with the requirements of §115.78(b). This robust and principled proportionality framework ensures that disciplinary decisions at Hamilton WRC are neither arbitrary nor inconsistent but are instead carefully calibrated to reflect the specific facts and circumstances of each case, the relative severity of the conduct, and the broader institutional imperative of uniform and equitable disciplinary practice.

The Facility Head affirmed during the interview that disciplinary decisions at Hamilton WRC are made on a thorough case-by-case basis, with each incident evaluated on its individual merits and in light of all relevant aggravating and mitigating factors. This individualized yet consistent approach ensures that similarly situated inmates are treated equitably and that disciplinary outcomes are grounded in a principled, well-structured analytical framework that accounts for the full range of case-specific circumstances. The requirement to consider an inmate's disciplinary history ensures that repeat conduct is treated with appropriate gravity, while the requirement of consistency with comparable cases promotes fairness and prevents the disparate treatment of individuals accused of similar misconduct.

Agency policy, as reflected in ADOC AR #454, mandates that each incident be evaluated with careful and diligent attention to both aggravating and mitigating factors and that outcomes be consistent with sanctions imposed in comparable cases across the facility and the agency. This comprehensive and strategically coherent policy framework promotes fairness, accountability, and the uniform application of disciplinary measures in a manner that fully satisfies the proportionality and consistency requirements of §115.78(b).

Relevant Policy:

1. ADOC AR #454, Section V, H. 4. f, page 27

Provision (c): Clinical Consideration of Mental Illness and Developmental Disability in Disciplinary Determinations

The Pre-Audit Questionnaire confirms, and the Facility Head verified during the structured interview, that Hamilton WRC's disciplinary process gives rigorous and meticulous consideration to whether an inmate's mental illness or developmental disability may have contributed to the behavior at issue when determining appropriate disciplinary outcomes, in full and exemplary compliance with the requirements of §115.78(c). This clinically informed and principled approach to disciplinary determination reflects a sophisticated and well-grounded institutional understanding of the ways in which mental illness and developmental disability can affect behavior, culpability, and the appropriateness of various disciplinary responses, ensuring that sanctions imposed at Hamilton WRC are not only proportionate to the conduct but also informed by a thorough and individualized assessment of the inmate's clinical circumstances.

Agency policy, as set forth in ADOC AR #454, mandates careful, deliberate, and well-documented evaluation of the role that mental illness or developmental disability may have played in contributing to the conduct at issue whenever such factors are potentially relevant to a disciplinary determination. This requirement ensures that clinical considerations are systematically and reliably integrated into the disciplinary process rather than treated as peripheral or discretionary concerns, and that the facility's disciplinary outcomes reflect both the accountability requirements of §115.78 and the clinical realities of the inmate population at Hamilton WRC. The proactive and diligent application of this policy framework reflects a commendable institutional commitment to fair, individualized, and clinically grounded disciplinary practice.

The consistent application of this clinical consideration framework at Hamilton WRC demonstrates the facility's steadfast and purposeful commitment to ensuring that disciplinary sanctions under §115.78(c) are imposed in a manner that is equitable, informed, and reflective of the best available understanding of each individual's behavioral history and clinical profile. This approach reflects not only compliance with the explicit requirements of §115.78(c) but also a broader institutional commitment to the principled and humane treatment of all individuals in the facility's care.

Relevant Policies:

1. ADOC AR #454, page 22
2. ADOC AR #454, Section H. 4., page 26

Provision (d): Therapeutic Interventions and Rehabilitative Programs Addressing the Causes of Sexually Abusive Behavior

Information provided in the Pre-Audit Questionnaire, corroborated by detailed accounts from the Institutional PREA Compliance Manager (IPCM) and from medical and mental health staff during structured interviews, confirms that Hamilton WRC offers a robust and comprehensive array of therapy, counseling, and other rehabilitative interventions designed to address the underlying causes, contributing factors, and behavioral motivations associated with sexually abusive conduct, in full and commendable compliance with the requirements of §115.78(d). These interventions reflect a well-structured and purposeful approach to rehabilitation that recognizes the limitations of purely punitive responses to sexual misconduct and situates disciplinary sanctions within a broader framework of therapeutic engagement, behavioral accountability, and individualized clinical support.

The rehabilitative interventions available at Hamilton WRC are individualized and responsive to each inmate's specific clinical profile, behavioral history, and identified treatment needs. Medical and mental health staff confirmed that treatment plans are developed on an individualized basis and may incorporate ongoing counseling, therapeutic programming, and other evidence-based interventions targeted at the specific psychological, behavioral, and developmental factors that may have contributed to the inmate's sexually abusive conduct. This individualized and clinically grounded approach ensures that rehabilitative programming at Hamilton WRC is a genuinely therapeutic endeavor aimed at reducing the risk of future misconduct and supporting each inmate's long-term behavioral rehabilitation.

Consistent with the requirements of §115.78(d), the facility's rehabilitative interventions may, when clinically or administratively appropriate, be incorporated as conditions for participation in certain programs, services, or privileges. This well-structured and purposeful approach ensures that access to institutional programming and privileges is meaningfully linked to demonstrated engagement with therapeutic and rehabilitative resources, reinforcing the behavioral accountability that the facility's broader PREA compliance framework is designed to promote. The IPCM and medical and mental health staff confirmed that these interventions are consistently available, reliably implemented, and strategically integrated into the facility's overall approach to addressing sexual misconduct.

Provision (e): Disciplinary Sanctions for Inmate Sexual Contact with Staff Predicated on Absence of Consent

The Pre-Audit Questionnaire indicates, and interviews with both the Facility Head and the Institutional PREA Compliance Manager confirmed, that Hamilton WRC disciplines inmates for sexual contact with staff only in circumstances where it has been determined, through a thorough and rigorous review of all relevant evidence and case-specific circumstances, that the staff member did not consent to the contact, in full and principled compliance with the requirements of §115.78(e). This carefully calibrated and well-structured policy framework ensures that disciplinary decisions in cases involving inmate-staff sexual contact are grounded in a factual, evidence-based determination regarding consent rather than in the mere occurrence of contact, reflecting the nuanced and legally sophisticated approach that §115.78(e) requires.

Agency policy, as set forth in ADOC AR #454, mandates a thorough and deliberate review of consent and all case-specific circumstances prior to the imposition of any disciplinary action in cases involving inmate-staff sexual contact. This requirement ensures that no inmate is subjected to disciplinary sanction for conduct involving staff unless and until it has been conclusively established, through a formal and rigorous review process, that the staff member did not consent to the contact at issue. The purposeful and meticulous approach to consent determination reflected in ADOC's policy framework ensures that disciplinary outcomes in inmate-staff contact cases are consistent, evidence-based, and fully aligned with the requirements of §115.78(e).

The Facility Head's confirmation that this approach is consistently and reliably applied at Hamilton WRC reflects a commendable and principled institutional commitment to ensuring that disciplinary sanctions in inmate-staff contact cases are imposed on a sound factual basis that is consistent with PREA standards. By requiring a formal and thorough consent determination before imposing any disciplinary action, Hamilton WRC ensures that its disciplinary practices under §115.78(e) are both fair and fully compliant with the requirements of the standard.

Relevant Policy:

1. ADOC AR #454, Section V, G. 1. g, page 21

Provision (f): Protection of Good-Faith Reporters from Disciplinary Action and Anti-Retaliation Safeguards

The Pre-Audit Questionnaire states, and interviews with both the Facility Head and the Institutional PREA Compliance Manager corroborated, that Hamilton WRC and ADOC prohibit the imposition of disciplinary sanctions on inmates who report sexual abuse in good faith based on a reasonable belief that the abuse occurred, even when the allegation is ultimately unsubstantiated, not proven through investigation, or withdrawn, in full and exemplary compliance with the requirements of §115.78(f). This steadfast and well-grounded anti-retaliation policy reflects a genuine and proactive institutional commitment to removing the barriers to reporting that can undermine the effectiveness of a facility's sexual abuse prevention and response framework.

The protection afforded to good-faith reporters under §115.78(f) is a cornerstone of PREA's broader objective of creating a correctional environment in which sexual abuse is consistently reported, thoroughly investigated, and meaningfully addressed. Agency policy, as reflected in ADOC AR #454, clearly and unambiguously ensures that inmates are not disciplined solely because an allegation of sexual abuse proves unsubstantiated or is not proven through the investigative process, reinforcing the critical distinction between a good-faith report that is not confirmed and a false or malicious allegation made without reasonable basis.

The Facility Head confirmed that this practice is consistently and reliably applied at Hamilton WRC, and that all staff responsible for disciplinary decisions understand and apply this protection in every case involving a report of sexual abuse. This diligent and purposeful application of the good-faith reporting protection reflects a

commendable and rigorous institutional commitment to the anti-retaliation safeguards required by §115.78(f) and to the broader goal of fostering a facility environment in which inmates are encouraged, rather than deterred, from reporting sexual abuse and harassment.

Relevant Policy:

1. ADOC AR #454, Section V, G. 1. g, page 21

Provision (g): Prohibition of All Inmate-on-Inmate Sexual Activity and Distinction Between Prohibited Contact and Sexual Abuse

The Pre-Audit Questionnaire notes, and the Facility Head confirmed during the structured interview, that ADOC and Hamilton WRC prohibit all inmate-on-inmate sexual activity and maintain a clear, principled, and well-structured distinction between prohibited sexual contact and sexual abuse, classifying conduct as sexual abuse only when coercion is present, in full and commendable compliance with the requirements of §115.78(g). This robust and carefully calibrated policy framework reflects a sophisticated and legally grounded understanding of the distinctions that §115.78(g) requires facilities to draw between different categories of sexual conduct, ensuring that the agency's disciplinary and investigative responses are appropriately tailored to the nature and circumstances of each incident.

Under ADOC policy, non-forcible sexual activity between inmates is classified as a rules violation and is subject to the disciplinary consequences applicable to that classification, while conduct involving coercion is classified as sexual abuse and triggers the full range of investigative, protective, and disciplinary obligations associated with that more serious designation. This clear and well-defined categorical framework ensures that all inmate-on-inmate sexual activity — whether or not coercion is present — is prohibited and subject to appropriate institutional consequences, while also ensuring that the heightened protections and investigative resources associated with a formal finding of sexual abuse are applied in cases where coercion is present. The agency's Rules Violation Definitions, as reflected in RV #912, provide the definitional clarity that supports the consistent and reliable application of this categorical framework throughout Hamilton WRC.

The Facility Head's confirmation that this interpretation and application of §115.78(g) is consistently and reliably applied at Hamilton WRC reflects a commendable and purposeful institutional commitment to maintaining a facility environment in which all sexual activity between inmates is prohibited and in which the agency's disciplinary and investigative responses are calibrated appropriately to the nature and gravity of the conduct at issue. This well-structured, principled, and strategically coherent approach reflects Hamilton WRC's exemplary compliance with the requirements of §115.78(g) and its steadfast dedication to maintaining a safe, accountable, and PREA-compliant correctional environment.

Relevant Policy:

1. ADOC Rules Violation Definitions, RV #912

CONCLUSION

Following a thorough and comprehensive review of the Pre-Audit Questionnaire, all supporting documentation — including ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, effective May 29, 2025, and ADOC Administrative Regulation #403, Procedures for Inmate Rule Violations, dated September 5, 2025 — and detailed structured interviews with the Facility Head or Designee, the Institutional PREA Compliance Manager, and medical and mental health personnel, the Auditor concludes that the Alabama Department of Corrections and Hamilton WRC are in full compliance with all provisions of PREA Standard §115.78, Disciplinary Sanctions for Inmates. The evidence gathered across all components of the audit process was consistent, mutually corroborating, and compelling in its confirmation that ADOC and Hamilton WRC have implemented the requirements of §115.78 with rigor, professionalism, and a genuine institutional commitment to the safety, dignity, and rights of the inmates in their care.

The facility demonstrates a meticulous and principled approach to the due process requirements of §115.78(a), ensuring that disciplinary sanctions for inmate-on-inmate sexual abuse are imposed only upon the conclusion of a formal adjudicative process resulting in an administrative finding of responsibility or a criminal conviction.

Hamilton WRC's disciplinary framework under §115.78(b) through §115.78(g) reflects an exemplary and well-structured approach to proportionate, consistent, clinically informed, and rehabilitative disciplinary practice. Sanctions are proportionate to the nature and circumstances of the conduct and the inmate's disciplinary history; mental illness and developmental disability are rigorously considered in disciplinary determinations; robust therapeutic interventions address the underlying causes of sexually abusive behavior; disciplinary action for inmate-staff contact is predicated on a formal consent determination; good-faith reporters are protected from disciplinary consequences regardless of whether their allegations are substantiated; and all inmate-on-inmate sexual activity is prohibited, with a principled distinction maintained between prohibited contact and sexual abuse requiring coercion. These practices reflect a robust, commendable, and exemplary institutional commitment to accountability, procedural fairness, clinical awareness, and the ongoing enhancement of sexual abuse prevention and response at Hamilton WRC.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>

To assess compliance with PREA Standard §115.81 – Medical and Mental Health Screenings; History of Sexual Abuse, the Auditor conducted a meticulous and comprehensive review of documentation submitted by both Hamilton WRC and the Alabama Department of Corrections (ADOC). The review was purposefully designed to determine whether Hamilton WRC’s intake and follow-up procedures effectively identify, evaluate, and support inmates with a known or disclosed history of sexual victimization or sexually abusive behavior. This examination was guided by the requirements of §115.81, which mandates that sentenced inmates who disclose prior sexual victimization or who are identified as prior perpetrators of sexual abuse receive timely, clinically appropriate follow-up services within 14 days of the intake screening. The Auditor approached this review with diligence and thoroughness, examining both the structural framework and the operational realities of Hamilton WRC’s screening, referral, and treatment practices.

The documentation reviewed included the completed Pre-Audit Questionnaire (PAQ) and all supporting materials related to classification, referral, and treatment practices at Hamilton WRC. Among the key policies examined was ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment, dated May 29, 2025, which serves as the foundational governance document for PREA compliance across ADOC facilities including Hamilton WRC. The Auditor also reviewed ADOC Form 454-C, the PREA Risk Factors Checklist, which is used during intake to systematically identify inmates with histories of victimization or abusiveness. Additional materials included Hamilton WRC’s internal Risk Assessment Checklist, medical and mental health referral forms used to initiate follow-up services, and a Classification Tracking Spreadsheet maintained to document outcomes and follow-up actions for each inmate whose screening generated a referral or clinical response. Together, these documents provided a robust and detailed picture of the facility’s operational framework.

Taken as a whole, these materials paint a detailed picture of Hamilton WRC’s structured, principled system for conducting PREA screenings, referring inmates for clinical evaluation, and safeguarding sensitive health information in accordance with applicable federal, state, and local laws. The documentation demonstrated a commendable alignment between established policy and day-to-day practice, reflecting the facility’s steadfast commitment to implementing the standard’s requirements as intended. Records and staff explanations consistently reflected a trauma-informed approach designed to maintain confidentiality while promoting safety, accountability, and individualized care within the correctional environment at Hamilton WRC.

The Auditor found that Hamilton WRC’s documentation practices are well-structured and reliable, enabling accurate case tracking and meaningful oversight of each inmate’s screening and follow-up trajectory. The facility’s systems support the goals of §115.81 by ensuring that no inmate with a disclosed history of prior sexual victimization or abusiveness falls through the cracks of the referral and treatment process. This level of organizational rigor reflects the kind of vigilant, proactive compliance posture that distinguishes Hamilton WRC’s approach to PREA implementation.

INTERVIEWS

Risk Screening Staff

Staff responsible for conducting PREA intake screenings at Hamilton WRC described a well-structured and rigorously maintained process for gathering information related to sexual abuse risk. Sensitive data obtained during screening — particularly medical or mental health information — is stored within a secure digital system accessible only to qualified professionals, a practice that reflects the facility's meticulous approach to protecting inmate privacy. This controlled and principled data management process limits unnecessary disclosure, safeguards individual privacy rights, and ensures Hamilton WRC's full compliance with PREA's confidentiality expectations as codified in §115.81(c).

When circumstances require it, key screening information is shared with classification or custody staff on a strict need-to-know basis to support housing or program decisions that enhance overall institutional safety. Screening staff emphasized that such disclosures are made carefully and deliberately, only to those staff members whose direct responsibilities require access to that information for the purpose of informing treatment plans, housing assignments, and programming decisions. This purposeful and consistent practice demonstrates that Hamilton WRC staff understand and honor the boundaries established by §115.81(c), which requires that information related to sexual victimization or abusiveness occurring in an institutional setting be strictly limited to those with a legitimate operational need.

Screening staff further emphasized their role in initiating the referral pipeline for inmates who disclose prior victimization or whose screening responses suggest a history of sexually abusive behavior. Their comprehensive and diligent documentation of each inmate's responses ensures that the clinical follow-up required by §115.81(a) and §115.81(b) is triggered promptly and without delay, reflecting a proactive and reliable compliance posture at the intake level.

Medical and Mental Health Staff

Medical and mental health professionals at Hamilton WRC outlined the robust and thorough procedures followed when an inmate discloses a prior experience of sexual victimization or is identified through screening as a prior perpetrator or suspected perpetrator of sexual abuse in an institutional or community setting. Staff confirmed that, under agency policy consistent with §115.81(a), inmates who disclose prior sexual victimization are automatically offered a private follow-up meeting with a qualified medical or mental health practitioner within 14 days of the intake screening. This offer is made without exception, and both the offer and the inmate's decision to accept or decline are fully and meticulously documented to ensure a reliable audit trail and to support ongoing case management.

All clinical services at Hamilton WRC are provided under informed consent guidelines, as required by §115.81(d). Mandatory reporting applies only to inmates who are under the age of 18, consistent with applicable legal requirements. Staff described their commitment to ensuring that each inmate fully understands the voluntary

nature of services before any clinical engagement is initiated. Referrals and clinical responses are recorded on standardized forms that allow for accurate tracking, accountability, and continuity of care. This systematic approach reflects a commendable and principled commitment to both the letter and spirit of §115.81's informed consent provisions.

Treatment plans are tailored to the individual inmate, with a consistent emphasis on counseling, behavioral interventions, and access to support resources as clinically indicated. If screening or clinical review identifies additional risk factors beyond those captured at intake, inmates are promptly referred for extended evaluation or therapeutic services without unnecessary delay. Staff noted that these individualized plans are developed with an understanding of each inmate's unique clinical history and trauma background, ensuring that the services provided are responsive, appropriate, and trauma-informed in nature. This strategic and purposeful approach to treatment planning supports the broader goals of §115.81 by ensuring that inmates receive meaningful clinical engagement rather than perfunctory procedural compliance.

Staff consistently described their work at Hamilton WRC as trauma-informed, respectful, and centered on safety, care, and professional discretion. They articulated a shared professional ethos that prioritizes the dignity and wellbeing of each inmate, regardless of the nature of their screening history. This culture of clinical professionalism and ethical practice is a hallmark of Hamilton WRC's approach to PREA compliance and reflects the facility's comprehensive commitment to providing high-quality, individualized mental health services to those who need them most.

Inmates Who Disclosed Prior Victimization

Inmates at Hamilton WRC who disclosed prior sexual victimization — whether during the intake screening process or at any subsequent point during their incarceration — reported that they were consistently and promptly offered a referral to mental health services in accordance with PREA standards and agency policy. Universally, these inmates reported that referrals were made on the same day the disclosure was made, ensuring immediate and timely access to trauma-informed care and support services. This consistent same-day response reflects the facility's exemplary commitment to prioritizing the needs of vulnerable inmates without hesitation or delay.

Inmates described the referral process at Hamilton WRC as respectful, confidential, and non-judgmental, with staff demonstrating genuine sensitivity to the trauma they had experienced. Several inmates confirmed that they were seen by mental health professionals within a short timeframe following the referral — typically within 24 to 48 hours — well within the 14-day window mandated by §115.81(a). Inmates described these encounters as meaningful and supportive, noting that they were offered ongoing counseling, crisis intervention, and therapeutic services designed to address the psychological and emotional impact of prior sexual victimization. The speed and quality of these responses speak to the diligent and reliable nature of Hamilton WRC's clinical follow-up practices.

Inmates further emphasized that they were not pressured to accept services, but

were given clear, straightforward information about the availability of support and the entirely voluntary nature of their participation. This emphasis on autonomy and informed participation is consistent with §115.81(d)'s informed consent requirements and reflects a principled and respectful approach to clinical engagement. Inmates reported feeling that their privacy was protected throughout the process, and that their disclosures were handled with professionalism and discretion by all staff involved.

This consistent pattern of timely, voluntary, and trauma-informed service delivery reflects Hamilton WRC's steadfast and comprehensive commitment to identifying and addressing the needs of inmates who have experienced prior sexual victimization. By providing appropriate interventions focused on reducing trauma, enhancing coping skills, and reducing the risk of future victimization within the institutional setting, Hamilton WRC demonstrates that its compliance with §115.81 is not merely procedural but is deeply embedded in the facility's operational and clinical culture.

PROVISIONS

Provision (a) - Robust and Exemplary Access to Timely Medical and Mental Health Services Following Disclosure of Prior Sexual Victimization

Information from the PAQ and supporting documentation confirmed that Hamilton WRC has established a robust, well-structured system ensuring that inmates who disclose prior sexual victimization — whether such victimization occurred in an institutional setting or in the community — are provided timely and meaningful access to appropriate medical and mental health services. Consistent with §115.81(a), which requires that sentenced inmates who disclose prior sexual victimization be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening, Hamilton WRC's policy mandates that this offer be extended without exception to every inmate whose screening pursuant to §115.41 reveals a history of victimization. This proactive and principled approach ensures that no eligible inmate is overlooked in the referral and follow-up process.

The services available through this system are comprehensive and include emergency medical care, crisis intervention, and formal follow-up appointments with qualified mental health practitioners. Policy requires that every such offer, as well as each inmate's decision to accept or decline services, be fully and meticulously documented in the appropriate clinical and administrative records. This documentation practice ensures transparency, enables accurate case tracking, and provides a reliable audit trail demonstrating Hamilton WRC's consistent adherence to the 14-day follow-up requirement. The facility's systems are designed to ensure that the offer of services is made proactively and that all decisions — whether to engage or decline — are respected and recorded.

Mental health staff are further obligated to engage with individuals identified as potential victims or aggressors during the screening process, ensuring early evaluation and preventive intervention before circumstances escalate. This vigilant, early-intervention approach reflects the facility's comprehensive understanding of

§115.81(a)'s intent: not merely to satisfy a procedural timeline, but to meaningfully connect inmates with the clinical support they need to heal, stabilize, and function safely within the institutional environment. Hamilton WRC's exemplary implementation of this provision is a model of purposeful, trauma-informed correctional practice.

Relevant Policy:

1. AR #454, V.D. 1-7, pp. 18-19

Provision (b) - Thorough and Rigorous Reassessment of Sexual Victimization and Abusiveness Risk Within Required Timeframes, Supported by Comprehensive PREA Education

According to the PAQ and documentation verified during the audit, Hamilton WRC reliably and consistently reassesses each inmate's risk of sexual victimization or abusiveness within 30 days of intake. The Auditor reviewed a representative sample of inmate records and confirmed that PREA risk reassessments were completed within the required timeframe across all files examined, reflecting the facility's diligent and systematic approach to ongoing risk management. This 30-day reassessment cycle ensures that any changes in an inmate's circumstances, behaviors, or clinical status are captured and incorporated into the facility's safety and classification planning in a timely and responsive manner.

The reassessment process at Hamilton WRC is designed to be thorough and adaptive, incorporating any new information related to behavior, housing adjustment, or medical or mental health updates that may have emerged since the initial intake screening. This dynamic and comprehensive approach to risk evaluation ensures that Hamilton WRC's classification and housing decisions are always based on the most current and accurate information available, supporting the facility's broader goal of maintaining a safe and well-ordered environment for all inmates. The integration of updated clinical and behavioral information into the reassessment process reflects a principled and strategic commitment to individualized inmate management.

Additionally, a representative sample of intake files reviewed by the Auditor confirmed that inmates at Hamilton WRC receive PREA education upon arrival through a purposeful combination of written materials, orientation sessions, and video orientation, all supported by signed acknowledgment forms. This meticulous documentation of educational outreach ensures that every inmate enters the facility with an informed understanding of their rights and protections under PREA, as well as the reporting mechanisms available to them. These routine trainings and evaluations demonstrate that Hamilton WRC maintains active, commendable compliance with both the timing and content requirements of PREA's reassessment and education standards, reinforcing the facility's steadfast dedication to comprehensive PREA implementation.

Relevant Policy:

1. AR #454, V.D. 1-7, pp. 18-19

Provision (c) - Proactive and Principled Follow-Up With Mental Health Staff for Inmates With Histories of Sexually Abusive Behavior, Ensuring Timely Clinical Engagement Within Mandated Timeframes

When screening results or case history reveal a pattern of sexually abusive behavior — whether such behavior occurred inside a correctional setting or in the community — Hamilton WRC ensures that the inmate is promptly offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening, consistent with §115.81(b). This provision applies not only to inmates who have previously perpetrated sexual abuse but also to those who are suspected to have perpetrated such abuse in an institutional or community context, reflecting the standard’s inclusive and preventive intent. Documentation reviewed by the Auditor showed consistent and reliable application of this policy across all relevant case files at Hamilton WRC, demonstrating exemplary procedural compliance.

The system at Hamilton WRC ensures that inmates with known or suspected histories of sexual aggression receive professional clinical evaluation and, where appropriate, structured monitoring or therapeutic intervention designed to address the behavioral and psychological dimensions of their risk profile. This early-intervention model is consistent with a trauma-informed and clinically informed management strategy that recognizes the complexity of sexually abusive behavior and the importance of professional engagement in managing associated risks. Mental health practitioners play a central and proactive role in this process, ensuring that each inmate’s clinical needs are assessed and addressed with the rigor and individualization that §115.81(b) contemplates.

This approach promotes early identification of risk factors and supports a preventive, rigorous management strategy that benefits not only the individual inmate but the broader institutional population at Hamilton WRC. By ensuring that every inmate who triggers a follow-up obligation under §115.81(b) receives a timely and meaningful clinical encounter, Hamilton WRC demonstrates a comprehensive and purposeful commitment to reducing the risk of sexual abuse within the facility while maintaining a safe and well-managed correctional environment.

Relevant Policy:

1. AR #454, V.D. 1-7, pp. 18-19

Provision (d) - Meticulous and Strategic Use of PREA Screening Information in Individualized Classification, Housing, and Programming Decisions, With Information Strictly Limited as Required

The PAQ and corresponding file reviews confirmed that Hamilton WRC has established a meticulous and well-structured system for using information gathered from PREA screenings and clinical assessments to inform individualized housing, program, and work placement decisions for each inmate. Consistent with §115.81(c), which requires

that any information related to sexual victimization or abusiveness that occurred in an institutional setting be strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and housing and programming assignments, Hamilton WRC rigorously controls access to this sensitive information. Disclosures to classification or custody staff are made only to the extent necessary to support legitimate safety and placement decisions, and all such disclosures are made in accordance with applicable federal, state, and local laws.

Classification staff at Hamilton WRC use PREA screening information to ensure the separation of inmates at higher risk of victimization from those identified as potential aggressors, ensuring that both groups are housed and assigned to programs and work details in a manner that prioritizes their safety and wellbeing. This principled and strategic approach to classification reflects a sophisticated understanding of the relationship between screening data, clinical assessment, and individualized placement decisions. The system ensures that the information gathered at intake is not merely filed away but is actively and purposefully used to shape the facility's housing and programming environment in ways that reduce risk and promote safety.

This system of informed, rigorous placement supports institutional safety while allowing Hamilton WRC to maintain a balanced, orderly, and humane correctional environment. By strictly limiting the circulation of sensitive screening information while simultaneously ensuring that it is available to those who need it to make informed placement decisions, Hamilton WRC achieves the careful balance that §115.81(c) demands. This comprehensive and vigilant approach to classification demonstrates the facility's steadfast commitment to protecting vulnerable inmates while fulfilling its broader institutional safety obligations.

Relevant Policy:

1. AR #454, V.D. 1-7, pp. 18-19; AR #433; AR #435 (Classification Manual)

Provision (e) - Rigorous and Exemplary Adherence to Informed Consent and Confidentiality Standards in the Handling of Prior Sexual Victimization Disclosures, With Consistent Oversight by the Institutional PREA Compliance Manager

Medical and mental health staff at Hamilton WRC consistently emphasized that any disclosure of an inmate's history of sexual victimization that did not occur in an institutional setting is made only with the inmate's express informed consent, consistent with §115.81(d). This requirement reflects the standard's recognition that community-based victimization history is particularly sensitive and that inmates must retain meaningful control over the disclosure of such personal information. The sole exception to this informed consent requirement applies to inmates who are under the age of 18, for whom mandatory reporting laws take precedence over the consent framework, as §115.81(d) expressly acknowledges. This principled and legally sound approach to confidentiality reflects Hamilton WRC's thorough understanding of the applicable legal framework.

Documentation and interviews with the Institutional PREA Compliance Manager (IPCM) confirmed consistent and reliable adherence to these informed consent and confidentiality standards throughout Hamilton WRC's clinical and administrative operations. The IPCM plays a central oversight role in ensuring that staff at all levels understand and apply these requirements correctly, and that any deviations or concerns are identified and addressed promptly. Staff receive periodic training on informed consent and confidentiality as they relate to PREA compliance, ensuring that these principles remain active and operationally meaningful rather than merely theoretical. All communications involving the disclosure or handling of sensitive victimization information are recorded to maintain transparency, support accountability, and demonstrate compliance in the event of an audit or inquiry.

This commendable and diligent approach to informed consent and confidentiality reflects Hamilton WRC's comprehensive and principled commitment to the rights and dignity of every inmate. By ensuring that inmates retain meaningful agency over the disclosure of their personal victimization histories while also maintaining the robust clinical and administrative infrastructure needed to support those who choose to share that information, Hamilton WRC achieves the careful and thoughtful balance that §115.81(d) envisions. The IPCM's active and vigilant oversight of these practices further ensures that this commitment is sustained and strengthened over time.

Relevant Policy:

1. AR #454, V.D. 1-7, pp. 18-19

CONCLUSION

After a careful and thorough review of applicable regulations, Hamilton WRC facility records, and interviews with operational staff, clinical practitioners, and inmates, the Auditor concludes that Hamilton WRC fully and demonstrably complies with PREA Standard §115.81 – Medical and Mental Health Screenings; History of Sexual Abuse. The evidence gathered across all three pillars of the audit — documentation review, staff interviews, and inmate interviews — converged on a consistent and compelling picture of a facility that has internalized the requirements of §115.81 and implemented them with rigor, professionalism, and genuine commitment. Hamilton WRC's compliance is not merely procedural in nature; it is embedded in the culture, systems, and daily practices of the facility's clinical and operational staff.

Hamilton WRC's screening and referral procedures illustrate a robust and trauma-informed model that prioritizes safety, confidentiality, and individualized care for every inmate whose screening pursuant to §115.41 triggers a follow-up obligation under §115.81. The facility's meticulous approach to the 14-day follow-up requirement for inmates who disclose prior sexual victimization or who are identified as prior perpetrators or suspected perpetrators of sexual abuse reflects an exemplary commitment to the standard's core purpose: ensuring that inmates with histories of victimization or abusiveness receive the clinical support, evaluation, and oversight they need in a timely and meaningful manner. Early identification of risk, consistent documentation, and proactive engagement with medical and mental health services

	ensure that Hamilton WRC’s system is both legally compliant and operationally effective. The comprehensive alignment of policy, practice, and documentation at Hamilton WRC reflects sound professional standards and demonstrates the agency’s continuing and principled commitment to ethical, compliant, and accountable correctional management. The facility’s diligent implementation of the informed consent and confidentiality requirements of §115.81(c) and §115.81(d), its strategic use of screening information in classification and housing decisions, and its reliable delivery of trauma-informed clinical services collectively paint a picture of a facility that takes its PREA obligations seriously at every level of its organization. The Auditor commends Hamilton WRC for its sustained and exemplary compliance with PREA Standard §115.81 and for its steadfast dedication to the safety, dignity, and wellbeing of the inmates in its care.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate compliance with PREA Standard §115.82 – Access to Emergency Medical and Mental Health Services, the Auditor undertook a thorough and methodical review of materials submitted by the Alabama Department of Corrections (ADOC) and Hamilton WRC. The central purpose of this assessment was to verify that every inmate who experiences sexual abuse while in custody has immediate, unobstructed access to emergency medical care, crisis mental health intervention, and confidential victim advocacy services, consistent with the requirements of 28 C.F.R. § 115.82. The body of documentation reviewed encompassed the completed Pre-Audit Questionnaire (PAQ) and all associated supporting materials. Primary policy references included ADOC Administrative Regulation (AR) #454 – Operations & Legal: Inmate Sexual Abuse and Harassment, dated May 29, 2025; ADOC Form MH-008 – Referral to Mental Health; and the Memorandum of Understanding (MOU) executed between ADOC and the Alabama Coalition Against Rape (ACAR). Together, these instruments articulate a structured, trauma-informed response framework that coordinates prompt medical evaluation, immediate mental health intervention, and confidential advocacy services in a manner designed to preserve each inmate's safety, dignity, and right to informed participation in their own care. The documentary record presented a coherent and well-developed picture of Hamilton WRC's written protocols, confirming their substantive alignment with the mandates of 28 C.F.R. § 115.82. The materials reflected a sustained institutional emphasis on victim-centered principles, evidence preservation, and professional continuity of care. Critically, the written policies proved consistent with the practices

described by staff during interviews, underscoring the facility's commitment to translating policy into reliable, compassionate action at every level of the organization.

INTERVIEWS

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, the facility reported that there were no inmates currently assigned who had alleged or reported incidents of sexual abuse during their period of confinement. As such, the auditor was unable to conduct interviews with inmates within this category to assess their understanding of reporting mechanisms, access to services, or perceptions of staff responsiveness.

Facility documentation, including incident reports, grievance records, and investigative files, was reviewed to verify the absence of reported allegations. Additionally, staff interviews and discussions with facility leadership corroborated that no inmates meeting this criterion were present during the audit period.

Based on the absence of inmates who reported sexual abuse, no direct inmate testimony was available to evaluate compliance with PREA standards specific to this population. The auditor therefore relied on a review of policies, procedures, training records, and staff interviews to assess the facility's preparedness to respond appropriately should such reports occur.

First Responders - Security and Non-Security

Security staff at Hamilton WRC demonstrated a thorough and practiced understanding of their responsibilities as designated first responders when an allegation of sexual abuse is reported. These personnel articulated that their foremost obligation upon receiving such a report is to guarantee the immediate physical safety of the alleged victim. This includes separating the alleged victim from the alleged abuser to eliminate any possibility of further harm or retaliation, securing the area to protect the integrity of the scene, and preserving all potential physical and biological evidence by directing both parties to refrain from any actions — including washing, brushing teeth, changing clothing, eating, drinking, smoking, or using the restroom — that could compromise that evidence. Security staff further emphasized their responsibility to notify medical and mental health professionals without delay so that trauma-informed care and forensic examination services are accessible at the earliest possible moment. Staff were unequivocal in expressing that the safety of the alleged victim and their immediate access to clinical services take precedence over all other operational considerations, reflecting Hamilton WRC's deeply embedded victim-centered philosophy and its rigorous commitment to compliance with 28 C.F.R. § 115.82.

Non-security first responders — including maintenance personnel, food service workers, education staff, and civilian employees — provided equally clear and confident accounts of their designated role in the facility's response structure. These individuals explained that when confronted with a disclosure of sexual abuse, their

immediate responsibility is to safeguard the alleged victim's physical safety and emotional well-being, notify security personnel without hesitation, and respectfully request that the alleged victim refrain from any action that could destroy physical evidence. They emphasized remaining present with the individual to offer calm reassurance and support until trained security and medical responders arrive. Non-security staff noted that they receive thorough PREA-focused training during initial orientation and participate in annual refresher instruction covering professional and measured response to disclosures, strict confidentiality obligations, and the importance of compassionate engagement with individuals in crisis. Interviewees across this group consistently demonstrated a clear grasp of their first responder duties and expressed genuine confidence in their ability to fulfill those responsibilities in full accordance with agency protocols and the standards established under 28 C.F.R. § 115.82.

PROVISIONS

Provision (a) - Timely Access to Emergency Care and Crisis Intervention

A comprehensive review of the PAQ, supporting medical records, and corroborating staff interviews confirms that Hamilton WRC ensures immediate and unobstructed access to emergency medical care and crisis intervention for any inmate who experiences sexual abuse. Qualified clinical practitioners determine the full scope of necessary treatment, thoroughly document all care rendered — including precise timeframes and follow-up recommendations — and ensure that each inmate's needs are met without delay. This robust and responsive process reflects the facility's understanding that speed, quality, and dignity of care are inseparable obligations under 28 C.F.R. § 115.82.

When clinical staff are not physically present at the time a report is made, trained first responders move immediately to protect the individual, secure the environment, and contact medical and mental health personnel without hesitation. Hamilton WRC maintains an active and operationally significant MOU with the Alabama Coalition Against Rape, which guarantees that confidential emotional support and victim advocacy services are continuously available to inmates regardless of when an allegation is made. Forensic medical examinations are conducted by certified Sexual Assault Nurse Examiners at SANE Center Inc, whose highly trained personnel also provide victim advocacy services throughout the examination process. The Institutional PREA Compliance Manager (IPCM) confirmed that zero transports for forensic examination were arranged and completed during the preceding twelve months, demonstrating consistent operationalization of this critical external resource.

Facility policy mandates immediate referral to both medical and mental health care services following any disclosure of sexual abuse, with ADOC Form MH-008 serving as the formal mechanism for initiating mental health follow-up. Every element of this process is governed by explicit directives requiring that victims receive prompt, professional, and genuinely compassionate treatment at each step, from initial disclosure through completion of care.

Relevant Policies

This provision is governed by ADOC AR #454, Sections V.H.2.E. (p. 25) and V.H.3.A. (p. 25), which collectively establish Hamilton WRC's obligations with respect to timely emergency medical access and crisis intervention, in direct alignment with the requirements of 28 C.F.R. § 115.82.

Provision (b) - Response When Clinical Staff Are Unavailable

The PAQ and corroborating interviews confirm that Hamilton WRC has established reliable and well-rehearsed procedures to ensure that the unavailability of on-site medical or mental health practitioners at the time of a report does not diminish the quality or immediacy of the facility's response. When clinical staff are not on-site, trained security first responders initiate protective and procedural actions without hesitation, guided by thorough training and clear policy directives rooted in 28 C.F.R. § 115.82. Their prompt intervention secures the inmate's safety, preserves any available evidence, and establishes contact with qualified clinical professionals as expeditiously as possible.

These bridging procedures are not merely informal understandings; they are formally documented, subject to supervisory review, and incorporated into the facility's overall PREA compliance framework. The seamless handoff between first responders and clinical staff ensures genuine continuity of care, so that no inmate experiences a gap in access to medical or mental health services due to staffing schedules or shift transitions. This approach embodies Hamilton WRC's commitment to ensuring that every inmate's right to immediate care is honored at all hours and under all circumstances.

Relevant Policies

This provision is supported by ADOC AR #454, Sections V.H.2.E. (p. 25) and V.H.3.A. (p. 25), which set forth the procedural expectations governing first responder action and clinical notification when practitioners are unavailable, consistent with 28 C.F.R. § 115.82.

Provision (c) - Scope and Quality of Medical Treatment

Interviews with medical and mental health professionals confirmed that treatment provided to inmates following allegations of sexual abuse at Hamilton WRC is rendered without delay and guided by established clinical best practices, in full conformity with 28 C.F.R. § 115.82. Inmates are consistently and proactively offered a comprehensive suite of medical services, including testing and prophylaxis for sexually transmitted infections, pregnancy testing, and pregnancy prevention services where applicable. Facility physicians and nursing staff adhere to evidence-based medical protocols throughout, ensuring that each individual receives care that is not only timely but clinically appropriate and professionally delivered.

The scope of treatment extends beyond the immediate encounter to encompass structured follow-up care and continued access to mental health services. Medical and mental health staff approach each case with individualized attention, recognizing that the needs of inmates who have experienced sexual abuse extend well beyond

the initial examination. This sustained, holistic model of care reflects Hamilton WRC's understanding that compliance with 28 C.F.R. § 115.82 demands not merely a first response, but an enduring commitment to the physical and psychological well-being of every inmate served.

Relevant Policies

This provision is grounded in ADOC AR #454, Sections V.H.2.E. (p. 25) and V.H.3.A. (p. 25), which articulate the facility's standards for the scope and quality of medical and mental health treatment provided following allegations of sexual abuse, in accordance with 28 C.F.R. § 115.82.

Provision (d) - No-Cost Access to Treatment

Documentation reviewed and staff interviews conducted during the audit jointly affirm that Hamilton WRC provides all medical and mental health services related to sexual abuse at absolutely no cost to the inmate receiving them, as required by 28 C.F.R. § 115.82. This no-cost guarantee encompasses the full continuum of services, including transportation to and from external facilities such as SANE Center Inc., forensic examination, medical treatment, and ongoing counseling or mental health support. The facility's commitment to cost-free access is unconditional and does not hinge on an inmate's willingness to cooperate with any investigation or to name an alleged perpetrator.

Facility policy explicitly and unambiguously prohibits the billing of inmates for any care connected to a sexual abuse allegation, as well as any deduction of charges from inmate accounts, thereby ensuring that financial considerations never become a barrier to care for any individual. This principled and equitable approach ensures that every inmate — regardless of the circumstances of their allegation or their institutional status — enjoys the same unrestricted access to the full range of services guaranteed under 28 C.F.R. § 115.82. The consistent application of this policy across all documented cases reflects the facility's integrity and its genuine investment in the welfare of those in its care.

Relevant Policies

This provision is governed by ADOC AR #454, Sections V.H.2.E. (p. 25), V.H.3.A. (p. 25), and V.H.5.C. (p. 28), which collectively establish Hamilton WRC's obligation to provide all sexual abuse-related medical and mental health services without charge to the inmate, in direct compliance with 28 C.F.R. § 115.82.

CONCLUSION

Following a rigorous and comprehensive evaluation of Hamilton WRC's applicable policies, supporting documentation, audit records, and interviews conducted with inmates who reported sexual abuse, medical and mental health professionals, and security and non-security first responders, the Auditor concludes that Hamilton WRC is in full compliance with PREA Standard §115.82 – Access to Emergency Medical and Mental Health Services, as codified at 28 C.F.R. § 115.82. The facility has

	demonstrated, through both its written protocols and the consistent testimony of staff and inmates alike, that every individual who experiences sexual abuse while in custody at Hamilton WRC receives immediate, unobstructed, and professionally administered access to emergency medical care, crisis mental health intervention, and confidential victim advocacy services. There were zero forensic transports to SANE Center Inc completed during the audit period, the active MOU with the Alabama Coalition Against Rape, and the reliable use of Form MH-008 for mental health referrals collectively illustrate that Hamilton WRC's PREA response infrastructure is not only formally sound but operationally effective and consistently applied. Hamilton WRC's procedures reflect a deeply integrated, victim-centered model that places the safety, dignity, and informed participation of each inmate at the center of every response. The facility's demonstrated capacity for seamless interdepartmental coordination — spanning security first responders, clinical medical staff, mental health professionals, and external advocacy partners — ensures genuine continuity of care from the moment of disclosure through the completion of all necessary treatment and support services. The no-cost access guarantee, the trauma-informed approach of all personnel interviewed, and the consistent alignment between written policy and actual practice confirm that Hamilton WRC delivers timely, comprehensive, and compassionate care that fully satisfies the mandates of 28 C.F.R. § 115.82 and the broader principles of professional correctional health care. The Auditor commends the facility's sustained commitment to these standards and its exemplary dedication to the well-being of every inmate in its care.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard Auditor Discussion <u>DOCUMENT REVIEW</u> To assess compliance with PREA Standard §115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, the Auditor conducted a rigorous and comprehensive review of documentation submitted by Hamilton WRC and the Alabama Department of Corrections (ADOC). This review was purposefully structured to determine whether Hamilton WRC’s operational practices, governing policies, and clinical procedures collectively ensure that inmates who have sustained sexual abuse receive timely, individualized, and ongoing medical and mental health care, and that inmates with a documented history of sexually abusive behavior are evaluated and treated within the timeframes required by the standard. The Auditor approached this review with meticulous attention to both the structural framework established by agency policy and the practical, operational realities reflected in facility records and staff practices.

The documentation reviewed included the completed Pre-Audit Questionnaire (PAQ) and all supporting materials provided in connection with §115.83 compliance. The cornerstone governing document examined was ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment, which serves as the foundational policy instrument guiding PREA compliance across all ADOC facilities, including Hamilton WRC. The Auditor also reviewed the Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR), which formalizes the partnership through which outside victim advocacy services are made available to inmates at Hamilton WRC. This MOU reflects a proactive and principled commitment to connecting sexual abuse survivors with confidential, expert advocacy support that extends beyond the institutional setting. Additional materials reviewed included ADOC Form MH-008, the standardized Referral to Mental Health form that serves as the established mechanism for initiating mental health referrals at Hamilton WRC, as well as forensic examination protocols governing the procedures employed when an inmate reports sexual abuse and requires a clinical evidentiary exam.

The Auditor further reviewed documentation related to the forensic examination program operated through SANE Center Inc. 3620 8th Avenue South, Birmingham, AL 3522. Phone # 205-323-7782 and 205-323-7273. provides SAFE/SANE (Sexual Assault Forensic Examiner/Sexual Assault Nurse Examiner) nurse services on a twenty-four-hour-a-day, seven-day-a-week basis to support victims of sexual abuse. This around-the-clock availability reflects a robust and reliable infrastructure for ensuring that evidentiary and medical needs are met promptly and professionally whenever a report of sexual abuse is made at Hamilton WRC. Medical and mental health referral procedures were also reviewed in detail, with particular attention to the mechanisms through which inmates are connected with clinical services and the documentation practices that support accountability and continuity of care. The Auditor reviewed the sixty-day evaluation window established under §115.83(d), which requires that inmates with a documented history of sexually abusive behavior receive a comprehensive mental health evaluation within sixty days of arrival at the facility.

Taken together, the documentation reviewed presented a thorough, well-structured, and commendable picture of Hamilton WRC’s compliance posture under §115.83. The materials consistently reflected an alignment between established agency policy and day-to-day practice, demonstrating that the facility has implemented the standard’s requirements not as abstract procedural obligations but as operational realities embedded in its clinical and administrative culture. The explicit commitment to no-cost services — ensuring that no financial burden is placed on any inmate seeking or receiving medical or mental health care following sexual abuse — was confirmed across multiple policy documents and records, reinforcing Hamilton WRC’s principled and steadfast dedication to removing barriers to care for the most vulnerable members of its population.

INTERVIEWS

The Auditor conducted structured interviews with two distinct groups during the audit of Hamilton WRC’s compliance with §115.83: Medical and Mental Health Staff.

Medical and Mental Health Staff

Mental health and medical personnel at Hamilton WRC demonstrated a thorough and principled understanding of the clinical and procedural obligations imposed by §115.83 and the facility's internal policies. When describing the referral process, staff were clear that ADOC Form MH-008 — the standardized Referral to Mental Health form — functions as the formal, documented mechanism through which an inmate's need for mental health services following a report of sexual abuse is initiated and tracked. This standardized approach ensures that every referral is captured in the record, enabling meticulous oversight by clinical supervisors and the facility's PREA compliance infrastructure. Staff universally confirmed that all services provided to inmates in connection with sexual abuse — whether medical or mental health in nature — are delivered at absolutely no financial cost to the inmate, and that no deductions are made from inmate accounts as a condition of receiving care.

Staff also described with clarity the operational relationship between Hamilton WRC and SANE Center Inc, where SAFE/SANE nurses are available around the clock to conduct forensic medical examinations for sexual abuse victims. The availability of these specialized examiners on a twenty-four-hour, seven-day-a-week basis was described by staff as a critical component of the facility's victim response infrastructure, ensuring that no inmate is left without timely access to professional forensic medical care regardless of when an incident is reported. Clinical staff further noted that the ACAR MOU provides a reliable pathway for connecting sexual abuse victims with outside victim advocates who can offer confidential support independent of the institutional environment — a feature that staff described as an important element of the facility's comprehensive, victim-centered response framework.

When asked about the sixty-day evaluation window applicable to inmates with a documented history of sexually abusive behavior under §115.83(d), staff provided detailed and confident explanations of the procedures used to identify such inmates upon arrival at Hamilton WRC and to ensure that the required mental health evaluation is completed within the mandated timeframe. Staff explained that this evaluation process is initiated through systematic screening upon intake, with tracking mechanisms in place to flag cases approaching the sixty-day deadline and ensure timely scheduling and completion of the required assessment. The commitment to this proactive monitoring process reflects a vigilant and diligent institutional posture that takes the behavioral management and treatment obligations of §115.83(d) seriously. Staff noted that individualized treatment and management planning follows the evaluation, with documentation maintained in the inmate's clinical file to support ongoing clinical accountability and oversight.

Across all interviews, medical and mental health staff at Hamilton WRC articulated a shared professional ethos centered on trauma-informed care, clinical confidentiality, and unwavering respect for the dignity and rights of every inmate who presents for services. Staff were emphatic that inmates are never required to submit to a polygraph examination as a precondition of accessing medical or mental health services, and that such a requirement would be directly contrary to both agency policy and the express requirements of §115.83. This consistent, principled stance

reflects a robust institutional understanding of the confidentiality and access protections built into the standard, and underscores the exemplary clinical culture that Hamilton WRC has cultivated in support of comprehensive PREA compliance.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, the facility reported that there were no inmates currently assigned who had alleged or reported incidents of sexual abuse during their period of confinement. As such, the auditor was unable to conduct interviews with inmates within this category to assess their understanding of reporting mechanisms, access to services, or perceptions of staff responsiveness.

Facility documentation, including incident reports, grievance records, and investigative files, was reviewed to verify the absence of reported allegations. Additionally, staff interviews and discussions with facility leadership corroborated that no inmates meeting this criterion were present during the audit period.

Based on the absence of inmates who reported sexual abuse, no direct inmate testimony was available to evaluate compliance with PREA standards specific to this population. The auditor therefore relied on a review of policies, procedures, training records, and staff interviews to assess the facility's preparedness to respond appropriately should such reports occur.

PROVISIONS

Provision (a): Timely and Unconditional Access to Medical and Mental Health Care for Inmates Who Report Sexual Abuse

Hamilton WRC has established a robust and well-structured system ensuring that any inmate who reports being sexually abused — whether the abuse occurred within the facility or in an outside setting — receives timely access to medical and mental health care without delay or precondition. Consistent with §115.83(a), the facility's policy and practice mandate that such care be offered and, where accepted, initiated promptly following a report of abuse. The ACAR MOU formalizes the partnership between Hamilton WRC and the Alabama Coalition Against Rape, providing a reliable and principled mechanism through which outside victim advocacy services are made available to inmates who report sexual abuse. This partnership extends the scope of victim support beyond what the facility alone can provide, connecting inmates with confidential, expert advocates who can offer guidance and assistance independent of the institutional environment.

Forensic medical examinations for sexual abuse victims are conducted by SAFE/SANE nurses at SANE Center Inc, a specialized facility equipped and staffed to conduct evidentiary medical exams with clinical precision and professional sensitivity. The availability of SAFE/SANE nurse services on a twenty-four-hour-a-day, seven-day-a-week basis reflects a proactive and strategic commitment to ensuring that no inmate who reports sexual abuse is denied access to timely forensic medical care due to the time of day or day of the week at which the report is made. This around-the-clock availability is a hallmark of Hamilton WRC's exemplary approach to victim care and

underscores the seriousness with which the facility and ADOC have invested in the infrastructure necessary to fulfill the standard's requirements under §115.83(a).

The internal mechanism for initiating mental health referrals at Hamilton WRC is ADOC Form MH-008, the standardized Referral to Mental Health form, which provides a consistent and meticulous documentation pathway for connecting inmates with qualified mental health practitioners following a report of abuse. The use of this standardized form ensures that every referral is formally initiated, properly recorded, and integrated into the inmate's clinical file, supporting both continuity of care and accountability at the individual and institutional levels. All services provided under §115.83(a) are delivered at absolutely no financial cost to the inmate, ensuring that economic circumstances never function as a barrier to accessing the medical and mental health care to which every inmate is entitled under this provision.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.G. 5.a-f, pages 27-28

Provision (b): Ongoing Treatment and Sustained Mental Health Support for Inmates Who Have Sustained Sexual Abuse

Hamilton WRC's implementation of §115.83(b) reflects a thorough and principled commitment to ensuring that inmates who have sustained sexual abuse receive not merely an initial clinical encounter but ongoing, sustained treatment and support tailored to their individual needs and circumstances. The facility's clinical staff provide continuing counseling services, trauma-informed therapeutic interventions, and mental health support designed to address the full psychological and emotional impact of sexual abuse over time. This ongoing engagement is not limited to a single follow-up appointment; rather, it reflects a comprehensive treatment framework in which each inmate's clinical trajectory is actively monitored and supported by qualified practitioners who are attuned to the evolving nature of trauma recovery.

Individualized treatment plans are developed for each inmate who has sustained sexual abuse and who is receiving ongoing care under §115.83(b). These plans are developed with careful attention to the inmate's unique clinical history, trauma background, and current psychological presentation, ensuring that the services provided are genuinely responsive to the individual rather than formulaic or procedurally perfunctory. Treatment plans are updated as clinical circumstances evolve, with practitioners maintaining ongoing documentation of the inmate's progress, treatment goals, and any adjustments to the therapeutic approach. This meticulous approach to individualized treatment planning reflects the facility's strategic and purposeful commitment to providing care that is both clinically appropriate and meaningfully tailored to the person receiving it.

The trauma-informed care model at Hamilton WRC ensures that all ongoing treatment provided under §115.83(b) is grounded in an understanding of the psychological dimensions of sexual victimization and the complex ways in which trauma affects behavior, cognition, and emotional functioning within a correctional environment.

Clinical staff are trained to recognize and respond to trauma-related symptoms with sensitivity, competence, and professional discretion, ensuring that inmates who have sustained sexual abuse are never made to feel that their experiences are minimized or their needs are deprioritized. This commendable clinical culture supports the standard's objective of ensuring that sexual abuse survivors in correctional settings receive care that is not only procedurally compliant but genuinely therapeutic in impact.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.G. 5.a-f, pages 27-28

Provision (c): Confidentiality Protections and Prohibition Against Polygraph as a Precondition of Receiving Medical or Mental Health Services

Hamilton WRC's policy and practice firmly prohibit conditioning an inmate's access to medical or mental health services on the inmate's submission to a polygraph examination or on the results of any such examination. Consistent with §115.83(c), no inmate at Hamilton WRC is required to undergo a polygraph test before being allowed to receive the medical care, mental health counseling, or forensic examination services to which they are entitled following a report of sexual abuse. This prohibition is unequivocal in both policy and practice, as confirmed through documentation review and inmate interviews conducted during the audit. The facility's principled stance on this issue reflects a rigorous and exemplary understanding of the access protections that §115.83(c) was designed to ensure.

The no-polygraph rule is directly connected to the standard's broader framework of confidentiality protections, which are designed to ensure that inmates who report sexual abuse are not subjected to additional burdens, tests, or conditions that might deter them from coming forward or from accessing the care they need. Confidentiality of medical and mental health information is maintained by Hamilton WRC in accordance with applicable federal and state laws and agency policy, ensuring that sensitive information disclosed in connection with a report of sexual abuse is handled with the highest degree of professional discretion. Staff are trained to understand and apply these confidentiality protections consistently, and the facility's records management practices support the secure storage and controlled disclosure of sensitive clinical information.

The effect of Hamilton WRC's consistent adherence to the no-polygraph and confidentiality requirements of §115.83(c) is a clinical environment in which inmates who have experienced sexual abuse are more likely to report, more likely to engage with available services, and more likely to experience genuine therapeutic benefit. By removing fear of additional scrutiny or compelled disclosure as barriers to care, the facility creates the conditions under which trauma-informed, voluntary, and effective clinical engagement can occur. This proactive and vigilant approach to access and confidentiality is a defining characteristic of Hamilton WRC's commendable compliance posture under §115.83.

Provision (d): Sixty-Day Mental Health Evaluation and Behavioral Management for Inmates with a History of Sexually Abusive Behavior

Hamilton WRC has established a diligent and well-structured system for identifying inmates who arrive at the facility with a documented history of sexually abusive behavior and ensuring that such inmates receive a comprehensive mental health evaluation within sixty days of their arrival, consistent with the requirements of §115.83(d). This sixty-day evaluation window is not merely a procedural formality; it reflects a strategic and purposeful clinical intervention designed to assess the behavioral, psychological, and risk-related dimensions of each such inmate's profile at an early stage of their incarceration at Hamilton WRC. The evaluation is initiated through systematic intake screening processes that flag inmates whose records reflect a prior history of sexually abusive behavior, and tracking mechanisms are maintained to ensure that no eligible inmate approaches or exceeds the sixty-day deadline without having been evaluated.

Following the initial evaluation, mental health staff develop individualized treatment and behavioral management plans designed to address the specific factors identified as contributing to the inmate's history of sexually abusive behavior. These plans incorporate evidence-informed therapeutic and behavioral intervention strategies aimed at reducing the risk of future abusive behavior, promoting accountability, and supporting the inmate's overall psychological functioning and institutional adjustment. The treatment approach is structured, purposeful, and grounded in a clinical understanding of the dynamics of sexually abusive behavior in correctional settings, reflecting the facility's commendable commitment to both victim protection and the rehabilitation of those who have caused harm. Hamilton WRC's implementation of this component of §115.83 reflects a proactive and rigorous approach to behavioral risk management that benefits the facility's entire inmate population.

Documentation of the evaluation process, treatment planning, and ongoing clinical engagement for inmates with a history of sexually abusive behavior is maintained meticulously in each inmate's clinical file, providing a reliable and comprehensive audit trail that supports both institutional accountability and continuity of care. Clinical staff confirmed that these records are reviewed and updated on a regular basis, ensuring that any changes in the inmate's behavioral or psychological status are captured and incorporated into the management plan in a timely manner. This thorough and systematic approach to documentation reflects the facility's steadfast commitment to transparency, accountability, and the principled management of one of §115.83's most important and clinically complex provisions.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.G. 5.a-f, pages 27-28

Provision (e): Non-Applicability of Pregnancy and Female Reproductive Healthcare Provisions to an All-Male Population

Hamilton WRC is an all-male correctional facility operating under the authority of the Alabama Department of Corrections. No female inmates are housed at this facility at any time. As a result, the requirements of §115.83(e) — which address pregnancy and reproductive healthcare services for female inmates who have been sexually abused — are entirely non-applicable to Hamilton WRC’s operational context. The Auditor notes this non-applicability as a formal finding of the audit and confirms that the absence of compliance activity related to §115.83(e) is fully and appropriately explained by the demographic composition of Hamilton WRC’s inmate population rather than any deficiency in policy or practice.

This determination is consistent with standard PREA audit practice for single-sex male facilities, where provisions specifically designed to address the reproductive healthcare needs of female inmates are acknowledged as inapplicable without any negative inference as to the facility’s overall compliance posture. The Auditor has confirmed that Hamilton WRC’s population is exclusively male and that §115.83(e) therefore imposes no affirmative obligation on the facility. All other provisions of §115.83 have been evaluated in full and are addressed in the corresponding sections of this audit report.

Provision (f): STI Testing, Related Medical Follow-Up, and Emergency Medical Services Provided at No Cost

Consistent with §115.83(f), Hamilton WRC ensures that inmates who report being sexually abused have access to sexually transmitted infection (STI) testing and related medical follow-up services as part of the facility’s comprehensive victim care response. Although Hamilton WRC is an all-male facility, the requirements of §115.83(f) remain applicable to the extent that they address STI testing and related medical services that are relevant regardless of the gender of the individuals involved. The facility’s clinical and medical staff are equipped to administer or arrange STI screening for any inmate who reports sexual abuse, and results are followed up with appropriate medical evaluation and treatment as clinically indicated. This reliable and thorough approach to post-abuse medical care reflects a comprehensive understanding of the health risks associated with sexual victimization and the facility’s principled commitment to addressing them fully.

All STI testing and related medical follow-up services provided under §115.83(f) are delivered at absolutely no financial cost to the inmate. This no-cost commitment ensures that economic considerations do not deter inmates from accessing the medical care they need following a report of sexual abuse and reinforces the facility’s exemplary, inmate-centered approach to post-abuse health services. The provision of no-cost services is embedded in ADOC policy and is consistently reflected in the practices observed at Hamilton WRC, where the principle that victims of sexual abuse should never bear the financial burden of receiving care is treated as an inviolable operational standard. Documentation reviewed during the audit confirmed that no charges were assessed to inmates’ accounts in connection with medical services provided following reports of sexual abuse.

Follow-up medical appointments and treatment services are coordinated through the

facility's healthcare infrastructure, with referrals initiated using standardized forms and processes that ensure timely scheduling and continuity of care. Clinical staff described a proactive approach to follow-up, in which inmates who have received initial post-abuse medical care are actively monitored to ensure that any additional testing, treatment, or specialist consultation that may be indicated is arranged without unnecessary delay. This diligent and vigilant approach to medical follow-up reflects Hamilton WRC's comprehensive commitment to addressing the full spectrum of health needs that may arise following sexual victimization.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.G. 5.a-f, pages 27-28

Provision (g): Referral to Outside Victim Advocate Services Through the ACAR Partnership

The ACAR MOU — the formal Memorandum of Understanding between ADOC and the Alabama Coalition Against Rape — establishes the framework through which Hamilton WRC provides inmates who report sexual abuse with access to outside victim advocacy services. Consistent with §115.83(g), this partnership ensures that inmates have the opportunity to be referred to and supported by a confidential, external victim advocate who can offer assistance, guidance, and emotional support independent of the facility's institutional structure. The availability of outside advocacy through ACAR reflects a proactive and principled recognition that the needs of sexual abuse survivors extend beyond what institutional clinical staff alone can address, and that access to an independent advocate can play a vital role in an inmate's healing and recovery process.

The Alabama Coalition Against Rape is a well-established and highly regarded statewide organization dedicated to supporting survivors of sexual violence and advocating for their rights and wellbeing. Through the ACAR MOU, Hamilton WRC's inmates who report sexual abuse can be connected with ACAR advocates who provide confidential support services in a manner that is entirely separate from and independent of the facility's administrative and investigative functions. This independence is a critical feature of the advocacy model, as it ensures that inmates can access support without concern that their conversations with an outside advocate will be shared with facility staff or incorporated into institutional proceedings without their consent. The confidential nature of ACAR advocacy services is a cornerstone of the standard's intent under §115.83(g) and is reliably preserved through the operational structure of the ACAR partnership at Hamilton WRC.

The referral pathway to ACAR services is clearly defined in facility policy and is communicated to inmates through orientation materials, staff interactions, and written notices. Staff confirmed during interviews that they are trained to facilitate ACAR referrals promptly when an inmate requests access to outside advocacy services or when such a referral appears clinically appropriate following a report of abuse. The facility's robust and commendable investment in maintaining this partnership with ACAR demonstrates a strategic and purposeful commitment to

providing comprehensive, multi-dimensional support to sexual abuse survivors — a commitment that extends beyond procedural compliance and reflects a genuine institutional commitment to the welfare of the inmates in Hamilton WRC's care.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.G. 5.a-f, pages 27-28

Provision (h): All Medical and Mental Health Services Provided at No Financial Cost to the Inmate

Hamilton WRC's implementation of §115.83(h) reflects a steadfast and unequivocal commitment to the principle that no inmate who seeks or receives medical or mental health services in connection with sexual abuse should bear any financial cost for those services. Consistent with §115.83(h), all medical examinations, forensic exams, mental health referrals, counseling sessions, STI testing, follow-up treatment, and related services provided to inmates at Hamilton WRC in connection with sexual abuse are delivered at no charge to the inmate. No funds are deducted from any inmate's account as a result of their utilization of these services, and no co-pay, fee, or financial obligation of any kind is assessed in connection with the provision of care under this standard. This principled and reliable no-cost framework ensures that financial circumstances never function as a barrier to an inmate accessing the full range of medical and mental health services to which they are entitled under §115.83.

The no-cost guarantee at Hamilton WRC applies equally to services provided within the facility by internal clinical staff and to services provided through external partners, including forensic examinations conducted at SANE Center Inc by SAFE/ SANE nurses and advocacy services provided through the ACAR partnership. Documentation reviewed during the audit confirmed consistent adherence to this no-cost policy, with no evidence identified of any inmate being charged for services received in connection with a report of sexual abuse. Staff confirmed during interviews that this policy is well understood throughout the facility's medical, mental health, and administrative operations and is treated as a non-negotiable element of Hamilton WRC's comprehensive approach to victim care. The facility's exemplary and meticulous implementation of §115.83(h) reflects a deep and principled commitment to removing every possible obstacle from the path of inmates who seek help following an experience of sexual abuse.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.G. 5.a-f, pages 27-28

CONCLUSION

Following a rigorous and thorough review of governing policies, facility documentation, and structured interviews with medical and mental health staff and inmates, the Auditor concludes that Hamilton WRC is in full and demonstrable

compliance with PREA Standard §115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers. The evidence gathered across all components of the audit process — documentary review, staff interviews, and inmate interviews — consistently and compellingly confirmed that Hamilton WRC has implemented the requirements of §115.83 with professionalism, rigor, and genuine commitment to the wellbeing of the inmates in its care. The facility’s compliance is not merely technical or procedural in character; it is deeply embedded in the clinical culture, operational systems, and day-to-day practices of the staff who implement these standards on the ground.

Hamilton WRC’s partnership with the Alabama Coalition Against Rape, formalized through the ACAR MOU, stands as one of the facility’s most commendable and strategically valuable assets in its §115.83 compliance framework. By providing inmates who report sexual abuse with access to confidential, outside victim advocacy services through a well-established statewide organization, Hamilton WRC ensures that the support available to sexual abuse survivors extends beyond what institutional resources alone can provide. The twenty-four-hour, seven-day-a-week availability of SAFE/SANE nurses at SANE Center Inc ensures that forensic medical examinations are accessible at any time, removing temporal barriers to the timely evidentiary and medical care that victims of sexual abuse require. Together, these external partnerships reflect a purposeful and proactive investment in a comprehensive, multi-dimensional victim care infrastructure that is fully consistent with the intent of §115.83.

The facility’s robust implementation of the sixty-day evaluation window for inmates with a documented history of sexually abusive behavior, its meticulous use of ADOC Form MH-008 as the standardized mechanism for initiating mental health referrals, and its principled prohibition against requiring any inmate to submit to a polygraph examination as a condition of receiving care are all exemplary features of Hamilton WRC’s §115.83 compliance framework. The sixty-day window in particular reflects a proactive, behaviorally informed approach to managing the risks associated with sexually abusive behavior in a correctional setting, ensuring that individuals with such histories receive professional clinical evaluation and individualized treatment and management planning early in their time at the facility. The consistent application of the no-polygraph protection, as confirmed by both staff and inmates, reflects a facility-wide understanding of and commitment to the access and confidentiality principles that are foundational to the standard’s objectives.

The Auditor also notes that, as Hamilton WRC is an all-male facility, the pregnancy and female reproductive healthcare provisions of §115.83(e) are non-applicable, and this non-applicability has been formally confirmed and documented in this report. For all applicable provisions, the facility’s performance was found to be thorough, consistent, and reliable. All medical and mental health services provided in connection with sexual abuse are delivered at no financial cost to the inmate, as required by §115.83(h), ensuring that economic considerations never impede access to care. The Auditor commends Hamilton WRC for its comprehensive, vigilant, and principled compliance with PREA Standard §115.83 and for its steadfast, ongoing dedication to the safety, dignity, and therapeutic needs of every inmate in its care.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate compliance with PREA Standard §115.86 governing the conduct of Sexual Abuse Incident Reviews, the Auditor undertook a thorough and meticulous review of all documentation submitted by Hamilton WRC and the Alabama Department of Corrections (ADOC). The primary purpose of this evaluation was to assess the facility’s structured processes for conducting Sexual Abuse Incident Reviews (SAIRs) following the conclusion of criminal or administrative investigations into allegations of sexual abuse, in accordance with the requirements of 28 C.F.R. § 115.86. Materials reviewed included the completed Pre-Audit Questionnaire (PAQ) and all associated supporting documentation, which together outlined the facility’s procedures, timelines, and team composition governing the Sexual Abuse Incident Review process. The Auditor also carefully examined ADOC Administrative Regulation #454, titled Operations and Legal: Inmate Sexual Abuse and Harassment, effective May 29, 2025. This regulation establishes comprehensive, agency-wide requirements for incident review processes following allegations of sexual abuse or sexual harassment, addressing team composition, mandatory timelines, and the full scope of analysis the review team is required to conduct in alignment with 28 C.F.R. § 115.86. The Auditor additionally reviewed ADOC Form 454-E, titled Sexual Abuse Incident Review, together with completed SAIR reports generated during the audit period. These documents provided compelling and well-documented evidence of Hamilton WRC’s structured, multidisciplinary, and systematic approach to reviewing incidents, identifying contributing factors, assessing gaps in policy and practice, and formulating actionable recommendations for improvement in safety, supervision, staffing, training, and prevention. The documentary record reflects a principled institutional commitment to accountability, continuous improvement, and the effective operationalization of 28 C.F.R. § 115.86. <u>INTERVIEWS</u> PREA Compliance Manager The PREA Compliance Manager (PCM) provided a thorough and well-informed account of the facility’s incident review process and oversight framework. The PCM confirmed that all completed Sexual Abuse Incident Review reports are formally submitted to both the PCM and the Facility Head upon completion, establishing a dual-layer oversight structure that supports rigorous review, meaningful accountability, and dependable tracking of recommendation implementation. This deliberate reporting pathway ensures that no completed review is filed without receiving the sustained attention of senior institutional leadership. The PCM further confirmed that incident reviews are routinely completed within thirty

days of the conclusion of each substantiated or unsubstantiated investigation, consistent with the explicit timing requirements of 28 C.F.R. § 115.86 and applicable agency policy. This consistent adherence to required timelines enables prompt analysis of each incident and facilitates the swift implementation of any corrective actions identified through the review process. The PCM expressed clear confidence in the facility's tracking mechanisms and described the overall incident review process as a well-functioning and professionally administered component of Hamilton WRC's broader PREA compliance infrastructure.

Facility Head or Designee

Facility leadership provided detailed and thoughtful insight into the composition, function, and institutional significance of Hamilton WRC's Incident Review Team (IRT). The Facility Head explained that the IRT is composed of executive-level and upper-level management officials drawn from multiple functional areas of the institution, including security operations, medical and mental health services, investigative services, and PREA compliance. This broad cross-functional representation ensures that each incident review benefits from a comprehensive range of professional expertise and operational perspective, consistent with the multidisciplinary requirements of 28 C.F.R. § 115.86.

The Facility Head emphasized that the incident review process serves as an indispensable tool for continuous institutional improvement, organizational accountability, and proactive risk management. Leadership underscored that the IRT does not merely catalog findings but actively evaluates each incident for systemic implications and translates its analysis into concrete, actionable recommendations. The Facility Head confirmed that all recommendations generated by the IRT are carefully considered and thoroughly evaluated for both feasibility and likely effectiveness, and that those determined to be sound and practicable are incorporated into policy, operational practice, or procedural guidance whenever doing so will meaningfully strengthen the facility's capacity to prevent, detect, and respond to sexual abuse in full accord with 28 C.F.R. § 115.86.

Members of the Incident Review Team

Members of the Incident Review Team offered clear and confident descriptions of the team's composition, methodology, and professional approach to the review process. Team members confirmed that the IRT is genuinely multidisciplinary in structure, drawing together upper-level management personnel, line supervisors with direct and current operational knowledge of facility conditions, trained investigators with specialized expertise in evidence analysis and case review, and medical or mental health professionals who bring clinical and psychological insight to the assessment of trauma, individual vulnerability, and risk factors. This deliberate combination of disciplines ensures that each review addresses the full spectrum of considerations required under 28 C.F.R. § 115.86.

IRT members affirmed that all reviews conducted at Hamilton WRC are approached with thoroughness, objectivity, and a commitment to evidence-based analysis. Each review is designed to address all criteria established by PREA Standard 115.86, with

particular attention to identifying contributing factors, uncovering systemic gaps in policy or practice, recognizing environmental vulnerabilities within the physical plant, and developing meaningful opportunities for corrective action and sustainable continuous improvement. Team members expressed a shared sense of professional responsibility for ensuring that every completed SAIR produces findings and recommendations that genuinely advance inmate safety and institutional accountability.

PROVISIONS

Provision (a): Comprehensive Incident Review Following Investigations

The PAQ and its supporting documentation confirm that Hamilton WRC conducts a sexual abuse incident review following the conclusion of every criminal or administrative investigation into an allegation of sexual abuse, with the sole exception of allegations formally determined to be unfounded. This principled and consistent practice was corroborated through interviews with facility leadership, the PREA Compliance Manager, and members of the Incident Review Team, each of whom affirmed that the review process is applied uniformly and without exception to all qualifying cases in full accordance with 28 C.F.R. § 115.86.

During the on-site audit, facility personnel reported a total of two allegations of sexual abuse and one allegation of sexual harassment occurring within the preceding twelve months. Every case was investigated and reviewed in careful detail to assess compliance with PREA standards governing reporting, investigation, victim services, and incident review. Each matter was handled with diligence, professionalism, and strict adherence to established agency protocols, reflecting the facility's genuine commitment to the full and faithful implementation of 28 C.F.R. § 115.86.

Sexual Abuse Allegations

Over the course of the twelve-month audit period, Hamilton WRC received two allegations of sexual abuse, each of which was addressed in accordance with PREA requirements and agency policy. The first allegation involved an inmate-on-inmate incident and was referred for criminal investigation. That investigation remained open and active at the time of the on-site audit, and accordingly a Sexual Abuse Incident Review had not yet been initiated for that case, consistent with the requirement under 28 C.F.R. § 115.86 that reviews be conducted following the conclusion of an investigation.

The second allegation involved a staff-on-inmate incident and was similarly pursued through criminal investigation. Upon the conclusion of that investigation, the allegation was determined to be unsubstantiated. Consistent with PREA requirements, the matter was referred for prosecutorial review, though no final determination regarding prosecution had been reached at the time of the audit. A Sexual Abuse Incident Review was completed within thirty days of the close of the investigation, demonstrating strict adherence to the timing requirements established by 28 C.F.R. § 115.86.

Across both sexual abuse cases, all affected inmates received timely referrals to medical and mental health services, ensuring that trauma-informed care was accessible from the earliest point following each report. Each inmate received written notification of the outcome of the relevant investigation, as well as written notification that the matter had been referred for prosecutorial review. Inmates were further notified of the reassignment of the involved staff member to a different post, ensuring transparency, victim awareness, and institutional responsiveness throughout the process. All notifications were documented in full compliance with PREA §115.73. No forensic examinations were conducted during the twelve-month audit period.

Sexual Harassment Allegations

Within the same twelve-month audit period, Hamilton WRC received one allegation of sexual harassment. The allegation was subjected to a thorough administrative investigation, upon the conclusion of which it was determined to be substantiated. The affected inmate received timely written notification of the investigation's outcome, consistent with victim notification requirements and the facility's commitment to transparency. The case was not referred for prosecutorial action, as the evidence gathered did not rise to the threshold warranting criminal referral.

Because this allegation was properly classified as sexual harassment rather than sexual abuse under applicable PREA definitions, a formal Sexual Abuse Incident Review was neither required nor conducted. The matter was nonetheless thoroughly documented and addressed in full accordance with agency policy and professional correctional standards, reflecting Hamilton WRC's principled approach to all PREA-related allegations regardless of classification.

Summary

Throughout the audit period, Hamilton WRC demonstrated consistent, principled, and well-documented adherence to PREA requirements governing timely reporting, thorough investigation, victim notification, and the provision of medical and mental health services. Staff applied established protocols with fidelity across both administrative and criminal investigations, and the facility ensured that all affected inmates had prompt access to appropriate support services. Each allegation was resolved in accordance with agency policy and the requirements of 28 C.F.R. § 115.86, with the qualifying sexual abuse case reviewed through a formal SAIR process for systemic learning and improvement, and the sexual harassment allegation carefully documented and addressed through existing administrative channels. The facility's measured, professional, and victim-centered approach to each case reflects its sustained commitment to a safe, accountable, and fully compliant institutional environment.

Relevant Policies

This provision is governed by ADOC Administrative Regulation #454, Section V.J.2 (page 29), which establishes Hamilton WRC's obligation to conduct Sexual Abuse Incident Reviews following qualifying investigations and defines the scope and standards of review consistent with 28 C.F.R. § 115.86.

Provision (b): Timely Completion Within Required Timeframes

The PAQ, corroborating documentation, and interviews with the PREA Compliance Manager collectively confirm that Hamilton WRC consistently completes Sexual Abuse Incident Reviews within thirty days of the conclusion of applicable investigations, in strict compliance with the timing requirements of 28 C.F.R. § 115.86. The facility maintains reliable tracking mechanisms specifically designed to monitor open reviews and ensure that no qualifying case exceeds the mandatory thirty-day window. These mechanisms reflect a proactive and well-organized approach to compliance management that prevents delays and supports the swift identification and implementation of corrective actions.

During the twelve-month audit period, one sexual abuse allegation — excluding cases classified as unfounded — was reviewed and completed within the required thirty-day timeframe. This outcome demonstrates Hamilton WRC’s dependable adherence to the procedural timeline established by 28 C.F.R. § 115.86 and its commitment to ensuring that the lessons of each incident are captured and addressed with the urgency that inmate safety demands.

Relevant Policies

This provision is governed by ADOC Administrative Regulation #454, Section V.J.1 (page 29), which codifies the thirty-day completion requirement for Sexual Abuse Incident Reviews and supports Hamilton WRC’s compliance with the timely review obligations set forth in 28 C.F.R. § 115.86.

Provision (c): Multidisciplinary Team Composition and Expertise

Facility reporting and interview findings confirm that the Incident Review Team at Hamilton WRC is genuinely multidisciplinary in composition and designed to bring a broad and complementary range of expertise to each review. The IRT draws from upper-level management personnel with institutional oversight responsibility, line supervisors who possess current and direct operational knowledge of daily facility conditions, trained investigators with demonstrated expertise in evidence analysis and complex case review, and medical or mental health practitioners capable of assessing the clinical and psychological dimensions of each incident. This well-rounded composition ensures that every SAIR benefits from perspectives that are both strategically informed and operationally grounded.

This team structure is fully aligned with the multidisciplinary composition requirements of 28 C.F.R. § 115.86 and is clearly articulated and reinforced in ADOC Administrative Regulation #454. Active team participation and the consistent application of this composition model across all reviews conducted during the audit period were verified through interviews and documentation, with additional confirmation provided under Provision (a) above.

Relevant Policies

This provision is supported by ADOC Administrative Regulation #454, Section V.J.2

(page 29), which specifies the multidisciplinary composition requirements for the Incident Review Team at Hamilton WRC and aligns with the team structure mandated by 28 C.F.R. § 115.86.

Provision (d): Comprehensive Written Findings and Analysis of Contributing Factors

The PAQ and interviews with IRT members and facility leadership confirm that comprehensive written findings are prepared and formally documented following each Sexual Abuse Incident Review at Hamilton WRC. Completed reports are submitted to both the Facility Head and the PREA Compliance Manager, establishing a clear chain of oversight and accountability for the tracking and implementation of identified recommendations. This documentation practice ensures that findings do not remain confined to the review process but are elevated to decision-making authority for deliberate institutional consideration and action in accordance with 28 C.F.R. § 115.86.

The Incident Review Team conducts a wide-ranging and rigorous analysis of each incident, examining whether changes to existing policy, operational practice, or established procedures are warranted in light of the findings. The team evaluates whether motivating factors — including race, ethnicity, gender identity, sexual orientation, gang affiliation, or group dynamics — may have contributed to the incident, and whether vulnerabilities in the physical plant, environmental conditions, or inadequate sightlines at the location of the incident played a contributing role. Staffing levels at the time of the incident are assessed alongside individual staff performance, training history, and adherence to applicable policy requirements. The team further considers whether additional or enhanced monitoring technologies — such as upgraded video surveillance systems, improved facility lighting, or more capable communication equipment — could meaningfully reduce the risk of future incidents. Completed reports are disseminated to appropriate stakeholders, including the PREA Director, the Department of Justice, and the Facility Monitor where applicable, reinforcing the transparency and institutional accountability that 28 C.F.R. § 115.86 is designed to promote.

Relevant Policies

This provision is governed by ADOC Administrative Regulation #454, Section V.J.5 (page 30), which establishes the written findings requirements and the scope of analysis that Hamilton WRC's Incident Review Team must conduct, consistent with the comprehensive review obligations of 28 C.F.R. § 115.86.

Provision (e): Implementation of Recommendations and Documentation of Rationale

Hamilton WRC has established a clear and accountable framework for responding to recommendations generated through the Sexual Abuse Incident Review process. The facility implements recommendations whenever doing so is feasible and whenever implementation is reasonably likely to enhance inmate safety, strengthen supervisory effectiveness, or improve the facility's overall capacity to prevent and respond to

sexual abuse. This implementation-oriented approach reflects the facility's recognition that the value of each SAIR lies not only in the quality of the findings produced but in the meaningful institutional changes those findings inspire, consistent with the intent of 28 C.F.R. § 115.86.

When specific recommendations are evaluated and determined not to be adopted — whether due to resource constraints, operational considerations, or a determination that alternative measures better address the identified concern — the facility documents a clear, transparent, and defensible rationale for that decision. This documentation practice ensures accountability regardless of outcome and demonstrates that every recommendation receives genuine institutional attention rather than routine dismissal. This approach was confirmed through interviews with both the Facility Head and the PREA Compliance Manager and is further supported by the review documentation and tracking records maintained at Hamilton WRC.

Relevant Policies

This provision is governed by ADOC Administrative Regulation #454, Section V.J.5 (page 30), which establishes the expectations for recommendation implementation and rationale documentation that Hamilton WRC applies in fulfilling its obligations under 28 C.F.R. § 115.86.

CONCLUSION

Following a thorough and comprehensive evaluation encompassing a detailed review of all applicable documentation, in-depth interviews with facility leadership, the PREA Compliance Manager, and members of the Incident Review Team, and careful analysis of investigation and incident review data from the audit period, the Auditor concludes that Hamilton WRC demonstrates full and sustained compliance with PREA Standard §115.86 – Sexual Abuse Incident Reviews, as codified at 28 C.F.R. § 115.86. The facility's Sexual Abuse Incident Review process is principled, well-structured, and faithfully executed, with qualifying incidents reviewed by a genuinely multidisciplinary team within the mandatory thirty-day timeframe, comprehensive written findings submitted to appropriate oversight authorities, and recommendations evaluated and acted upon with transparency and accountability. The handling of the two sexual abuse allegations and one sexual harassment allegation received during the audit period reflects consistent adherence to PREA standards, agency policy, and the highest professional norms of correctional practice.

Hamilton WRC has established a Sexual Abuse Incident Review framework that functions not merely as a compliance mechanism but as a genuine engine of institutional learning, improvement, and prevention. The facility's structured and rigorous approach to analyzing contributing factors, identifying policy and practice gaps, assessing physical plant and environmental vulnerabilities, and translating findings into actionable recommendations reflects a mature and deeply embedded institutional culture of accountability and continuous improvement. The commitment of facility leadership, the PREA Compliance Manager, and Incident Review Team members to honest, evidence-based analysis and meaningful follow-through ensures that every completed SAIR contributes directly to the facility's capacity to prevent,

	detect, and respond to sexual abuse in full alignment with the purpose and requirements of 28 C.F.R. § 115.86.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> The Auditor performed a comprehensive, meticulous, and purposefully structured examination of all documentation provided by the Alabama Department of Corrections (ADOC) in connection with Hamilton WRC to evaluate adherence to the data collection requirements established by PREA Standard §115.87. This rigorous review was designed to assess the depth, reliability, and institutional coherence of ADOC’s framework for systematically gathering, preserving, evaluating, and disseminating data concerning allegations of sexual abuse and sexual harassment — both at the facility level and across the agency as a whole. The Auditor approached this review with thorough attention to the structural and procedural dimensions of the agency’s data collection infrastructure, recognizing that the integrity of the data collection process is foundational to ADOC’s ability to assess the effectiveness of its sexual abuse prevention and response efforts, identify systemic trends and risk areas, and fulfill its federal reporting obligations with precision and timeliness. Key materials reviewed during this assessment included the completed Pre-Audit Questionnaire (PAQ) and extensive supporting records submitted in connection with §115.87 compliance. The primary governing document examined was ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment, effective May 29, 2025, which serves as the agency’s foundational policy instrument establishing the comprehensive framework for PREA data collection, management, aggregation, analysis, and reporting across all ADOC facilities, including Hamilton WRC. The Auditor also reviewed the most recent Survey of Sexual Victimization (SSV-2), submitted to the Bureau of Justice Statistics in fulfillment of ADOC’s federal reporting obligations, as well as the latest Annual PREA Data Report prepared by the agency. In addition, the Auditor examined content publicly available on the ADOC PREA webpage at http://www.doc.state.al.us/PREA, which serves as the agency’s primary public-facing platform for disseminating PREA-related data and reports in a manner consistent with the transparency requirements of the standard. Taken together, these materials presented a comprehensive, well-evidenced, and compelling picture of ADOC’s established framework for PREA data collection and management. The documentation revealed a disciplined, multi-layered, and strategically purposeful approach to data stewardship that reflects the agency’s genuine and steadfast commitment to evidence-based decision-making, institutional accountability, and continuous improvement in sexual abuse prevention and

response. The materials confirmed that ADOC's data collection practices under §115.87 are not merely procedurally compliant but are operationally robust, analytically substantive, and consistently implemented across both directly operated and contracted facilities in a manner that supports the agency's comprehensive PREA compliance mission.

INTERVIEWS

Agency Contract Administrator

The Agency Contract Administrator provided a detailed, authoritative, and well-informed account of ADOC's approach to ensuring PREA compliance across all contracted housing arrangements, offering valuable insight into the mechanisms through which the agency extends its data collection and reporting obligations to facilities operating under contract with ADOC. The Administrator confirmed with clarity and evident institutional understanding that all PREA-related data reporting requirements are explicitly embedded in every contract governing the housing of ADOC inmates, whether with private operators, community providers, or other external partners, ensuring that no housing environment operating under ADOC's authority falls outside the scope of the agency's §115.87 data collection framework.

The Agency Contract Administrator explained the structured reporting obligations imposed on contracted facilities in detail, confirming that such facilities are required to submit both individual incident reports documenting specific allegations of sexual abuse and sexual harassment and summarized aggregate data reports that enable ADOC to integrate contracted facility data into its centralized, agency-wide reporting and analysis system. This reliable and well-structured data integration mechanism ensures that ADOC maintains comprehensive visibility and accountability across all housing environments under its jurisdiction — including those operated by contracted partners — in a manner consistent with the requirements of §115.87(e) and ADOC's broader commitment to system-wide data integrity and transparency.

The Administrator also described the proactive monitoring practices that ADOC employs to verify that contracted facilities are adhering to their PREA data reporting obligations on an ongoing basis. Rather than relying solely on periodic reviews or scheduled audit cycles, ADOC maintains a vigilant and continuous oversight posture that enables the agency to identify and address any gaps, delays, or deficiencies in contracted facility reporting in a timely and purposeful manner. The Administrator confirmed that oversight responsibilities in connection with contracted facility PREA compliance are coordinated through the General Counsel's Office, ensuring that contractual compliance monitoring is conducted with the appropriate level of institutional authority and legal precision.

The Administrator further confirmed that the PREA compliance requirements embedded in all ADOC housing contracts represent standard, non-negotiable provisions that apply uniformly across all contracted arrangements, regardless of the nature or size of the contracting partner. The Auditor noted that this principled and consistent approach to contractual PREA compliance reflects a commendable institutional posture that treats the extension of PREA data collection obligations to

contracted facilities not as an administrative burden but as a fundamental and non-negotiable element of ADOC's comprehensive approach to accountability, transparency, and the protection of inmates in all settings under its authority.

PROVISIONS

Provision (a): Standardized Data Collection Protocols — Uniformity and Reliability Across Facilities

ADOC has established and consistently maintains clearly defined and well-structured procedures for collecting and managing data on all reported incidents of sexual abuse and sexual harassment across every facility under its jurisdiction, including Hamilton WRC, in full and exemplary compliance with the requirements of §115.87(a). These procedures mandate the use of uniform reporting tools, consistent definitional frameworks, and standardized methodologies throughout the agency, ensuring that the data collected at any given ADOC facility is directly comparable to data collected at every other facility and that the agency's aggregate data sets are trustworthy, analytically meaningful, and suitable for both internal decision-making and federal reporting purposes. This rigorous commitment to definitional and methodological uniformity is a foundational and commendable feature of ADOC's data collection infrastructure under §115.87(a).

Information for ADOC's PREA data collection system is drawn from a diverse and comprehensive array of institutional sources, ensuring that the agency's data capture is as complete and representative as possible. These sources include inmate reports and surveys, records of both scheduled and impromptu security rounds, formal grievances submitted through the facility's inmate grievance mechanism, detailed investigative files generated in connection with formal investigations of sexual abuse and sexual harassment allegations, and Sexual Abuse Incident Reviews (SAIRs) completed following the conclusion of each investigation. The breadth and diversity of these data sources reflects a proactive and vigilant approach to data collection that is designed to capture the full spectrum of sexual abuse and harassment-related incidents, regardless of how they come to the agency's attention, ensuring that no incident goes unrecorded in the agency's data systems.

Agency policy also establishes rigorous methods for the systematic identification of trends within the collected data and incorporates meticulous quality assurance mechanisms designed to verify the accuracy, completeness, and security of all data collected and maintained under §115.87(a). Both the Auditor's thorough review of documentation and the findings obtained through the interview process confirm that these standardized data collection protocols and quality assurance mechanisms are actively and consistently implemented with precision throughout the agency, reflecting a principled and diligent institutional commitment to the data integrity objectives of §115.87(a).

Relevant Policy:

1. ADOC AR #454, IV.M, 1-6, p. 31

Provision (b): Annual Agency-Wide Data Aggregation — Comprehensive Reporting to Federal Authorities

The Alabama Department of Corrections conducts a comprehensive and meticulous yearly aggregation of sexual abuse and sexual harassment data from all facilities within its direct operational control, in full and commendable compliance with the requirements of §115.87(b). This rigorous annual aggregation process aligns precisely with U.S. Department of Justice mandates and employs the Survey of Sexual Victimization (SSV-2) as the standardized submission instrument through which aggregated data is reported to the Bureau of Justice Statistics. The Auditor examined the most recent SSV-2 submission and confirmed that it was complete, timely, and inclusive of all required data elements, reflecting the agency's diligent and purposeful commitment to fulfilling its federal reporting obligations with accuracy and thoroughness.

The annual aggregation process required by §115.87(b) is a critical mechanism through which ADOC fulfills its accountability obligations to federal partners and to the public. By systematically compiling and consolidating facility-level PREA data into a comprehensive agency-wide data set on an annual basis, ADOC ensures that the Bureau of Justice Statistics receives a complete and accurate picture of sexual abuse and sexual harassment activity across the entire ADOC correctional system, enabling national-level trend analysis and comparative assessment that benefits correctional policy development and best practices beyond ADOC's own institutional context. This contribution to the national PREA data infrastructure reflects a principled and commendable understanding of the broader significance of the agency's data reporting obligations under §115.87(b).

The systematic annual aggregation process also promotes transparency and reinforces ADOC's accountability to the public by generating the comprehensive, agency-wide data sets that form the basis of the Annual PREA Data Report published on the ADOC PREA webpage at <http://www.doc.state.al.us/PREA>. This public availability of aggregated data, grounded in the rigorous annual aggregation process required by §115.87(b), ensures that stakeholders — including advocacy organizations, oversight bodies, researchers, and the general public — have access to meaningful, accurate, and current PREA-related data in a format that supports informed public discourse and meaningful accountability. The Auditor commends ADOC for its exemplary and thorough implementation of the annual aggregation requirements of §115.87(b).

Relevant Policy:

1. ADOC AR #454, IV.M, 1-6, p. 31

Provision (c): PREA Data System Compatibility — Readiness for Federal Survey Requirements

ADOC's data collection infrastructure is specifically and purposefully designed to enable the agency to respond fully and accurately to every question contained in the

current U.S. Department of Justice Survey of Sexual Violence, in full and exemplary compliance with the system compatibility requirements of §115.87(c). This capability is explicitly articulated in agency policy and was fully substantiated through the Auditor's comprehensive review of documentation submitted in connection with the audit. The deliberate engineering of ADOC's data collection systems to address the complete scope of the federal survey reflects a strategic and proactive institutional commitment to fulfilling its federal reporting obligations not merely in general terms but with the specific data elements, definitional frameworks, and reporting structures that the DOJ survey requires.

The most recent Annual PREA Data Report, which is publicly available on the ADOC PREA webpage at <http://www.doc.state.al.us/PREA>, provides a detailed and comprehensive chronicle of all reported allegations of sexual abuse and sexual harassment during the reporting period. The Report encompasses resolution outcomes for each reported allegation, demographic profiles of alleged victims and alleged abusers, institutional context information situating each allegation within the facility environment in which it occurred, and detailed descriptions of the response measures and corrective initiatives implemented in connection with each investigation. This rich and multidimensional data set reflects the full scope of information that ADOC's data collection infrastructure is capable of generating and confirms that the agency's systems are fully compatible with and capable of responding to the requirements of the federal survey.

The publication of the Annual PREA Data Report on the ADOC PREA webpage ensures public accessibility and satisfies the transparency imperatives of §115.87 in a manner that is commendable, reliable, and consistent with the standard's objectives. By making this comprehensive, multi-dimensional data report publicly available on a regular basis, ADOC demonstrates a genuine and steadfast commitment to transparency that goes beyond technical compliance with data system requirements and reflects a principled institutional investment in informed public discourse, meaningful oversight, and continuous improvement in sexual abuse prevention and response across the entire ADOC correctional system.

Relevant Policy:

1. ADOC AR #454, IV.M, 1-6, p. 31

Provision (d): Incident-Based Data Analysis — Identifying Trends and Driving Systemic Improvements

Agency policy under ADOC AR #454 requires the continuous and meticulous collection, preservation, and examination of detailed incident-level data from institutional records, including investigative reports, incident documentation, and Sexual Abuse Incident Review (SAIR) summaries, in a manner fully consistent with the analytical requirements of §115.87(d). This continuous, incident-based data collection and analysis framework ensures that ADOC maintains a dynamic and current understanding of the patterns, risk factors, and systemic challenges associated with sexual abuse and sexual harassment across its correctional system, enabling the

agency to respond to emerging issues and trends with the timeliness, precision, and evidence-based purposefulness that effective prevention and response require.

The Auditor reviewed the most recent Annual PREA Data Report and confirmed that it functions not only as a compilation of essential data elements but also as a substantive analytical document that actively highlights patterns, identifies risk areas, and articulates recommended remedial actions grounded in the data. This analytical dimension of the Annual PREA Data Report is a commendable and strategically valuable feature of ADOC's data collection and analysis framework under §115.87(d), reflecting the agency's proactive and deliberate commitment to using the data it collects not merely as a record of past activity but as a forward-looking instrument for driving targeted, evidence-based improvements in prevention and response strategies across all facilities.

The analytical framework established by ADOC under §115.87(d) empowers the agency to diagnose organization-wide challenges, evaluate the effectiveness of interventions already implemented, and enact targeted enhancements to policies, staff training programs, and daily operational practices — all grounded in the rigorous empirical analysis of incident-level data. This purposeful and diligent use of data as an instrument of institutional improvement reflects a robust and exemplary approach to the data analysis obligations of §115.87(d) and underscores ADOC's steadfast commitment to continuous, evidence-driven enhancement of its sexual abuse prevention and response capabilities at Hamilton WRC and across the entire agency.

Provision (e): Contractual PREA Compliance — Ensuring Standards Across Partnered Facilities

ADOC policy stipulates, and the Agency Contract Administrator confirmed in detail during the structured interview, that all contracts for the confinement of ADOC inmates must include binding and non-negotiable PREA compliance requirements, with oversight of contractual PREA compliance coordinated through the General Counsel's Office, in full and exemplary compliance with the requirements of §115.87(e). This principled and comprehensive contractual framework ensures that every facility operating under contract with ADOC — whether a private operator, a community provider, or any other external partner — is bound by the same PREA data collection and reporting obligations that apply to ADOC's directly operated facilities, extending the reach and integrity of the agency's §115.87 data collection framework across the full spectrum of housing environments under ADOC's authority.

The Auditor examined Contract C210052136 with GEO Reentry, Inc., which was renewed on December 1, 2025 in its third renewal, as a specific and illustrative example of the PREA compliance requirements embedded in ADOC's contracted facility agreements. This contract mandates independent DOJ-certified PREA audits of the contracted facility, ensuring that GEO Reentry's PREA compliance is subject to independent external verification consistent with the requirements applicable to ADOC's directly operated facilities. The contract further requires complete documentation access for the PREA Contract Monitor, ensuring that ADOC's oversight personnel have unrestricted access to the records necessary to verify compliance;

imposes comprehensive staff training obligations, ensuring that contracted facility personnel receive PREA training consistent with agency standards; and establishes comprehensive reporting duties, ensuring that incident-level and aggregate data from the contracted facility is submitted to ADOC for integration into the agency's centralized data collection and reporting system.

The Agency Contract Administrator affirmed that the robust PREA compliance requirements embedded in Contract C210052136 reflect standard practice across all ADOC housing agreements, and that the agency maintains a proactive and vigilant monitoring posture to verify ongoing adherence to contractual PREA obligations across all partnered facilities. This diligent and principled approach to contracted facility oversight ensures that ADOC's §115.87 data collection framework is genuinely comprehensive in scope, encompassing all inmates housed under ADOC's authority regardless of the specific operating arrangement under which their housing is provided. The Auditor commends ADOC for its exemplary and thoroughgoing implementation of the contractual PREA compliance requirements of §115.87(e).

Relevant Policy:

1. ADOC AR #454, IV.M, 1-6, p. 31

Provision (f): Timely Federal Survey Submission — Meeting National Reporting Deadlines

The Auditor confirmed through a thorough review of agency documentation and reporting records that ADOC submits the Survey of Sexual Victimization (SSV-2) to the U.S. Department of Justice on an annual basis by the June 30 deadline established for reporting on the prior calendar year, in full and commendable compliance with the timely submission requirements of §115.87(f). This consistent and reliable adherence to the federal SSV-2 submission deadline reflects a principled and well-organized institutional commitment to fulfilling ADOC's federal reporting obligations with the timeliness and precision that the standard requires.

The most recent SSV-2 submission reviewed by the Auditor was thorough, precise, and delivered within the prescribed timeframe, evidencing strict compliance with both the substantive content requirements and the procedural deadline requirements applicable to the annual federal survey submission under §115.87(f). The completeness and accuracy of the most recent SSV-2 submission confirmed that ADOC's data collection infrastructure generates the full scope of information necessary to respond to every required element of the federal survey, and that the agency's internal processes for compiling, reviewing, and submitting the SSV-2 are sufficiently well-organized and efficiently managed to consistently meet the June 30 federal deadline.

The consistent, timely, and accurate submission of the SSV-2 by ADOC reflects not only compliance with the specific reporting deadline established by §115.87(f) but also a broader institutional commitment to the national PREA data infrastructure that the federal survey submission process supports. By ensuring that its SSV-2

submissions are complete, accurate, and delivered by the required deadline each year, ADOC contributes meaningfully to the Bureau of Justice Statistics' national data collection efforts, enabling the federal government and the broader research and policy community to analyze trends in prison sexual violence with the confidence that ADOC's data is reliable, complete, and submitted in a timely manner. The Auditor commends ADOC for its exemplary and diligent compliance with the timely submission requirements of §115.87(f).

CONCLUSION

Through an exhaustive and meticulous analysis of agency policies — including ADOC Administrative Regulation #454, effective May 29, 2025 — the most recent Annual PREA Data Report, the Survey of Sexual Victimization (SSV-2), contractual agreements including Contract C210052136 with GEO Reentry, Inc., content available on the ADOC PREA webpage at <http://www.doc.state.al.us/PREA>, and detailed insights obtained through structured interviews with key agency personnel, the Auditor concludes that the Alabama Department of Corrections and Hamilton WRC achieve full and exemplary compliance with PREA Standard §115.87, Data Collection. The evidence gathered across all components of the audit process was consistent, mutually corroborating, and compelling in its confirmation that ADOC has implemented the data collection requirements of §115.87 with rigor, professionalism, and a genuine institutional commitment to the integrity, transparency, and analytical value of its PREA data infrastructure.

ADOC exhibits a disciplined, integrated, and strategically purposeful methodology for gathering, consolidating, scrutinizing, and reporting sexual abuse and sexual harassment data across both directly operated and contracted facilities under its authority. The agency's standardized data collection protocols and quality assurance mechanisms ensure that data collected at Hamilton WRC and every other ADOC facility is accurate, complete, and directly comparable across institutional contexts. The annual aggregation of agency-wide data for SSV-2 submission to the Bureau of Justice Statistics, consistently completed by the June 30 federal deadline, reflects a reliable and principled commitment to fulfilling ADOC's federal reporting obligations with the precision and timeliness they require. The Annual PREA Data Report, publicly available on the ADOC PREA webpage, provides the public and oversight stakeholders with meaningful, comprehensive access to PREA-related data in a format that supports informed accountability and public discourse.

Robust quality control mechanisms safeguard the reliability and integrity of ADOC's PREA data at every stage of the collection, analysis, and reporting process, while rigorous contractual supervision — as exemplified by Contract C210052136 with GEO Reentry, Inc. and the PREA compliance monitoring coordinated through the General Counsel's Office — guarantees that uniform PREA data collection and reporting standards are maintained across all housing environments under agency jurisdiction. These practices, taken together, reflect a robust, commendable, and exemplary institutional commitment to the data collection objectives of §115.87 and to the broader goal of using PREA data as a meaningful instrument of accountability, evidence-based improvement, and inmate safety across the entire ADOC correctional system. The Auditor commends both ADOC and Hamilton WRC for their thorough,

	principled, and diligent compliance with PREA Standard §115.87.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate compliance with PREA Standard 115.88 governing data review for corrective action, the Auditor conducted a comprehensive and systematic review of documentation submitted by Donaldson Correctional Facility and the Alabama Department of Corrections (ADOC). This thorough examination was designed to assess how the agency collects, aggregates, analyzes, and utilizes PREA-related data to assess and improve the effectiveness of sexual abuse prevention, detection, and response efforts across all facilities. The materials reviewed included the completed Pre-Audit Questionnaire (PAQ), ADOC Administrative Regulation (AR) #454 titled Inmate Sexual Abuse and Harassment, the 2024 Survey of Sexual Victimization (SSV-2) submitted to the Bureau of Justice Statistics, and the 2024 Annual PREA Data Report prepared by the agency. In addition, the Auditor examined the ADOC PREA webpage (http://www.doc.state.al.us/PREA) to verify that required annual reports and data summaries are publicly posted, easily accessible, and presented in a clear and transparent format. Collectively, these materials demonstrate the agency's structured, data-driven approach to reviewing PREA-related information and using that information to inform corrective action, policy development, resource allocation, and system-wide improvement. <u>INTERVIEWS</u> PREA Compliance Manager The PREA Compliance Manager confirmed that PREA-related materials, including administrative regulations, annual data reports, investigative summaries, and audit reports, are readily accessible to staff, inmates, and the public through the ADOC website. The PCM noted that maintaining open and transparent access to these materials promotes awareness of PREA requirements, supports staff understanding of agency expectations, enhances public confidence in the agency's commitment to inmate safety, and underscores ADOC's commitment to accountability, transparency, and continuous improvement. Facility Head or Designee The Facility Head explained that Donaldson Correctional Facility maintains an internal PREA Committee that reviews every allegation of sexual abuse and sexual harassment reported at the facility. Data from these reviews, including trends,

patterns, contributing factors, and recommended corrective actions, is forwarded to the agency PREA Coordinator and incorporated into the agency's broader data analysis and annual reporting process. This ongoing facility-level review allows Donaldson to identify trends at the local level and determine whether additional training, enhanced supervision, policy revisions, or procedural changes are needed to strengthen compliance, improve safety, and reduce the risk of sexual abuse.

Agency Head or Designee

During the interview, the Agency Head's designee confirmed that the agency-wide annual PREA report includes both a comparative analysis of current and prior years' data and a detailed assessment of corrective actions implemented over time. The designee emphasized that this report is a key management and oversight tool used by senior leadership to identify emerging issues, evaluate the effectiveness of interventions, assess the impact of policy changes, and guide future prevention and response efforts. The designee further noted that these reports are made available to the public through the ADOC website, reinforcing the agency's commitment to transparency, accountability, and public trust.

PREA Director

The PREA Director described the agency's comprehensive process for reviewing and analyzing data collected pursuant to PREA Standard 115.87. The Director explained that facility-level data from all ADOC institutions is systematically aggregated, analyzed, and evaluated to assess the effectiveness of sexual abuse prevention, detection, and response strategies across the agency. This analysis includes identifying trends and patterns, comparing facility performance, assessing the impact of corrective actions and policy changes, and preparing an annual PREA report that provides year-to-year comparisons and longitudinal trend analysis. The Director confirmed that the publicly released version of the report is carefully reviewed to ensure that only personally identifiable information is redacted, thereby balancing transparency with the need to protect individual safety, privacy, and security.

PROVISIONS

Provision (a): Systematic Data Review to Assess and Improve Effectiveness

Information contained in the Pre-Audit Questionnaire, along with statements provided during interviews with agency and facility leadership, confirms that ADOC routinely reviews and aggregates data collected under PREA Standard 115.87 to evaluate and improve the effectiveness of its sexual abuse prevention, detection, and response efforts. This review process includes identifying systemic and facility-specific issues, patterns, and trends, implementing corrective actions based on data-driven analysis, and documenting findings, responses, and outcomes in an annual PREA report. These practices were further confirmed by the PREA Director during the interview process and are supported by documentation reviewed during the audit.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section IV.D, dated May 29, 2025
2. ADOC Administrative Regulation #454, Section IV.E, dated May 29, 2025

Provision (b): Comparative Analysis and Assessment of Corrective Actions

The Agency Head's designee confirmed, and the Pre-Audit Questionnaire substantiates, that ADOC's annual PREA report provides a comprehensive comparative analysis of data and corrective actions across reporting years. The Auditor reviewed the most recently published annual report and verified that it includes thorough documentation of institutional trends, an evaluation of corrective measures implemented, an assessment of progress over time, and a longitudinal analysis of patterns and outcomes, consistent with PREA requirements and best practices for data-driven decision-making.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section IV.D, dated May 29, 2025
2. ADOC Administrative Regulation #454, Section IV.E, dated May 29, 2025

Provision (c): Public Availability and Transparency of Annual Reports

The Pre-Audit Questionnaire indicates that ADOC makes its annual PREA reports publicly available to promote transparency and accountability. The Auditor confirmed this practice by reviewing the agency's official PREA webpage, which contains an extensive and well-organized archive of annual reports dating back to 2013. This level of transparency supports public accountability, enhances community confidence, promotes informed public discourse, and reflects the department's strong commitment to continuous evaluation, improvement, and openness.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section IV.D, dated May 29, 2025
2. ADOC Administrative Regulation #454, Section IV.E, dated May 29, 2025

Provision (d): Limited and Justified Redactions to Protect Safety and Privacy

As explained by the PREA Director, any redactions made to the annual PREA report are narrowly limited to information that could compromise safety, security, or individual privacy. In practice, redactions are confined to personally identifiable information such as names, identifying details, and other sensitive data, ensuring that reports remain informative, meaningful, and useful to the public while protecting the privacy and safety of victims, witnesses, and individuals involved in investigations.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section IV.D, dated May 29, 2025
2. ADOC Administrative Regulation #454, Section IV.E, dated May 29, 2025

	CONCLUSION Based on an extensive review of the Pre-Audit Questionnaire, supporting documentation, annual PREA reports, publicly available data, and comprehensive interviews with agency and facility leadership including the PREA Director, Agency Head designee, Facility Head, and PREA Compliance Manager, the Auditor concludes that the Alabama Department of Corrections and Donaldson Correctional Facility meet all requirements of PREA Standard 115.88 governing data review for corrective action. The agency demonstrates a consistent, deliberate, and data-driven approach to analyzing PREA data, addressing identified issues through corrective action, tracking the effectiveness of interventions over time, and sharing information publicly to promote transparency and accountability. These practices reflect a strong institutional commitment to continuous improvement, evidence-based decision-making, and the ongoing enhancement of sexual abuse prevention and response efforts across all ADOC facilities.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.89 – Data Storage, Publication, and Destruction, the Auditor conducted a comprehensive, meticulous, and purposefully structured review of documentation submitted by the Alabama Department of Corrections (ADOC). This rigorous examination was designed to evaluate the agency’s policies and established practices related to the secure storage, public publication, long-term retention, and appropriate destruction of PREA-related data, ensuring that the agency’s approach to data management reflects a principled and well-calibrated balance between the imperatives of public transparency and accountability on one hand and the critical need to protect individual privacy, safety, and institutional security on the other. The Auditor approached this review with thorough attention to the structural policy framework established by ADOC, the technical and administrative systems through which PREA-related data is managed at both the facility and agency levels, and the publicly accessible data resources maintained by the agency in support of its ongoing transparency and reporting obligations under §115.89. The documentation examined during this review included the completed Pre-Audit Questionnaire (PAQ) and all supporting materials submitted in connection with §115.89 compliance. The primary governing document reviewed was ADOC Administrative Regulation (AR) #454, titled Operations and Legal – Inmate Sexual Abuse and Harassment, dated May 29, 2025, which serves as the agency-wide policy instrument establishing the framework for the collection, aggregation, secure storage,

public publication, long-term retention, and appropriate destruction of PREA-related data across all ADOC facilities, including Hamilton WRC. The Auditor reviewed the specific provisions of AR #454 directly applicable to data storage and retention, with particular focus on Section IV.E.9, page 8, which articulates the agency's binding data retention timelines and publication obligations under §115.89. In addition, the Auditor examined information publicly available on the ADOC PREA webpage at <http://www.doc.state.al.us/PREA> to verify that the agency's annual PREA reports and aggregated data summaries are actively and consistently published, readily accessible to the public, and maintained in a format that is clear, informative, and user-friendly.

The materials reviewed collectively describe the agency's comprehensive, well-structured, and strategically purposeful approach to PREA data management, providing a clear and well-defined framework for evaluating compliance with each sub-provision of §115.89. The documentation confirmed that ADOC has established and consistently maintained systems and practices addressing every dimension of the standard — from the secure, role-based storage of facility-level incident data and the submission of federal reporting obligations, to the rigorous removal of personally identifying information prior to public release and the long-term retention of investigative records in accordance with PREA's exacting timeline requirements. The overall picture presented by the reviewed documentation was one of a principled, diligent, and commendable institutional commitment to PREA data integrity that reflects both the letter and the spirit of §115.89.

INTERVIEWS

PREA Director

The PREA Director's interview provided a detailed, authoritative, and well-informed account of the agency's data storage, publication, and retention practices under §115.89. The Director began by describing the multi-level structure of ADOC's PREA data management system, explaining that PREA-related information is retained at both the facility level and the agency level through complementary systems designed to ensure both security and accessibility. At the facility level, PREA data is maintained within a centralized Risk Management System, a well-structured and strategically designed platform that serves as the primary repository for incident-based data generated at Hamilton WRC and other ADOC facilities. Access to this system is governed by a strict need-to-know standard and role-based permissions, ensuring that sensitive PREA-related information is accessible only to authorized personnel whose responsibilities require access and that the integrity and confidentiality of the data are rigorously protected at all times.

At the agency level, the PREA Director explained, PREA-related data is securely retained to support the agency's required federal reporting obligations — most notably, the timely submission of the Survey of Sexual Victimization (SSV-2) to the Bureau of Justice Statistics — and is also carefully prepared and reviewed for public dissemination through the ADOC PREA webpage at <http://www.doc.state.al.us/PREA>. The Director described this two-tiered data management structure as a deliberate and purposeful design that enables the agency to fulfill its federal reporting

obligations with precision and reliability while simultaneously maintaining the robust public transparency infrastructure required by §115.89. The Director confirmed that data is systematically aggregated and analyzed at the agency level on a routine basis, drawing on information collected under §115.87 to identify trends, assess the effectiveness of prevention and response strategies, and inform policy development and resource allocation decisions across all ADOC facilities.

When discussing the agency's approach to data publication and redaction, the PREA Director was emphatic and detailed in confirming that any redactions made prior to publication are strictly and narrowly limited to personally identifying information — including names, identifying characteristics, and other sensitive details that could be used to identify specific individuals involved in PREA-related incidents. This principled and meticulous approach to redaction ensures that the publicly released versions of ADOC's annual PREA reports remain substantively complete, analytically meaningful, and genuinely informative to the public and to oversight stakeholders, while simultaneously protecting the privacy, safety, and dignity of alleged victims, alleged abusers, witnesses, and other individuals whose information appears in the agency's PREA records. The Director emphasized that this careful balance between transparency and privacy protection is a deliberate and non-negotiable feature of the agency's data publication process, reflecting a steadfast institutional commitment to fulfilling both the transparency and privacy dimensions of §115.89 simultaneously.

The PREA Director also addressed the agency's data retention timelines in detail, describing the specific requirements governing how long different categories of PREA-related records must be maintained. The Director confirmed that all PREA-related data — including incident reports, investigative files, and aggregated statistical summaries — must be securely retained for a minimum of ten years following the date of initial collection, consistent with §115.89's requirements, unless a longer retention period is mandated by federal, state, or local law or regulation. For records related to criminal and administrative investigations, the Director confirmed that ADOC policy requires retention for the full duration of the alleged abuser's incarceration or employment with ADOC, plus an additional five years following their release or separation from employment. This rigorous and comprehensive retention framework ensures that historical PREA records remain available for trend analysis, oversight review, audit purposes, and potential legal proceedings well into the future, reflecting the agency's diligent and principled commitment to long-term institutional accountability under §115.89.

PROVISIONS

Provision (a): Secure Retention and Annual Publication of Aggregated Data

Information provided in the Pre-Audit Questionnaire and fully supported by agency policy confirms that ADOC securely retains both incident-based and aggregated sexual abuse data in a manner that ensures confidentiality, integrity, and controlled accessibility for authorized users, in full compliance with the requirements of §115.89(a). The agency's centralized Risk Management System provides a well-structured, technically sound, and purposefully designed platform for the secure

storage of facility-level PREA data, with access governed by a strict need-to-know standard and role-based permissions that ensure sensitive information is protected from unauthorized access or disclosure. This robust data storage infrastructure reflects a proactive and principled institutional commitment to maintaining the integrity of PREA-related records while ensuring that authorized personnel retain reliable access to the information necessary to carry out their prevention, investigation, and response responsibilities.

Agency policy under AR #454 requires that aggregated PREA data from all facilities under ADOC's direct operational control, as well as from contracted private facilities operating under ADOC's jurisdiction, be compiled, analyzed, and published annually on the agency's PREA webpage in a manner consistent with the publication requirements of §115.89(a). This comprehensive scope — encompassing both state-operated and privately contracted facilities — reflects a thorough and strategically inclusive approach to data aggregation and public reporting that ensures the agency's published data provides a complete and accurate picture of PREA-related activity across the full breadth of ADOC's correctional system. The annual publication requirement ensures that the public has regular and timely access to meaningful, aggregated PREA data, consistent with the transparency and accountability objectives of §115.89(a).

The Auditor independently verified the agency's compliance with the publication requirements of §115.89(a) through a thorough review of the ADOC PREA webpage at <http://www.doc.state.al.us/PREA>, which contains comprehensive annual reports and facility-level data summaries spanning multiple reporting years. This review confirmed that the agency's published data is current, well-organized, and presented in a format that is accessible and informative to members of the public, oversight stakeholders, and researchers. The availability of this publicly accessible, well-maintained data archive is a commendable and exemplary feature of ADOC's §115.89(a) compliance framework, reflecting a sustained and principled dedication to transparency and public accountability that goes well beyond minimal regulatory compliance.

Provision (b): Public Accessibility on at Least an Annual Basis

As documented in the Pre-Audit Questionnaire and confirmed through the Auditor's independent review of the ADOC PREA webpage, the agency ensures that aggregated sexual abuse data is made publicly accessible on at least an annual basis, in full compliance with the requirements of §115.89(b). The ADOC PREA webpage at <http://www.doc.state.al.us/PREA> contains multiple comprehensive reports spanning several years, each offering facility-level and agency-wide sexual abuse data that supports public transparency, informed discourse, and meaningful stakeholder accountability. The consistent, year-over-year availability of these reports reflects a reliable and steadfast institutional commitment to the public accessibility requirements of §115.89(b), ensuring that the public's ability to access current and historical PREA data is never interrupted or compromised by administrative gaps or publication delays.

The annual reports available on the ADOC PREA webpage are presented in a format that is clear, user-friendly, and genuinely informative, enabling members of the public — including advocates, researchers, oversight bodies, and family members of incarcerated individuals — to engage meaningfully with the agency’s PREA-related data without requiring specialized expertise or navigating unnecessary procedural barriers. This thoughtful and deliberate approach to public data presentation reflects an exemplary and proactive understanding of the transparency and accountability objectives that underlie §115.89(b), and demonstrates that ADOC treats its public reporting obligations as a genuine institutional value rather than merely a regulatory checklist item. The quality and consistency of the agency’s annual publication practice is a commendable and defining feature of its §115.89(b) compliance posture.

The Auditor notes that the archive of annual PREA reports maintained on the ADOC PREA webpage extends back multiple years, providing the public with access to a substantial and longitudinally rich body of data that enables meaningful trend analysis and long-term assessment of the agency’s PREA performance over time. This sustained and comprehensive archive far exceeds what a minimally compliant approach to §115.89(b) would require, and reflects a principled and diligent institutional investment in providing the public with the information necessary to hold the agency accountable and to evaluate the trajectory of its PREA compliance and sexual abuse prevention efforts over an extended period. The Auditor commends ADOC for this exemplary and purposeful approach to the annual public accessibility requirements of §115.89(b).

Provision (c): Removal of Personally Identifying Information and Long-Term Data Retention

The Pre-Audit Questionnaire confirms, and agency policy clearly establishes, that prior to publication of any aggregated PREA data, ADOC systematically and carefully removes all personally identifying information from the data set to protect the privacy, safety, and dignity of all individuals whose information may be reflected in the agency’s PREA records, in full compliance with the requirements of §115.89(c). This meticulous and vigilant redaction practice applies to information relating to alleged victims, alleged abusers, witnesses, and other individuals involved in PREA-related incidents, ensuring that no publication of aggregated data could reasonably be used to identify any specific individual or compromise personal safety. The PREA Director confirmed that redactions are strictly and narrowly confined to personally identifying information — including names, identifying characteristics, and other sensitive details — and that the substantive content, analytical findings, and trend data contained in the published reports are preserved in full, ensuring that the agency’s commitment to privacy protection does not come at the expense of meaningful public transparency.

In addition to the privacy protection requirements of §115.89(c), the agency securely retains data collected pursuant to §115.87 for a minimum of ten years following the date of initial collection, consistent with the long-term retention requirements of §115.89(c), unless a longer retention period is required by applicable federal, state, or local law or regulation. This ten-year minimum retention period ensures that historical

PREA data remains available for trend analysis, oversight review, audit purposes, and potential legal or administrative proceedings for an extended period following the initial recording of each incident or allegation. The long-term availability of retained data supports the agency's ability to conduct meaningful longitudinal analysis of PREA-related trends and outcomes, to respond comprehensively to audit inquiries and oversight requests, and to maintain a thorough and reliable institutional memory of its PREA compliance history across all facilities.

The combination of rigorous personally identifying information removal prior to publication and meticulous long-term data retention after collection reflects a principled and well-calibrated approach to the dual obligations of §115.89(c) — protecting individual privacy while preserving the institutional record. ADOC's implementation of both dimensions of this provision reflects a thorough and exemplary compliance posture that simultaneously honors the privacy rights of individuals involved in PREA-related incidents and the legitimate public interest in access to meaningful, aggregated PREA data. The Auditor's review confirmed that both the redaction and long-term retention practices described in agency policy are actively and consistently implemented, providing a solid and well-documented foundation of compliance with the requirements of §115.89(c).

Provision (d): Comprehensive Data Retention Requirements and Timelines

ADOC policy, as established in AR #454, specifies that all PREA-related data — including incident reports, investigative files, and aggregated statistical summaries — must be securely retained for a minimum of ten years following the date of initial collection, consistent with the comprehensive data retention requirements of §115.89(d). This baseline ten-year retention requirement ensures that PREA-related records are preserved for a period that supports long-term trend analysis, retrospective audit review, and the ability to respond to inquiries, legal proceedings, and oversight requests that may arise years after the initial recording of a particular incident or investigation. ADOC's rigorous implementation of this retention timeline reflects a diligent and principled commitment to the long-term institutional accountability objectives of §115.89(d) and ensures that the agency's PREA data infrastructure remains a reliable and comprehensive resource for oversight and evaluation purposes well into the future.

For records related to criminal and administrative investigations, ADOC policy establishes a more exacting and comprehensive retention timeline that reflects the elevated accountability stakes associated with formal investigative records. These records must be maintained for the full duration of the alleged abuser's incarceration or employment with ADOC — ensuring that investigative records remain accessible throughout the period in which the individual remains connected to the correctional system — plus an additional five years following the individual's release from incarceration or separation from ADOC employment. This extended retention requirement ensures that investigative records are preserved for a period sufficient to support future legal proceedings, disciplinary actions, licensing inquiries, and accountability reviews that may arise after an individual's connection with ADOC has formally ended. This principled and thorough approach to investigative record

retention reflects the agency's steadfast commitment to ensuring that formal accountability mechanisms remain viable for an appropriately extended period consistent with the requirements of §115.89(d).

The Auditor verified the agency's adherence to the long-term data retention requirements of §115.89(d) through a review of historical data maintained by ADOC, including records dating back to August 20, 2012. The availability of complete and well-maintained historical records extending more than a decade from the audit date provides compelling and direct evidence that ADOC has consistently and reliably implemented the retention timelines required by §115.89(d) over an extended and uninterrupted period. This long-standing and meticulous record of retention compliance reflects an exemplary institutional commitment to data integrity, long-term accountability, and the preservation of the historical record necessary to support comprehensive oversight and trend analysis. The Auditor commends ADOC for its principled and thorough implementation of the data retention requirements of §115.89(d) and for the well-maintained state of its historical PREA records.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section IV.E.9, page 8

CONCLUSION

Following a thorough and comprehensive review of ADOC Administrative Regulation #454 dated May 29, 2025, the Pre-Audit Questionnaire and all supporting documentation, interview information provided by the PREA Director, publicly available data and annual reports archived on the ADOC PREA webpage at <http://www.doc.state.al.us/PREA>, and historical PREA data retained by the agency dating back to August 20, 2012, the Auditor concludes that the Alabama Department of Corrections and Hamilton WRC fully meet all provisions of PREA Standard §115.89 governing data storage, publication, and destruction. The evidence gathered across all components of the audit process was consistent, mutually corroborating, and compelling in its confirmation that ADOC has implemented the requirements of §115.89 with rigor, professionalism, and a genuine institutional commitment to both the transparency and privacy protection objectives of the standard.

The agency demonstrates a consistent, secure, and transparent approach to retaining PREA-related data at both the facility and agency levels, utilizing a centralized Risk Management System with need-to-know and role-based access controls to protect the integrity and confidentiality of facility-level records, while maintaining agency-level data systems capable of supporting federal reporting obligations — including timely submission of the Survey of Sexual Victimization (SSV-2) to the Bureau of Justice Statistics — and public dissemination through the ADOC PREA webpage. The agency ensures timely public access to aggregated PREA information through a well-maintained, comprehensive, and user-friendly website archive that includes annual reports spanning multiple years, protecting the public's right to meaningful information while preserving the substantive content of the agency's PREA reporting in a format that supports informed public discourse and oversight.

	ADOC protects personally identifying information through a principled and meticulous redaction process that is narrowly confined to names, identifying characteristics, and other sensitive details, ensuring that published reports remain substantively complete and analytically meaningful. The agency maintains records in accordance with the comprehensive retention requirements of §115.89(d) — including a minimum ten-year baseline for all PREA data and an extended retention period for investigative records — as confirmed by the availability of well-maintained historical records dating back to August 20, 2012. These practices, taken together, reflect a robust and principled institutional commitment to transparency, public accountability, data integrity, and the protection of individual privacy and safety that is fully consistent with the requirements of §115.89 and commendable in both its scope and its consistent application. The Auditor commends both ADOC and Hamilton WRC for their exemplary, thorough, and diligent compliance with PREA Standard §115.89.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To assess full compliance with PREA Standard 115.401, the Auditor conducted a meticulous and comprehensive review of documentation submitted by the Alabama Department of Corrections (ADOC). The focal point of this review was the agency's demonstrated commitment to transparency, the public accessibility of audit-related materials, and the thoroughness of its cooperation throughout every phase of the audit process. The Auditor approached this review with purposeful diligence, examining each category of documentation to ensure that the agency's practices aligned with both the letter and the spirit of the applicable federal standard. A foundational element of the document review was ADOC's publicly accessible PREA webpage, located at http://www.doc.state.al.us/PREA. This webpage functions as a centralized, well-structured repository through which stakeholders, oversight bodies, advocacy organizations, and members of the general public may access substantive information about the agency's PREA compliance activities. The site houses completed facility-level PREA audit reports, agency-wide aggregated data addressing the number and nature of reported incidents of sexual abuse and sexual harassment, and supplementary materials that describe ADOC's PREA policies, procedures, and overarching compliance framework in meaningful detail. The organization and navigability of the page reflect a deliberate, strategic effort to present information in a manner that is both readily usable and easy to locate for individuals at every level of familiarity with the agency's operations. Archived records are organized in a logical and consistent fashion, and report formatting is clear and readable, facilitating independent review and substantive engagement by external parties.

The documentation reviewed also revealed that ADOC maintains a robust and well-structured process for planning, completing, and publicly reporting on its audits. Audit cycles are tracked systematically, findings are recorded with care, and corrective action plans are prepared and posted in a timely manner following each audit. This exemplary level of organizational discipline reinforces institutional accountability and provides outside parties with a clear, reliable window into completed audit work and the agency's responsive practices when deficiencies or areas for improvement are identified. The scope and quality of documentation made available to the Auditor during this review reflect an agency-wide culture of openness and a principled commitment to public accountability under PREA.

INTERVIEWS

Agency Head or Designee

The Agency Head's designee provided clear, informed, and candid responses throughout the interview, demonstrating a thorough and reliable command of the agency's PREA audit obligations and public reporting commitments. The designee described the public posting of audit reports and summarized sexual abuse and sexual harassment data on the ADOC PREA webpage as a fundamental and non-negotiable component of the agency's transparency posture, characterizing this level of openness as essential to ensuring that ADOC facilities remain safe, accountable, and consistently aligned with federal PREA expectations. The designee confirmed without reservation that each ADOC facility has completed a PREA audit within the most recent three-year compliance cycle, reflecting the agency's steadfast adherence to federally mandated audit scheduling. The designee further noted that the public availability of this information enables stakeholders, policymakers, advocacy organizations, and members of the public to independently evaluate ADOC's compliance efforts and monitor the agency's progress over time, reinforcing the role of external accountability as a constructive and welcome element of the agency's overall compliance infrastructure.

PREA Director

The PREA Director offered a detailed and substantive account of ADOC's broader audit and compliance architecture, conveying a sophisticated understanding of the agency's systems and a proactive orientation toward continuous improvement. The Director began by confirming that the current audit cycle represents the second year of ADOC's fourth three-year PREA audit cycle, a milestone that underscores the agency's sustained and systematic commitment to routine, rigorous review. Each facility within the ADOC system is scheduled for an audit within the federally required three-year period, and the agency's internal planning process is deliberately designed to ensure that no facility exceeds that timeframe. The Director described the scheduling and tracking systems in place with evident confidence, reflecting an organized and reliable approach to compliance management.

The Director then elaborated on ADOC's philosophy regarding the use of audit findings, explaining that results are not treated as isolated or static compliance

records but rather as living tools for ongoing operational refinement. Following each audit, ADOC uses findings to strengthen policies, improve training programs, and refine operational practices across the correctional system. In this way, the audit process functions as an active and integral component of the agency's accountability structure rather than as a separate, temporary, or administrative compliance exercise.

PROVISION

Provision (a) - Timely Completion of PREA Audits Within the Federally Required Cycle

A thorough review of all relevant documentation, conducted in conjunction with comprehensive interviews of both the PREA Director and the Agency Head's designee, confirmed with clarity and consistency that all ADOC facilities have completed PREA audits within the federally required three-year cycle. This represents a commendable and exemplary record of compliance with one of the most foundational scheduling requirements imposed by PREA's audit framework. Audit reports are finalized in a timely manner following each review, and their placement on the publicly accessible ADOC PREA webpage alongside supporting aggregated data provides transparent and well-organized evidence of the agency's compliance. The consistency with which ADOC has met its audit scheduling obligations across all facilities reflects a diligent and principled commitment to the federally required audit schedule and reinforces the agency's broader culture of systematic accountability. The Auditor finds this aspect of ADOC's compliance posture to be well-structured, reliable, and thoroughly substantiated by the documentary record.

Provision (b) - Public Availability of Audit Reports and Aggregated Incident Data

The ADOC PREA webpage, accessible at <http://www.doc.state.al.us/PREA>, contains detailed facility-level audit reports as well as comprehensive agency-wide summaries documenting the number and type of reported incidents of sexual abuse and sexual harassment, investigation results, and corrective actions taken in response to identified issues. These materials collectively constitute a transparent, thorough, and publicly accessible record of ADOC's data collection, analysis, and reporting practices. The sustained availability of these materials gives stakeholders, policymakers, advocacy organizations, and members of the public a meaningful and reliable mechanism through which to monitor compliance trends, assess the agency's performance over time, and participate in substantive external oversight of ADOC's PREA-related activities. The Auditor finds that ADOC's approach to public posting is both rigorous and commendable, reflecting a strategic and principled commitment to transparency that goes beyond the minimum requirements of the standard and demonstrates genuine respect for the public accountability principles that animate PREA's audit framework.

Provisions (c)-(g) - Not Applicable to This Audit Scope

The provisions identified within the range of (c) through (g) were determined to be not applicable to the scope of this audit. Each of these provisions addresses operational circumstances, facility configurations, or population-specific conditions that were not present or relevant within the context of the ADOC facilities under review during this audit cycle. Because the factual and operational predicate conditions necessary to trigger applicability of these provisions were absent, they had no bearing on the compliance determination reached for PREA Standard 115.401. The Auditor exercised careful and thorough judgment in evaluating the applicability of each provision within this range, consulting the relevant regulatory guidance and applying it rigorously to the specific circumstances encountered during the on-site review. This determination of non-applicability is not a reflection of any deficiency within the facility or the agency, but rather an accurate and principled accounting of the scope parameters that appropriately bounded the audit review. Hamilton WRC, as an all-male work release center operating under the Alabama Department of Corrections, does not present the facility type, population characteristics, or programmatic conditions that would render provisions (c) through (g) applicable. The non-applicability of these provisions is therefore both legally appropriate and factually well-supported by the totality of the audit record.

Provision (h) - Full and Unrestricted Auditor Access During the On-Site Audit

During the on-site portion of the audit, the Auditor was granted full and unrestricted access to all relevant areas of the facility, encompassing housing units, program areas, medical and mental health spaces, and administrative offices. This comprehensive access enabled the Auditor to conduct a thorough and independent assessment of both the physical environment and the operational practices in place at the facility. The Institutional PREA Compliance Manager (IPCM) remained consistently available throughout the entirety of the on-site visit, proactively coordinating access to staff, records, and physical plant areas in a manner that allowed the review to proceed smoothly, efficiently, and without interruption. The IPCM's diligent facilitation of the audit process reflected an exemplary level of institutional preparation and a genuine commitment to supporting the integrity of the review. At no point during the on-site visit was the Auditor's access restricted, delayed, or impeded in any way. The facility's approach to supporting auditor access is consistent with the highest standards of cooperation expected under PREA and reflects a well-structured and purposeful organizational commitment to transparent, accountable operations.

Provision (i) - Comprehensive and Cooperative Staff Participation in the Audit Process

ADOC personnel and facility staff demonstrated consistent, reliable, and commendable cooperation throughout every phase of the audit process. All requested documentation and supporting materials were provided promptly, in complete and well-organized form, and in a manner that allowed the Auditor to evaluate both written policy and actual operational practice with thoroughness and confidence. Staff members at all levels engaged with the audit process in a candid

and forthcoming manner, responding to questions with clarity and demonstrating a substantive understanding of PREA requirements and the facility's compliance obligations. This exemplary level of cooperative participation reflects an organizational culture that treats PREA audits not as adversarial inspections but as constructive and valued tools for accountability and operational improvement. The Auditor observed no instances of reluctance, evasion, or material omission during the audit process, and the overall quality and completeness of staff engagement contributed meaningfully to the reliability and thoroughness of the audit findings. ADOC's culture of principled cooperation is itself a meaningful indicator of institutional commitment to PREA compliance.

Provisions (j)-(l) - Not Applicable to This Audit Scope

The provisions identified within the range of (j) through (l) were determined to be not applicable to the circumstances reviewed during this audit. The facilities and incarcerated populations under review did not present the specific conditions, population characteristics, or programmatic arrangements necessary to trigger the applicability of these provisions. As with the provisions addressed above, the Auditor exercised diligent and rigorous judgment in evaluating whether any of the conditions contemplated by provisions (j) through (l) were present within the audit scope, and concluded with confidence that they were not. This determination is grounded in a careful and thorough reading of the applicable regulatory standards and a comprehensive assessment of the factual record developed during the on-site review and document examination. Hamilton WRC, as an all-male work release center, does not involve the population types or operational arrangements that would render provisions (j) through (l) applicable. Accordingly, these provisions had no effect on the final compliance determination reached for PREA Standard 115.401, and their non-applicability is both accurate and well-supported by the full audit record.

Provision (m) - Provision of a Confidential and Secure Interview Environment

The facility provided a secure, private, and appropriately confidential setting for all interviews conducted with both staff members and incarcerated individuals during the on-site audit. The interview location was selected and arranged to support maximum confidentiality, minimize distractions, and ensure that participants were able to speak freely and candidly without concern that their statements might be overheard by supervisors, fellow staff, or other incarcerated individuals. This purposeful approach to interview logistics contributed meaningfully to the candor and reliability of the information gathered during the audit process. Participants in both staff and inmate interviews demonstrated a level of openness and specificity that is consistent with a genuine sense of privacy and safety during the interview setting. The Auditor found the interview environment to be thorough, well-managed, and fully consistent with the requirements of PREA Standard 115.401. The facility's attention to the integrity of the interview process reflects a commendable and proactive commitment to supporting the audit's reliability and the protection of all participants.

Provision (n) - Confidential Correspondence Between Incarcerated Individuals and the Auditor

Interviews conducted with incarcerated individuals confirmed that they had meaningful and reliable access to confidential correspondence with the Auditor during the course of the audit. The mechanism through which this correspondence was facilitated was structured to provide protections comparable to those typically afforded to legal mail, ensuring that all communications remained private, free from unauthorized review, and insulated from any risk of retaliation or institutional interference. Participants in interviews confirmed that this assurance of confidentiality allowed them to communicate honestly, directly, and without reservation about their experiences and observations. The integrity of the correspondence process, as described by incarcerated individuals and as confirmed through the Auditor's own review of the procedures in place, contributed meaningfully to the overall reliability and completeness of the audit findings. The facility's robust and principled approach to protecting confidential inmate correspondence with the Auditor reflects a steadfast commitment to upholding the procedural safeguards that are foundational to a credible and trustworthy PREA audit process.

Provision (o) - Final Provision Not Applicable

The provision identified as (o) was determined to be not applicable to this audit and therefore did not influence the compliance assessment reached for PREA Standard 115.401. The Auditor evaluated the conditions and circumstances relevant to this provision with the same meticulous care applied throughout the remainder of the audit and concluded that the factual and operational predicate necessary for applicability was not present within the scope of this review. This determination is consistent with the operational profile of Hamilton WRC as an all-male work release center and is fully supported by the documentary and observational record developed during the course of the audit.

CONCLUSION

Based on a meticulous and comprehensive review of documentation, rigorous interviews with the PREA Director, the Agency Head's designee, facility leadership, and PREA personnel at multiple levels, as well as direct and unrestricted observation conducted during the on-site audit, the Auditor concludes that Hamilton WRC and the Alabama Department of Corrections are in full compliance with all applicable components of PREA Standard 115.401. This conclusion is grounded in a thorough and principled assessment of the totality of the audit record and reflects a consistent pattern of exemplary performance across every applicable provision of the standard.

Hamilton WRC and ADOC demonstrate consistent and reliable adherence to the federally required three-year audit cycle, ensuring that all facilities are reviewed on a systematic and timely basis. The agency maintains a commendable level of transparency through the public posting of completed audit reports and aggregated incident data on the ADOC PREA webpage at <http://www.doc.state.al.us/PREA>,

	providing stakeholders and the public with robust and accessible tools for independent oversight. Throughout the on-site audit, Hamilton WRC provided full, unrestricted, and proactively facilitated access to all areas of the facility, all requested documentation, and all relevant personnel. The facility's diligent maintenance of a confidential interview environment and a principled approach to protecting incarcerated individuals' confidential correspondence with the Auditor further reinforced the integrity and reliability of the audit process at every stage. Taken together, these practices reflect Hamilton WRC's and ADOC's ongoing and steadfast commitment to operating safe, accountable, and PREA-compliant correctional environments. The agency's culture of openness, purposeful improvement, and institutional responsibility is evident throughout the audit record and positions ADOC as a reliable and principled steward of the obligations imposed by the Prison Rape Elimination Act. The Auditor commends Hamilton WRC and ADOC for the exemplary cooperation, transparency, and organizational diligence demonstrated throughout every phase of this review.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> The Auditor undertook a comprehensive and methodical examination of the Alabama Department of Corrections' (ADOC) publicly accessible PREA webpage at http://www.doc.state.al.us/PREA. This online platform functions as the primary, authoritative, and well-structured hub for detailed information about the agency's adherence to the Prison Rape Elimination Act across its entire network of correctional institutions, encompassing both traditional facilities and community-based programs such as Hamilton WRC. The Auditor's diligent review of this resource confirmed that ADOC has established a robust and purposeful digital presence dedicated to fulfilling its federal transparency obligations under PREA Standard §115.403. The webpage's structure delivers clear, well-organized, and reliable access to essential PREA materials, empowering the public, regulatory oversight groups, advocacy organizations, and other interested parties to thoroughly and independently assess ADOC's strategies for preventing, identifying, and addressing sexual abuse and sexual harassment within its correctional network. The content available through this platform is comprehensive in scope and rigorous in presentation. Key materials include annual statistical compilations that document incident data across the agency, comprehensive agency-wide data evaluations that synthesize trends and outcomes at the institutional level, and finalized PREA audit reports for every individual facility under ADOC's jurisdiction. These resources

collectively offer a transparent and principled window into ADOC's policies, operational procedures, and overall compliance posture.

The intentional design and meticulous upkeep of the ADOC PREA webpage underscore the department's resolute and steadfast dedication to openness, institutional accountability, and faithful execution of federal PREA mandates. The platform's consistent availability and regular maintenance reflect a proactive organizational culture that values external validation and sustained public trust. The Auditor found the site to be an exemplary model of how a correctional agency can present compliance-related information in a format that is both accessible to general audiences and sufficiently detailed to satisfy the scrutiny of oversight bodies. The thoroughness with which ADOC has curated and maintained this resource is commendable and stands as a reliable foundation for the compliance determinations that follow in this review.

PROVISIONS

Provisions (a)-(e): Non-Applicable Agency Responsibilities — Excluded from Current Review Scope

Provisions designated as (a) through (e) under PREA Standard §115.403 fall outside ADOC's specific obligations as they pertain to the current review context and the operational classification of Hamilton WRC as an all-male work release center under the Alabama Department of Corrections. As a result, these provisions were not evaluated, scored, or factored into the compliance assessment for this review cycle. The Auditor's purposeful and principled approach to scoping this review ensures that only those provisions bearing direct relevance to Hamilton WRC's operational responsibilities are assessed, thereby preserving the integrity and precision of the overall compliance determination. The deliberate exclusion of Provisions (a) through (e) from the current review scope is consistent with established PREA audit methodology and reflects the rigorous and well-structured analytical framework applied throughout this engagement. No policy citations are associated with these provisions, and none are required for the purposes of this assessment.

Provision (f): Comprehensive Public Accessibility — Openness, Transparency, and Independent Oversight

ADOC's PREA webpage exemplifies purposeful and strategic design aimed at promoting transparency and enabling effective, meaningful public scrutiny of the agency's PREA compliance activities. The platform features in-depth reports encompassing sexual abuse and sexual harassment statistics drawn from all agency-managed facilities, presented in full accordance with PREA reporting protocols and federal disclosure requirements. The available materials encompass yearly incident summaries that provide a granular view of reportable events across the correctional system, synthesized agency-level data insights that contextualize trends within the broader landscape of ADOC operations, and detailed findings from facility-specific PREA audits that illuminate the compliance status and corrective trajectories of each individual institution.

Navigation throughout the ADOC PREA webpage is intuitive and user-friendly, allowing effortless and efficient access to pertinent documents for users of varying levels of familiarity with PREA compliance frameworks. The site's architecture has been thoughtfully designed to minimize barriers to information retrieval, ensuring that members of the public, advocacy groups, researchers, and oversight bodies can locate and review relevant materials without unnecessary difficulty. This commendable attention to accessibility reflects a diligent and proactive commitment to serving the informational needs of all stakeholders who have an interest in ADOC's compliance performance.

ADOC sustains the platform through regular and disciplined updates, ensuring that all mandated reports remain current, complete, and openly available to the public at all times. This vigilant approach to platform maintenance not only fulfills the reporting requirements established under PREA Standard §115.403 but also cultivates robust public trust by permitting ongoing external validation of compliance efforts. The agency's consistent publication of audit reports, statistical data, and related compliance documentation in a structured, approachable, and readily navigable format serves as a steadfast testament to ADOC's principled commitment to prevention, accountability, and institutional transparency. The comprehensive and reliable nature of the materials presented on this platform highlights the agency's exemplary and proactive stance on both the prevention of and response to sexual abuse and sexual harassment across its entire correctional network, including community-based programs such as Hamilton WRC.

CONCLUSION

After a meticulous and thorough analysis of ADOC's publicly available PREA webpage and the associated documentation accessible therein, the Auditor determines that the Alabama Department of Corrections achieves complete and consistent compliance with PREA Standard §115.403. The evidence gathered through this diligent review demonstrates that Hamilton WRC, as a facility operating under the ADOC system, benefits directly from the agency's exemplary and well-structured approach to public reporting and transparency. The robust digital infrastructure maintained by ADOC at <http://www.doc.state.al.us/PREA> ensures that compliance-related information pertaining to Hamilton WRC and all other ADOC facilities is readily accessible, current, and presented in a format that supports rigorous independent oversight.

The agency consistently publishes audit reports and related data in a structured, approachable, and readily navigable format, evidencing a deep-rooted and principled commitment to transparency, accountability, and sustained PREA adherence throughout its correctional and community-based operations. Hamilton WRC's inclusion within this comprehensive reporting framework reflects the agency's steadfast dedication to ensuring that every facility under its jurisdiction, regardless of operational classification, is subject to the same rigorous standards of public accountability and compliance visibility. The Auditor recognizes ADOC's proactive and vigilant stewardship of its PREA reporting obligations as a commendable and reliable model of institutional responsibility that meaningfully advances the goals of the Prison Rape Elimination Act.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

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

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

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

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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 with inmates with disabilities including inmates who: Have intellectual disabilities?	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: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in	yes

	formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
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 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
	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	yes

	U.S.C. 1997)?	
	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,	na

	whichever is later.)	
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).)	yes
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	yes

	inmates on how to avoid inappropriate relationships with inmates?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	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)?	
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 Garrity warnings? (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 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	yes

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
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 suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
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 screening instrument?	yes
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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) Whether the inmate is detained solely for civil immigration purposes?	no
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 information is not exploited to the inmate's detriment by staff or other inmates?	yes
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	yes

	being sexually abusive, to inform: Work Assignments?	
	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	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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.)	na
	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.)	na
	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.)	na
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 anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials	na

	and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	
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.	no
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 this standard.)	yes
	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	yes

	is exempt from this standard.)	
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, 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.)	na
	Does the facility enable reasonable communication between	yes

	inmates and these organizations and agencies, in as confidential a manner as possible?	
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 abuse or sexual harassment or retaliation?	yes
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	yes

	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?	
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 response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities	no

	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?	
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 sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	
	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 of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations	yes

	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).)	
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in	yes

	order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
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 abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

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 evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does	yes

	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.)	
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).	na
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 sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
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	yes

	has been determined to be unfounded?	
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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 to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
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	Frequency and scope of audits	

(b)		
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	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.)	na
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 (f)	Audit contents and findings	
	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	yes

	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.)	