

PREA Facility Audit Report: Final

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

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/05/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
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.	<input type="checkbox"/>
Auditor Full Name as Signed: Darla P. O'Connor	Date of Signature: 03/05/2026

AUDITOR INFORMATION	
Auditor name:	OConnor, Darla
Email:	doconnor@strategicjusticesolutions.com
Start Date of On-Site Audit:	02/16/2026
End Date of On-Site Audit:	02/18/2026

FACILITY INFORMATION	
Facility name:	Mobile Community Based Facility and Community Work Center
Facility physical address:	2423 North Beltline Highway, Mobile, Alabama - 36617
Facility mailing address:	

Primary Contact

Name:	Crystal Pettaway
Email Address:	crystal.pettaway@doc.alabama.gov
Telephone Number:	2514520098

Warden/Jail Administrator/Sheriff/Director	
Name:	Johnny McNeal Jr
Email Address:	Johnny.mcneal@doc.alabama.gov
Telephone Number:	2514520098

Facility PREA Compliance Manager	
Name:	Crystal Pettaway
Email Address:	crystal.pettaway@doc.alabama.gov
Telephone Number:	(251) 231-0661

Facility Health Service Administrator On-site	
Name:	YesCare
Email Address:	Peggy.Gray@yescarecorp.com
Telephone Number:	334-730-3802

Facility Characteristics	
Designed facility capacity:	221
Current population of facility:	207
Average daily population for the past 12 months:	205
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:	19-80
Facility security levels/inmate custody levels:	minimum in/ minimum out (level 1 & level 2)
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	42
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	10
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	18

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Christy Vincent	Email Address:	christy.vincent@doc.alabama.gov
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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:	2026-02-16
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2. End date of the onsite portion of the audit:	2026-02-18
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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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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a. Identify the community-based organization(s) or victim advocates with whom you communicated:

EXTERNAL CONTACTS

As part of the PREA audit verification process, the Auditor reached out to several community-based advocacy and support organizations to evaluate the facility's compliance with standards related to victim services and external reporting options for inmates. This review focused on both the availability of confidential support services and the facility's collaboration with external partners to ensure timely and trauma-informed assistance.

Just Detention International (JDI), a national organization dedicated to ending sexual abuse in detention settings, was contacted to determine whether any inmates or facility staff had engaged their services in the past year. Representatives confirmed that no communication had been initiated from the facility during the prior 12 months. This indicates that, for the reporting period, no inmate sought external advocacy or support through JDI.

Alabama Coalition Against Rape (ACAR) was contacted to confirm recent involvement or outreach related to the facility. ACAR maintains a service agreement with the Alabama Department of Corrections (ADOC) to provide Sexual Assault Nurse Examiner (SANE) services through local rape crisis centers. This agreement includes the provision of trained victim advocates who offer emotional support, guidance, and assistance to victims of sexual abuse, regardless of when or where the incident occurred. The contract also ensures that a confidential hotline is available for inmates to report abuse or seek assistance at any time.

The Crisis Center of Mobile, the local ACAR affiliate serving the facility, confirmed its role in providing SANE personnel and advocates for sexual abuse allegations. Records reviewed indicate that no SANE examinations were requested during the past 12 months. The center further noted that their nurses receive specialized training covering sexual assault protocols, collaboration with law

enforcement, District Attorney trial preparation, and pediatric care considerations. All forensic examinations are conducted at local hospital emergency departments, specifically at USA Freestanding ER in Mobile, Alabama, which serves as the designated SANE facility.

Victim advocates, provided under contract, accompany inmates before, during, and after forensic examinations to ensure emotional support and guidance throughout the process. These advocates coordinate follow-up services in partnership with facility mental health staff, providing continuity of care and access to counseling. Inmates are offered in-person counseling in a private setting and may continue follow-up support through the facility's mental health services. To protect confidentiality, advocates provide a secure mailing address and a toll-free hotline at 1-800-639-4357, or *661 from an inmate telephone. All advocacy and counseling services are offered at no cost to the inmate, ensuring that financial barriers do not impede access to support.

Forensic medical examinations are conducted by SANE-certified personnel at USA Freestanding ER. When needed, SANE staff are contacted via an established on-call system, and inmates are transported to the hospital where examinations are conducted. These services are fully provided at no cost to the inmate, and no financial responsibility is transferred to the victim. This structure ensures that victims have timely, professional, and confidential access to forensic evaluation and advocacy, reflecting a trauma-informed and victim-centered approach in compliance with PREA standards.

USA Freestanding Emergency Department

USA Freestanding Emergency Department was contacted to confirm its role in providing forensic exams for sexual assault victims. They confirmed the hospital maintains a structured and professional SANE program, ensuring that examinations are performed by

qualified, SANE-certified nurses who are trained specifically in handling sexual assault cases.

Inmates are transported to the hospital, where SANE staff meet them to perform comprehensive forensic evaluations in a private and professional setting. These services are fully provided at no cost to the inmate, and under no circumstances is financial responsibility for the examination or related services transferred to the victim. This arrangement ensures that all forensic medical care is delivered promptly, safely, and confidentially, supporting a trauma-informed approach while maintaining compliance with PREA standards and protecting the rights and well-being of inmates who may be victims of sexual abuse.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	221
15. Average daily population for the past 12 months:	205
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	208
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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:	0
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:	0
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:	1
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:	0
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:	0
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:	0
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):

As part of the facility's comprehensive Prison Rape Elimination Act (PREA) compliance audit, the Auditor conducted a detailed, structured evaluation of the institution's ability to identify, monitor, and respond to individuals in custody who may be at elevated risk for sexual abuse or victimization. This assessment was designed to examine both adherence to policy and operational effectiveness. The process included an extensive review of intake and classification documentation, analysis of population tracking and housing assignment systems, and structured interviews with staff responsible for screening, classification, and risk assessment. The multi-layered approach allowed the Auditor to evaluate not only whether policies were in place but also how effectively they were implemented in daily operations to protect vulnerable individuals. A key focus of the review was on populations specifically recognized by PREA as requiring heightened awareness and tailored protections. These populations include individuals who are transgender or intersex; those with physical, cognitive, or developmental disabilities; persons with visual or hearing impairments; individuals with limited English proficiency; persons detained for civil immigration purposes; and individuals with a prior history of sexual victimization. The audit sought to determine whether any individuals from these populations were housed within the facility and whether existing policies, staff training, and documentation practices were sufficient to ensure that such individuals would be appropriately identified, protected, and accommodated.

During the on-site audit, the facility's population included a single individual from these identified vulnerable categories, specifically an individual with a visual impairment. There were no individuals with physical or cognitive limitations, hearing impairments, limited English proficiency, or self-identified transgender or intersex

individuals. No inmates reported prior experiences of sexual abuse, and there were no youthful offenders housed for protective purposes. The facility does not systematically track sexual orientation unless an individual voluntarily discloses this information. At the time of the audit, no inmates self-identified as lesbian, gay, or bisexual.

The Auditor verified these findings through a comprehensive review of intake screening forms, classification and housing records, and population rosters. Cross-referenced interviews with intake and classification staff confirmed that records were accurate, complete, and readily accessible. These processes ensure that the facility maintains reliable tracking of potentially vulnerable individuals and can respond quickly and appropriately should any individual requiring special protective measures be admitted.

Interviews with staff highlighted a clear, consistent, and professional understanding of procedures for identifying and responding to risk factors among vulnerable populations. Intake and classification personnel described, in detail, the steps taken to assess vulnerabilities related to gender identity, disability, medical or mental health needs, communication barriers, and previous trauma. Staff demonstrated a trauma-informed approach, reflecting respect, professionalism, and empathy while ensuring that safety, privacy, and individualized care are prioritized.

The facility's Standard Operating Procedures provide thorough guidance on safeguarding vulnerable populations. Policies mandate initial PREA risk screening at intake, housing assignments that prioritize both safety and privacy, timely access to medical and mental health services, and ongoing staff training to promote awareness and responsiveness to diverse needs. During the audit, observations confirmed that these procedures were consistently applied, reinforcing a culture of accountability, proactive safety management, and institutional integrity.

In conclusion, the facility housed one individual from the identified vulnerable populations, who was interviewed as part of the audit process. The combination of trained, knowledgeable staff, clearly articulated policies, accurate and accessible documentation, and trauma-informed operational practices demonstrates full compliance with applicable PREA standards. The facility fosters a culture of respect, equity, and safety, providing a secure and supportive environment for all individuals in custody. These practices reflect the facility's commitment to the PREA mission of preventing, detecting, and responding effectively to sexual abuse and sexual harassment within correctional settings.

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

<p>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:</p>	<p>42</p>
<p>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:</p>	<p>17</p>
<p>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:</p>	<p>10</p>

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:

As part of the PREA compliance audit, the Auditor conducted a thorough review of the facility's workforce, including staff, contractors, and volunteers, to assess adherence to annual PREA training requirements. The facility reported a total of 42 staff members, 10 contractors, and 17 volunteers actively involved in daily operations and program support. Ensuring that all personnel are trained in preventing, detecting, and responding to sexual abuse and harassment is a critical component of maintaining a safe and secure environment for all individuals in custody.

To verify compliance, the Auditor conducted a structured review of training documentation across the facility's personnel categories. This included all 42 staff members, a sample of six general contractors, four medical and mental health contractors, and all 17 volunteers. Each record reviewed contained signed confirmation that the individual had successfully completed the required PREA training within the past 12 months.

Interviews with training coordinators and supervisors confirmed that the facility maintains a systematic process for delivering annual PREA training, tracking completion, and ensuring accountability across all personnel categories. Staff described the training as comprehensive, covering agency zero-tolerance policies, procedures for reporting sexual abuse, identifying risk factors among individuals in custody, and their specific roles and responsibilities in prevention and response. Contractors and volunteers receive similar instruction tailored to their operational roles, including protocols for reporting, maintaining confidentiality, and responding appropriately to disclosures.

The Auditor observed that training records were well-organized, accessible, and up-to-date, demonstrating the facility's commitment to sustaining a culture of awareness, vigilance, and professional accountability. By ensuring that all staff, contractors, and volunteers complete timely

and comprehensive PREA training, the facility reinforces a system-wide approach to preventing sexual abuse and protecting the safety and dignity of all individuals in custody.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

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

19

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?

On the first day of the on-site audit, the institutional population consisted of 208 inmates. In alignment with guidance from the PREA Auditor Handbook, this population size required a minimum of 20 inmate interviews, composed of ten randomly selected inmates and ten targeted inmates identified as potentially vulnerable or at heightened risk for sexual abuse or victimization.

During the audit, the Auditor conducted interviews with 19 randomly selected inmates. The random sample was intentionally oversampled because the facility had only one individual who met the criteria for a targeted interview. To meet the total requirement of 20 interviews, the Auditor conducted a single targeted interview with the identified vulnerable inmate and incorporated the remaining nine previously designated targeted interviews into the random selection, resulting in 19 random interviews and one targeted interview.

To ensure the integrity and fairness of the random selection process, the Auditor utilized alphabetical housing unit rosters. Inmates were selected from multiple housing units to capture a representative cross-section of the facility population. Consideration was given to demographic factors, including age, race, and ethnicity, to ensure the interviews reflected the diversity of the incarcerated population. This methodology provided a comprehensive overview of inmate experiences across different housing areas and demographic groups, strengthening the reliability and validity of the audit findings.

The process demonstrated the facility's commitment to transparency, inclusivity, and adherence to PREA standards, ensuring that all interviews were conducted equitably and that the voices of inmates from a variety of backgrounds and circumstances were included in the assessment.

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):

At the time of the on-site Prison Rape Elimination Act (PREA) audit, the facility reported a total population of 208 individuals in custody. In accordance with the PREA Auditor Handbook, facilities of this size are required to conduct a minimum of ten randomly selected inmate interviews in addition to ten targeted interviews with individuals identified as belonging to specific vulnerability categories outlined under PREA standards. These categories include individuals who may be transgender or intersex, persons with disabilities, those with limited English proficiency, or inmates with a prior history of sexual victimization. During the audit period, the facility identified only one individual who fell within these targeted categories. To meet audit requirements, the Auditor conducted nineteen random interviews with inmates, in addition to the single targeted interview with the identified vulnerable individual. The random selection process was guided by alphabetical housing unit rosters and included representation from multiple housing areas to ensure a cross-section of perspectives. Considerations for age, race, and ethnicity were applied to promote inclusivity and capture the diversity of the facility's population. This methodology ensured that the Auditor obtained a representative overview of inmate experiences while maintaining compliance with PREA standards. Interviews with staff revealed a thorough understanding of the facility's procedures for identifying, monitoring, and protecting individuals who may be vulnerable to sexual abuse or who may pose a risk of abusiveness. Staff described detailed screening, intake, and classification protocols designed to assess risk factors, implement protective measures, and ensure the safety and well-being of all inmates. Documentation reviewed by the Auditor corroborated these practices, reflecting well-organized, accurate, and accessible records that support both operational decision-making and compliance

verification.

In summary, while only one inmate at the facility during the audit period fell into the PREA-designated targeted categories, the combination of knowledgeable staff, structured screening and housing procedures, and comprehensive documentation demonstrates the institution's readiness to respond effectively should additional vulnerable individuals be housed in the future. This proactive and systematic approach underscores the facility's commitment to upholding PREA standards, ensuring the safety, dignity, and equitable treatment of every individual in custody.

Targeted Inmate/Resident/Detainee Interviews

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

1

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:

0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods.</p>

<p>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:</p>	<p>1</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>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).</p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>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).</p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>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).</p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods.</p>

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

On the first day of the on-site Prison Rape Elimination Act (PREA) audit, the facility reported an institutional population of 208 inmates. In accordance with the PREA Auditor Handbook, a facility of this size is required to conduct a minimum of 20 inmate interviews. This requirement includes ten randomly selected inmates and ten inmates identified within targeted categories recognized by PREA as potentially vulnerable to sexual abuse or victimization.

At the time of the audit, the facility housed only one inmate who met the criteria for a targeted category. The Auditor conducted a comprehensive interview with that individual to assess screening practices, housing determinations, access to services, and overall awareness of reporting mechanisms and protections.

Because no additional inmates met the targeted criteria, the Auditor incorporated the remaining nine required targeted interviews into the pool of randomly selected inmates. This adjustment ensured that a total of 20 inmate interviews were completed while remaining consistent with PREA audit methodology. The expanded random sample strengthened the overall assessment by capturing a broader cross-section of the inmate population across housing units and demographic groups.

This structured approach ensured full compliance with PREA Auditor Handbook requirements while maintaining the integrity and intent of the interview process. By interviewing the sole targeted inmate and supplementing the remaining interviews through random selection, the Auditor was able to gather meaningful, representative feedback regarding the facility's PREA practices, reporting culture, and overall commitment to inmate safety.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> 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):

The facility employs a total of 42 staff members who collectively support daily operations, supervision, programming, and administrative functions. As part of the on-site Prison Rape Elimination Act (PREA) audit, the Auditor conducted random staff interviews to assess overall knowledge of PREA requirements, reporting responsibilities, and institutional practices related to the prevention, detection, and response to sexual abuse and sexual harassment.

Staff selected for random interviews were drawn from the available workforce present during the on-site audit and were not included in the separate category of specialized staff interviews. This approach ensured that the random sample reflected a broad cross-section of personnel across various shifts, assignments, and functional roles within the institution. By excluding those already scheduled for specialized interviews, the Auditor was able to obtain candid feedback from line staff and other employees who interact regularly with inmates in day-to-day operations.

Through this selection process, a total of 12 random staff members were interviewed. These interviews focused on assessing staff understanding of the agency's zero-tolerance policy, procedures for reporting allegations, obligations as mandated reporters, protection against retaliation, and appropriate first responder actions. The sampling methodology provided meaningful insight into the facility's overall culture of compliance and reinforced the Auditor's ability to evaluate whether PREA training and policies are consistently understood and implemented across the organization.

The structured and inclusive nature of the staff interview process strengthened the reliability of the audit findings and demonstrated the facility's commitment to transparency and accountability in maintaining a safe environment for all inmates.

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):	18
63. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

	<input type="checkbox"/> 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?	<input checked="" type="radio"/> Yes <input type="radio"/> 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)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> 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)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other

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

As part of the on-site PREA audit process, the Auditor evaluated the availability of specialized staff positions typically subject to targeted interviews under PREA standards. At the time of the audit, several specialized roles were not present within the facility's organizational structure. Specifically, the institution does not house youthful offenders; therefore, there are no staff assigned to supervise youthful inmates. Additionally, the facility does not employ on-site mental health staff. Mental health services, when needed, are coordinated through external providers rather than through permanent, on-site personnel.

The facility also does not utilize non-medical staff to conduct cross-gender strip searches or cross-gender visual body cavity searches. As a result, there were no staff members fitting this classification available for interview. Furthermore, the institution does not operate a dedicated segregation unit requiring specialized supervisory staff. Inmates are not assigned to a traditional segregation housing area overseen by designated segregation personnel, eliminating the need for interviews in this category. Although certain specialized roles were not applicable to the facility, interviews were conducted with other non-staff service providers who contribute to institutional operations. The volunteer interviewed during the audit provides religious services to inmates and described their understanding of PREA reporting obligations, confidentiality limitations, and procedures for responding to disclosures of sexual abuse. The contractor interviewed serves as a canteen worker and similarly demonstrated awareness of the agency's zero-tolerance policy and mandated reporting responsibilities.

The absence of specific specialized positions reflects the facility's size and operational structure rather than any deficiency in compliance. Where services are provided through external partnerships or are not operationally applicable, the facility has

alternative procedures in place to ensure that PREA standards are upheld and that inmates have access to necessary protections and reporting mechanisms.

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).

During the on-site phase of the Prison Rape Elimination Act (PREA) audit, the Auditor was provided unrestricted access to all areas of the facility, allowing for a complete and uninterrupted evaluation of the institution's physical environment, operational practices, and overall culture. From arrival through the conclusion of the tour, facility leadership and staff demonstrated professionalism, openness, and full cooperation. Staff were responsive to inquiries, provided detailed explanations regarding daily operations, and ensured that access to each area was prompt and unimpeded. This transparency significantly enhanced the depth and credibility of the Auditor's observations. The tour encompassed every major functional area within the institution. Housing units were inspected, including general population areas and any specialized housing assignments in use at the time, such as medical observation or other designated units. The Auditor also reviewed intake and classification spaces, medical service areas, program and classroom settings, food service and dining areas, visitation rooms, laundry facilities, recreation yards, control centers, and administrative offices. Staff escorts explained the purpose, staffing patterns, supervision strategies, and population levels within each location. Movement throughout the facility occurred without restriction, enabling the Auditor to observe operations in real time and assess consistency between written policy and actual practice. Particular focus was given to the facility's alignment with PREA environmental standards and safety requirements. Signage reinforcing the agency's zero-tolerance policy for sexual abuse and sexual harassment was prominently displayed in housing units and common areas. Informational postings clearly outlined reporting options, including internal reporting channels, external advocacy resources, and the rights of inmates under PREA. These materials were accessible, easy to understand, and available in English as well

as other languages reflective of the inmate population to ensure equitable access to information.

The Auditor carefully reviewed the facility's reporting mechanisms and found them to be clearly marked, operational, and readily accessible. Designated telephones for reporting sexual abuse were functional and visibly labeled. Instructions for anonymous and third-party reporting were posted in proximity to telephones and secure drop boxes, presented in straightforward language. Grievance forms were available in housing areas, and secure drop boxes were strategically positioned to allow inmates to submit concerns discreetly. Hotline information, including access instructions such as dialing *661 from inmate telephones, was posted in visible locations near telephones, housing units, restrooms, and recreation areas to ensure continuous availability regardless of an inmate's location within the facility.

Environmental conditions were also closely evaluated. Housing areas and common spaces were clean, orderly, and well maintained. Lighting throughout the facility was sufficient to support effective supervision and minimize blind spots while maintaining a comfortable living environment. Restroom and shower areas incorporated appropriate privacy measures designed to prevent cross-gender viewing, while still allowing for adequate security monitoring. The placement of mirrors, cameras, and staff observation points demonstrated a balanced approach that preserved inmate dignity while ensuring compliance with PREA Standard §115.15.

These safeguards reflected thoughtful planning and consistent oversight.

Throughout the tour, the Auditor engaged in informal discussions with both staff and inmates. These spontaneous conversations provided valuable insight into daily institutional culture and the level of PREA awareness within the facility. Staff members consistently articulated their responsibilities

related to prevention, reporting, first responder duties, and protection from retaliation. Inmates expressed awareness of their right to report allegations, identified multiple reporting avenues, and indicated they felt able to raise concerns without fear of reprisal.

Overall, the facility presented as secure, clean, and professionally managed. Attention to environmental details—such as lighting, sanitation, privacy accommodations, and accessible reporting tools—demonstrated an organizational commitment to safety, accountability, and respect. The Auditor’s unrestricted access, combined with knowledgeable staff and informed inmates, confirmed that PREA standards are integrated into daily operations. Collectively, these observations support the conclusion that the institution maintains an environment conducive to safety, dignity, and sustained PREA compliance.

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.).

PERSONNEL AND TRAINING RECORDS - Staff Hiring, Screening, and Ongoing Education

As part of the PREA audit, the Auditor conducted a detailed review of personnel and training records to assess the facility's compliance with staffing, screening, and ongoing training requirements. A total of 42 staff personnel files were examined, including both security and non-security personnel. Each file contained comprehensive documentation of the pre-employment process, such as initial criminal background checks, verification of employment eligibility, and administrative adjudication forms where applicable. The facility demonstrated adherence to ongoing monitoring protocols, including annual background checks. These checks were routinely completed in conjunction with annual firearm qualifications for applicable staff, reflecting a well-integrated approach to personnel oversight and risk management.

Staff training records were also reviewed in depth. All 42 staff files contained signed acknowledgments confirming completion of PREA training within the past 12 months. Training documentation included instruction on the facility's zero-tolerance policy toward sexual abuse and sexual harassment, proper reporting procedures, maintaining professional boundaries, and conducting cross-gender searches in a manner that preserves individual dignity. These records affirmed that all staff had received current, relevant, and recurring instruction necessary to maintain a safe, secure, and respectful environment for individuals in custody.

INMATE RECORDS - Intake Education and PREA Awareness

The Auditor examined a randomly selected sample of 50 inmate records to verify compliance with initial PREA education requirements. Each file contained evidence that the individual had received PREA education during intake, including a signed acknowledgment form, documentation

confirming the distribution of the facility orientation handbook and PREA informational brochure, and verification that the individual had viewed the facility's PREA education video. Interviews with inmates corroborated that all 50 individuals understood the facility's zero-tolerance policy, reporting options, and available support services, demonstrating effective education and outreach consistent with agency policy.

RISK ASSESSMENTS AND REASSESSMENTS - Screening for Victimization and Abusiveness

To evaluate adherence to PREA screening protocols, the Auditor reviewed 47 randomly selected inmate records. Each record demonstrated completion of an initial risk assessment within 72 hours of arrival at the facility, as required. Follow-up reassessments were consistently documented within 30 days, in alignment with PREA Standard §115.41. These records reflected the facility's systematic approach to identifying inmates who may be at risk of sexual victimization or who may pose a risk to others, ensuring timely reassessment and ongoing monitoring in compliance with PREA standards.

GRIEVANCES - Inmate Reporting and Complaint Monitoring

Documentation obtained from the Pre-Audit Questionnaire (PAQ), along with interviews with the Institutional PREA Compliance Manager (IPCM), confirmed that no grievances related to allegations of sexual abuse or sexual harassment had been filed within the previous 12 months. This finding aligns with the facility's low incidence of reported sexual misconduct and supports the conclusion that reporting pathways are available and understood, even in the absence of formal complaints.

INCIDENT REPORTS - Allegations of Sexual Abuse and Harassment

Review of facility documentation and staff interviews indicated that over the past 12 months, the facility recorded one allegation of sexual abuse and one allegation of sexual

harassment. The Auditor examined both incident reports in detail. Each report was complete, followed established protocols, and included all required documentation for initial intake and reporting of the allegations. Staff involved in the response demonstrated familiarity with the facility's procedures, including timely notification of the PREA Compliance Manager and appropriate protective measures for the individuals involved.

**INVESTIGATION RECORDS - PREA
Investigative Compliance**

The Auditor also reviewed the full investigative files for both reported incidents. Each investigation file contained comprehensive documentation, including incident reports, witness statements, administrative review notes, and closure determinations. All required timelines were met, and investigation procedures followed agency protocols for thorough, impartial, and confidential inquiry. Interviews with investigative staff confirmed that the facility maintains a structured approach to handling allegations, ensuring accountability and compliance with PREA investigative standards.

This review of personnel, training, inmate education, risk assessments, grievances, and investigations demonstrates that the facility maintains thorough and well-documented systems to uphold PREA standards. Staff are adequately trained, policies are consistently applied, and records are accurate and readily accessible, collectively supporting a culture of safety, accountability, and responsiveness to allegations of sexual abuse and harassment.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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	0	1
Staff-on-inmate sexual harassment	0	0	0	0
Total	1	0	0	1

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	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	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	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	1
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<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

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

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.

During the on-site audit, facility staff reported a total of one allegation of sexual abuse and one allegation of sexual harassment occurring within the preceding twelve months. Both 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, a single allegation of sexual abuse was reported involving staff-on-inmate conduct. Upon receipt of the allegation, the facility reviewed it administratively and then initiated a criminal investigation in accordance with agency policy and PREA requirements. At the time of the audit, the investigation had been completed, and the allegation was determined to be unsubstantiated. Following the investigative process, prosecution was declined by the appropriate authorities. The staff member involved resigned.

Throughout the investigation, the facility ensured the victim received comprehensive support. A victim advocate was made available to provide emotional and procedural support, ensuring that the inmate's rights and well-being were protected. In addition, both the alleged victim and the alleged perpetrator were offered access to medical and mental health services within 24 hours of staff becoming aware of the allegation. These services included trauma-informed care and counseling to address immediate and ongoing needs.

No forensic examinations were conducted during the past twelve months, consistent with the circumstances of the case. Upon completion of the investigation, the inmate was formally notified of the outcome, ensuring transparency and adherence to PREA protocols. Furthermore, a sexual abuse incident review was conducted within 30 days following the closure of the investigation, as required by policy, to evaluate the circumstances surrounding the allegation, identify potential system or policy

improvements, and implement any recommended corrective actions.

Sexual Harassment Allegations

Within the same twelve-month period, the facility received a single allegation of sexual harassment involving inmate-on-inmate conduct. This allegation was promptly investigated in accordance with agency procedures and criminal investigative standards. Following a thorough review, the allegation was determined to be unsubstantiated, and the victim was notified of the results of the investigation. The case was not referred for prosecution, as the evidence did not warrant criminal action. Because the allegation was classified as sexual harassment rather than sexual abuse, a formal sexual abuse incident review was not conducted. Nevertheless, the facility ensured that the standard investigative procedures for sexual harassment were followed, including documentation, inmate notification, and appropriate administrative review to ensure the incident was properly addressed and no further risk existed.

Summary

During the audit period, the Mobile Community Based Facility demonstrated adherence to PREA requirements for timely reporting, thorough investigation, notification of outcomes, and provision of victim services. Staff followed established protocols for administrative review and criminal investigation, and the facility provided immediate access to medical and mental health support to affected inmates. Both 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 properly documented and addressed.

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>In preparation for and during the on-site audit, the Auditor conducted a thorough and methodical review of documentation to evaluate the agency’s compliance with this standard. Primary among the materials examined was the Pre-Audit Questionnaire (PAQ), along with comprehensive supporting documentation submitted by the Alabama Department of Corrections (ADOC). Central to this review was Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated May 29, 2025, which serves as the foundational policy governing PREA implementation throughout the agency.</p> <p>The Auditor also reviewed the ADOC Inmate Awareness pamphlet, available in both English and Spanish, as well as the Male Inmate Handbook dated September 25, 2017. The agency’s organizational chart was examined to understand reporting structures and lines of authority. Documentation outlining the qualifications of the PREA Director and Institutional PREA Compliance Managers (IPCMs) was carefully</p>

evaluated, including records confirming completion of specialized PREA training.

Collectively, these materials provided a comprehensive overview of ADOC's organizational framework and demonstrated how PREA authority is structured, delegated, and sustained across facilities. The documentation reflected a deliberate alignment between executive oversight and institutional implementation, ensuring that PREA responsibilities are clearly defined and consistently applied statewide.

INTERVIEWS

Institutional PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager described the role as one that carries clearly defined authority and is supported by both facility leadership and agency administration. The IPCM confirmed that adequate time is specifically allocated for PREA-related duties and that these responsibilities are not treated as secondary to other assignments.

The IPCM articulated a comprehensive understanding of the position's obligations, including monitoring compliance, coordinating investigations, tracking data, and ensuring corrective action when necessary. The structure of the role allows for immediate response to identified deficiencies, and the IPCM confirmed that competing responsibilities do not interfere with PREA oversight. The interview reflected confidence in the support provided by the Agency PREA Director and demonstrated that institutional leadership reinforces the importance of PREA compliance at the facility level.

Agency PREA Director

The Agency PREA Director emphasized that ADOC's Zero Tolerance philosophy serves as the cornerstone of the agency's strategy to prevent, detect, and respond to sexual abuse and sexual harassment. The Director holds an executive-level position within the organizational hierarchy, ensuring direct access to agency leadership and sufficient authority to implement PREA standards across all institutions.

During the interview, the Director explained the statewide oversight structure, noting that each facility designates an IPCM who is empowered to address compliance concerns and implement corrective measures when needed. The Director personally oversees the training of newly appointed IPCMs and maintains regular communication through meetings, calls, electronic correspondence, and on-site engagement. This active involvement promotes uniformity in policy interpretation and application throughout the system.

The Director further confirmed that the reporting structure enables consistent communication, accountability, and data-driven oversight across all facilities. The combination of centralized leadership and institutional-level coordination demonstrates an intentional design to ensure PREA compliance remains a priority at every level of the agency.

PROVISIONS

Provision (a) - Zero Tolerance Policy and Comprehensive Preventive Framework

The PAQ and supporting documentation clearly establish ADOC’s firm commitment to a Zero Tolerance policy regarding all forms of sexual abuse, sexual harassment, and sexual misconduct. This commitment is operationalized through Administrative Regulation #454, which explicitly prohibits sexual abuse and harassment under any circumstance—whether staff-on-incarcerated person or incarcerated person-on-incarcerated person, and whether coercive or apparently consensual in nature.

Section III of AR #454 provides detailed definitions and clarifies terminology, including distinctions among substantiated, unsubstantiated, and unfounded allegations. The regulation further outlines prevention strategies, reporting obligations, staff responsibilities, investigative protocols, and disciplinary sanctions. The Male Inmate Handbook reinforces these expectations by clearly communicating prohibited conduct and reporting avenues to incarcerated individuals.

Together, these documents demonstrate a fully developed framework designed not only to prohibit misconduct but also to prevent, identify, and respond effectively to allegations.

Relevant Policy:

AR #454, Section III, Definitions and Acronyms, pp. 1-5

Provision (b) - Executive-Level PREA Leadership with Defined Authority and Statewide Oversight

The PAQ and agency organizational chart confirm that the PREA Director is classified at the Director level within ADOC. The Director maintains direct authority to coordinate and develop procedures aimed at prohibiting, identifying, monitoring, and tracking incidents of sexual abuse and sexual harassment within ADOC custody.

AR #454 specifies that the PREA Director is designated by the Commissioner and is responsible for maintaining statistical data, conducting practice audits, and evaluating departmental compliance with both agency policy and PREA standards. The Director works collaboratively with Wardens, Associate Commissioners, the Legal Division, and other executive staff to ensure continuous oversight and accountability.

The agency’s structure includes twenty-six IPCMs and twenty-six designated back-up IPCMs, ensuring coverage at every facility. This system allows the Director to dedicate appropriate time to statewide coordination while maintaining consistent communication and oversight.

AR #454 outlines the PREA Director PREA responsibilities and functions.

AR #454, pp. 5-12, comprehensively delineates PREA responsibilities at every level of the organization, including the Commissioner, Associate and Deputy Commissioners, the Law Enforcement Services Division, General Counsel, PREA Director, Information Systems Director, Training Director, Wardens, Classification, Health Services leadership, PREA Special Investigators/IPCMs, Personnel Director, Pastoral Programs

Supervisor, Director of Engineering, staff, contractors, volunteers, and incarcerated individuals. This detailed assignment of responsibilities reflects a structured and integrated compliance model.

Relevant Policy:

AR #454, Section III, item K, pp. 1-2

AR #454, Section VI, Responsibilities, pp. 5-12

AR #454, Section E, PREA Director Responsibilities, pp. 7-8

Provision (c) - Designation and Authority of Institutional PREA Compliance Managers

The PAQ confirms that each ADOC facility is required to designate an IPCM. At this facility, the IPCM also serves in the capacity of Special Investigator. Notably, IPCMs are supervised through the ADOC Investigation Division or the Office of the Inspector General rather than through direct facility reporting lines. This structure strengthens objectivity, enhances independence, and promotes uniformity in compliance efforts across institutions.

AR #454 establishes IPCMs as the primary institutional coordinators of PREA compliance. The regulation authorizes IPCMs to coordinate and develop procedures to prevent, identify, monitor, and track sexual abuse and sexual harassment; maintain relevant statistics; and conduct practice audits to evaluate institutional adherence to departmental policy and PREA standards.

This reporting arrangement and defined authority reinforce the IPCM's ability to function effectively, free from undue influence, while maintaining accountability to agency-level oversight.

Relevant Policy:

AR #454, Section III, item H, pp. 1-2

CONCLUSION

Based on the comprehensive review of documentation, policy analysis, and structured interviews, the Auditor finds that ADOC meets all requirements of Standard §115.11. The PREA Director is positioned at an executive level with sufficient authority, autonomy, and resources to oversee agency-wide compliance. Institutional PREA Compliance Managers are clearly designated, adequately supported, and empowered to ensure effective implementation at the facility level.

The agency's organizational design reflects a deliberate and sustainable commitment to its Zero Tolerance policy and to maintaining sexual safety within every ADOC facility.

115.12	Contracting with other entities for the confinement of inmates
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 576 378">DOCUMENT REVIEW</p> <p data-bbox="256 412 1461 658">To determine compliance with this standard, the Auditor conducted a comprehensive examination of documentation submitted by the Alabama Department of Corrections (ADOC). The review was designed to assess whether PREA requirements are formally incorporated into contracts governing the confinement of ADOC inmates by outside entities and whether those requirements are enforceable through clearly defined oversight mechanisms.</p> <p data-bbox="256 696 1469 898">The Auditor reviewed the completed Pre-Audit Questionnaire (PAQ) and all supporting documentation provided by the agency. Particular attention was given to Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated May 29, 2025, which establishes department-wide PREA policy expectations and assigns responsibility for ensuring contractual compliance.</p> <p data-bbox="256 936 1461 1137">In addition, the Auditor examined ADOC Contract C210052136 with GEO Reentry, Inc., a confinement services agreement renewed on December 1, 2025, representing the third renewal of that contract. The contract was reviewed in its entirety, with emphasis on provisions addressing PREA compliance, reporting obligations, audit access, and monitoring authority.</p> <p data-bbox="256 1176 1469 1422">Collectively, these materials demonstrate that ADOC has implemented a deliberate and structured contractual framework requiring any entity that confines ADOC inmates to comply fully with federal PREA standards. The documentation reflects that PREA compliance is explicitly mandated within contractual language rather than implied, and that mechanisms exist to verify and enforce adherence throughout the duration of each agreement.</p> <p data-bbox="256 1460 456 1494">INTERVIEWS</p> <p data-bbox="256 1532 751 1565">Agency Contract Administrator</p> <p data-bbox="256 1599 1461 1845">To supplement the documentary review, the Auditor conducted an interview with the Agency Contract Administrator to better understand the agency’s contracting procedures and monitoring practices. The Administrator explained that ADOC maintains confinement agreements with both private vendors and county-operated facilities. According to the Administrator, compliance with PREA standards is a mandatory prerequisite to entering into any confinement contract with ADOC.</p> <p data-bbox="256 1883 1406 2085">The Administrator described PREA compliance as a non-negotiable condition of contractual approval. Prospective contractors must demonstrate their ability and willingness to meet all applicable PREA standards prior to execution of any agreement. Entities that fail to satisfy this requirement are not approved for contractual partnership.</p>

The interview further clarified that executed contracts contain detailed PREA provisions outlining contractor responsibilities, reporting requirements, staff training obligations, and ADOC's authority to oversee operations. Oversight mechanisms include documentation review, performance monitoring, and, where appropriate, site visits. The Administrator emphasized that these practices ensure consistent expectations for sexual safety and accountability across all settings in which ADOC inmates are confined, whether agency-operated or externally managed.

PROVISIONS

Provision (a) - Mandatory Inclusion of Explicit PREA Compliance Language in Confinement Contracts

The PAQ confirms that ADOC requires all contracts involving the confinement of inmates to include clear and explicit language mandating compliance with PREA standards. These provisions articulate the contractor's duty to prevent, detect, report, and respond to sexual abuse and sexual harassment, while also establishing ADOC's authority to verify compliance.

Administrative Regulation #454 reinforces this requirement. Section IV assigns responsibility to the ADOC General Counsel to ensure that all confinement agreements contain provisions requiring adherence to PREA. The regulation affirms the agency's obligation to incorporate enforceable compliance language and to maintain oversight authority over contracted entities.

A detailed review of Contract C210052136 with GEO Reentry, Inc. confirmed the presence of a comprehensive PREA clause in Section 3.39 of the agreement. This clause expressly references Alabama Code Section 14-11-31 and 28 C.F.R. Part 115, thereby incorporating both state statutory authority and federal PREA regulations into the contractual obligations of the vendor. The clause reaffirms ADOC's Zero Tolerance policy toward sexual abuse and sexual harassment and mandates full compliance with all PREA standards.

The contract requires immediate reporting of suspected or confirmed PREA-related incidents to designated ADOC officials, including facility leadership and the ADOC PREA Director or Contract Monitor. It grants unrestricted access to the PREA Contract Monitor and requires the contractor to provide all relevant documentation upon request. Additionally, the contract mandates PREA-specific training for employees, agents, and subcontractors and requires submission of reports from any independent Department of Justice-certified PREA audits.

These provisions collectively establish a clear, enforceable system of accountability that binds the contractor to the same standards governing ADOC-operated facilities.

Relevant Policy:

AR #454, Section IV, Responsibilities, D, p. 6

Provision (b) - Ongoing Monitoring Authority and Continuous Verification of Contractor Compliance

	<p>The PAQ further demonstrates that ADOC requires confinement contracts to include provisions authorizing the agency to actively monitor contractor operations throughout the life of the agreement. PREA compliance is therefore not limited to initial contract execution but is subject to continuous oversight and verification.</p> <p>Contracts authorize ADOC to review contractor policies and procedures to ensure alignment with PREA standards. They require immediate notification to ADOC upon receipt of any allegation involving sexual abuse or sexual harassment. Contractors are obligated to submit complete documentation related to PREA incidents, including investigative reports, findings, and final outcomes, to the designated PREA Coordinator or Contract Monitor.</p> <p>This oversight structure ensures sustained accountability. Contractors are contractually obligated not only to maintain PREA-compliant practices but also to demonstrate ongoing adherence through documentation, transparency, and cooperation with agency monitoring efforts. ADOC retains authority to address deficiencies through corrective action when necessary, thereby maintaining direct visibility and control over compliance performance.</p> <p>CONCLUSION</p> <p>Based on the comprehensive review of contractual agreements, administrative regulations, the Pre-Audit Questionnaire, and information obtained through staff interviews, the Auditor concludes that the Alabama Department of Corrections fully complies with PREA Standard §115.12.</p> <p>ADOC has established a well-defined and enforceable contractual framework that embeds PREA requirements into every agreement involving the confinement of inmates. Through explicit compliance language, clearly articulated reporting obligations, and sustained monitoring authority, the agency ensures that contracted entities operate under the same standards of sexual abuse prevention, detection, response, and accountability as ADOC-operated facilities.</p> <p>This structured approach reflects an agency-wide commitment to protecting the safety, dignity, and rights of all individuals entrusted to its custody, regardless of the setting in which they are confined.</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>In advance of the on-site audit, the facility provided a comprehensive and well-organized submission through the Pre-Audit Questionnaire (PAQ). The materials</p>

offered a clear and detailed depiction of the facility's staffing methodology, supervisory structure, and monitoring systems established to prevent, detect, and respond to sexual abuse and sexual harassment.

The Auditor conducted a detailed review of Administrative Regulation #454, Operations & Legal, Inmate Sexual Abuse and Harassment, issued by the Alabama Department of Corrections (ADOC) and effective May 29, 2025. This governing regulation establishes the agency's expectations regarding supervision and monitoring under PREA. In addition to the regulation itself, the Auditor examined facility-specific documentation demonstrating implementation of PREA Standard §115.13. These materials included the Annual PREA Staffing Plan Review (ADOC Form 454-J), the Log of Unannounced Rounds (ADOC Form 454-K), staffing deviation reports, architectural blueprints and physical plant schematics, the Facility Vulnerability Assessment, the Staffing Plan Checklist, formal Staffing Plan Review documentation, and the current Staffing Plan dated November 12, 2025.

When evaluated collectively, the documentation reflected a structured, analytical, and ongoing approach to staffing and supervision. The materials demonstrated that staffing levels, post assignments, camera placement, blind spot mitigation, and identified risk areas are routinely assessed. The documentation further established that staffing decisions are data-driven, regularly reviewed, and formally documented to ensure alignment with PREA requirements.

OBSERVATIONS

During the on-site phase of the audit, the Auditor conducted multiple unannounced reviews of housing unit logbooks and supervisory reports. These reviews confirmed consistent documentation of rounds conducted by intermediate- and higher-level supervisors. Entries were timely, detailed, and compliant with agency policy, reflecting regular supervisory presence across all shifts.

Beyond document review, the Auditor directly observed supervisory staff conducting rounds in housing units, program areas, and other inmate-accessible locations. Supervisors were observed interacting professionally with both staff and incarcerated individuals, reviewing log entries, assessing operational conditions, and maintaining an active presence throughout the institution. These observations reinforced that supervision is not passive but rather an intentional and visible component of daily operations. The consistent presence of supervisory personnel reflected a culture emphasizing accountability, accessibility, and proactive monitoring.

INTERVIEWS

PREA Compliance Manager (PCM)

The PREA Compliance Manager described an ongoing and active role in staffing oversight and monitoring functions. The PCM explained that staffing levels are continually evaluated to ensure that supervision remains sufficient and that incarcerated individuals retain access to programs, services, and educational opportunities without disruption.

The PCM also reported routine review of the facility's video monitoring systems to confirm operational functionality. When deficiencies are identified, corrective measures are initiated promptly to restore coverage. Participation in the annual staffing plan review was described as comprehensive, involving assessment of staffing deployment patterns, camera coverage, identified vulnerabilities, and operational trends to ensure continued compliance with PREA standards.

Facility Head

The Facility Head emphasized that staffing decisions are strategically aligned with the institution's responsibility to maintain safety, security, and consistent program access. Staffing patterns are developed in consideration of inmate movement schedules, operational demands, and identified security risks. The Facility Head noted that the facility's architectural layout significantly influences post assignments and supervision strategies.

Enhancements to the video monitoring system were described as strengthening visibility and improving investigative capacity. Oversight mechanisms include both internal review processes and external monitoring structures to promote accountability. The Facility Head stated that line staff input is actively solicited during staffing plan evaluations and that all deviations from the approved plan are documented and analyzed to guide future adjustments.

While acknowledging broader staffing challenges, the Facility Head reported meaningful progress, noting a workforce of 42 employees, including 10 newly hired staff within the past year. It was confirmed that inmate programs, services, and educational activities were not suspended during the previous year due to staffing shortages.

Intermediate- and Higher-Level Supervisory Staff

Supervisory personnel confirmed that unannounced rounds are conducted on every shift and are intentionally unpredictable. This unpredictability was described as essential to observing routine operations without alteration, allowing supervisors to accurately assess staff performance and environmental conditions.

Supervisors characterized these rounds as opportunities to reinforce compliance with policy, provide direct guidance and mentorship to staff, and identify potential safety concerns before they escalate. A review of housing unit logbooks supported these statements, demonstrating consistent documentation and adherence to required frequency standards.

Random Staff

Line staff members displayed a clear understanding of supervision and monitoring requirements under PREA policy. Staff reported that supervisors conduct unannounced rounds during each shift, regularly inspect documentation, and maintain a visible and engaged presence throughout the facility. Staff also affirmed that providing advance notice of supervisory rounds is strictly prohibited and that this

expectation is consistently enforced to preserve the integrity of the monitoring process.

Observations made during the site visit confirmed supervisors actively interacting with line staff in both housing and program areas, further substantiating staff accounts.

Random Inmates

Incarcerated individuals interviewed during the audit reported frequent visibility of supervisory staff, including the PREA Compliance Manager, within housing units. Supervisors were described as approachable and responsive to concerns. Interviewees indicated that supervisory presence contributes to a sense of accountability and institutional transparency, reinforcing perceptions of safety within the facility.

PROVISIONS

Provision (a) - Comprehensive and Annually Reviewed Staffing Plan Ensuring Adequate Supervision and Monitoring

The PAQ and supporting documentation confirm that the facility maintains a formal staffing plan that is reviewed at least annually in accordance with agency policy. The plan is structured to ensure sufficient staffing levels and effective video monitoring coverage to protect incarcerated individuals from sexual abuse and sexual harassment.

The staffing plan was developed using a projected average daily population of 221 inmates and addresses all thirteen elements required under PREA Standard §115.13. Review of current shift rosters during the audit verified that required posts were staffed in accordance with the approved plan.

Administrative Regulation #454 requires the Warden to assist in developing and maintaining a compliant staffing plan and to ensure adequate staffing and video monitoring coverage. The regulation further mandates that the PREA Director meet annually with the Warden to evaluate the plan and document any necessary adjustments using ADOC Form 454-J. The documented analysis reflects consideration of correctional practices, investigative outcomes, facility design, camera placement, supervision models, inmate demographics, programming requirements, and applicable standards.

SOP Procedure C-67, Staffing Plan, dated November 12, 2025, outlines specific staffing requirements and requires approval from the Warden or Captain for any post closure or reassignment. At the time of the audit, the facility's actual average daily population was 205 inmates, and staffing levels demonstrated appropriate coverage and adaptability.

Provision (b) - Documentation and Management of Staffing Deviations to Maintain Operational Integrity

The staffing plan prioritizes mandatory posts at all times. When vacancies occur, coverage is achieved through overtime assignments or reassignment of personnel from non-essential posts. The watch commander is responsible for documenting each deviation from the approved staffing plan.

Review of deviation logs from the preceding twelve months indicated that the most frequent causes of deviations were staff call-ins, abandonment of post, and inmate transport duties. The Facility Head confirmed that, despite these deviations, inmate programs, services, and educational activities were not suspended.

Provision (c) - Annual Multidisciplinary Staffing Plan Review Incorporating Leadership and PREA Oversight

Agency policy requires an annual review of the staffing plan with participation from executive leadership and the PREA Compliance Manager. The most recent review, completed on February 5, 2025, evaluated staffing levels, supervision patterns, camera coverage, projected operational needs, and potential physical plant modifications, including installation of additional cameras where necessary.

The Auditor verified that all mandatory posts were staffed and that the video monitoring system was fully operational, supported by a continuously staffed control center. Security mirrors were strategically positioned to enhance visibility and reduce blind spots.

Administrative Regulation #454 requires submission of the completed Annual PREA Staffing Plan Review form to the PREA Director each year. The Auditor confirmed compliance with this requirement. The annual review committee includes the PREA Director, Warden, Institutional PREA Compliance Manager, and Captain. The facility also conducts internal assessments of inmate-accessible areas to identify opportunities for staffing or technological improvements

Provision (d) - Consistent Execution and Documentation of Unannounced Supervisory Rounds

Documentation and interviews confirm that intermediate- and higher-level supervisors conduct unannounced rounds on all shifts in housing and program areas. Agency policy requires these rounds to be documented in the Shift Report and recorded on the Log of Unannounced Rounds, including the date, time, and name of the supervising official. Each shift is also required to complete a PREA hotline verification check.

The Auditor reviewed multiple reports across all shifts and found entries to be accurate, consistent, and complete. Supervisors were directly observed conducting rounds during the audit, engaging professionally with staff and incarcerated individuals. Both supervisors and line staff demonstrated a clear understanding that advance notice of these rounds is prohibited, and this requirement was consistently upheld.

CONCLUSION

	<p>Following an extensive review of documentation, staffing analyses, deviation reports, supervisory logs, video monitoring systems, staff and inmate interviews, and direct on-site observations, the Auditor concludes that the facility is compliant with PREA Standard §115.13, Supervision and Monitoring.</p> <p>The facility’s practices reflect an ongoing and structured commitment to safety and accountability. Through an annually reviewed and data-informed staffing plan, systematic documentation and evaluation of deviations, effective and well-maintained video monitoring systems, and consistent implementation of unannounced supervisory rounds, the institution has established a comprehensive supervision and monitoring framework. These combined efforts promote vigilance, transparency, and the sustained prevention of sexual abuse and sexual harassment throughout the facility.</p>
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115.14	Youthful inmates
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>Prior to the on-site portion of the audit, the facility submitted a completed and well-organized Pre-Audit Questionnaire (PAQ), accompanied by comprehensive supporting documentation. Among the materials reviewed was the Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations & Legal: Inmate Sexual Abuse and Harassment, dated May 29, 2025. This regulation establishes the Department’s zero-tolerance stance regarding sexual abuse and sexual harassment and sets forth the structure for implementing and enforcing PREA standards across all ADOC facilities.</p> <p>The documentation provided clear confirmation that the facility is designated exclusively for adult incarcerated individuals. The regulatory framework, as outlined in AR #454, further reinforces requirements related to population management, intake procedures, and classification safeguards to ensure youthful inmates are not housed in adult correctional settings. The materials submitted for review were consistent, complete, and aligned with departmental policy and PREA expectations.</p> <p>OBSERVATIONS</p> <p>During the on-site tour, the Auditor conducted a thorough examination of housing units, intake processing areas, classification records, and daily population rosters. Particular attention was given to verifying the ages of all incarcerated individuals assigned to the facility. Birthdates were cross-referenced against roster documentation and electronic records to confirm compliance.</p> <p>No individuals with birthdates later than 2007 were identified during the review</p>

period. The population lists, classification files, and institutional records consistently reflected an adult inmate population. Additionally, the physical layout, housing configurations, and overall operational environment were characteristic of an adult correctional institution. There were no designated areas, programming structures, or supervision patterns suggestive of youthful inmate housing.

Direct observation throughout the facility revealed no evidence—either operational or structural—indicating the presence of youthful inmates. The population demographics observed were fully consistent with the documentation provided in advance of the audit.

INTERVIEWS

Facility Head

In discussions with the Facility Head, it was clearly stated that the institution is designated solely for adult inmates and does not accept youthful individuals for intake or transfer. The Facility Head described established intake and classification protocols that require verification of each individual's date of birth prior to assignment. This verification process serves as a safeguard to ensure compliance with departmental and PREA requirements.

The Facility Head further explained that population management procedures are structured to prevent any possibility of youthful inmates being housed within the facility. In the unlikely event that a youthful inmate were mistakenly received, immediate corrective measures would be initiated, including prompt notification to ADOC central administration and coordination for reassignment to an appropriate facility. The Facility Head demonstrated a thorough understanding of both departmental policy and PREA Standard §115.14.

Institutional PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager confirmed during both formal and informal conversations that the facility does not house youthful inmates. The IPCM provided a memorandum of non-occurrence to formally document the absence of this population. The IPCM explained that data intake, classification records, and system reports are routinely monitored to ensure accuracy and compliance.

According to the IPCM, safeguards are embedded within the facility's intake and data management systems to prevent misclassification. Should an error occur, established procedures require immediate notification and expedited transfer to maintain compliance with PREA and ADOC regulations. The IPCM's responses reflected familiarity with the applicable standards and a proactive approach to compliance oversight.

Youthful Inmates

Because the facility does not house youthful inmates, no interviews were conducted with individuals from this population. Documentation review, roster verification, and direct observation during the on-site audit collectively confirmed the absence of

youthful inmates within the institution.

PROVISIONS

Provision (a): Verification of Adult-Only Population Status

The Pre-Audit Questionnaire indicated that the facility does not house youthful inmates. This representation was verified during the on-site audit through direct observation, roster examination, and date-of-birth confirmation. A comprehensive review of inmate records revealed no individuals with birth dates later than 2007. The Facility Head confirmed the accuracy of this information and affirmed that the institution operates exclusively as an adult facility.

Relevant Policy

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

Provision (b): Inapplicability of Sight and Sound Separation Requirements

Because the facility does not house youthful inmates, the requirements related to sight and sound separation are not applicable. There is no circumstance within current operations in which youthful inmates would require separation from adult inmates, as no such population is present.

Provision (c): Inapplicability of Youthful Inmate Supervision and Housing Standards

Similarly, provisions concerning the supervision, housing arrangements, and daily management of youthful inmates do not apply to this facility. As confirmed through documentation and observation, the institution does not receive or maintain youthful inmates within its population.

CONCLUSION

Based on a comprehensive review of the Pre-Audit Questionnaire, supporting documentation, institutional records, staff interviews, and on-site observations, the Auditor concludes that the facility is fully compliant with PREA Standard §115.14.

All evidence reviewed—documentary, observational, and testimonial—consistently demonstrates that youthful inmates are not housed at this institution. Intake verification procedures, classification safeguards, and routine roster monitoring provide multiple layers of assurance that youthful individuals are not assigned to the facility. Both the Facility Head and the Institutional PREA Compliance Manager articulated clear procedures for immediate corrective action should an error ever occur.

Collectively, the facility's documentation, operational controls, and staff knowledge reflect adherence to PREA requirements and confirm that youthful inmates are not placed in an environment where contact with adult incarcerated individuals could occur.

115.15	Limits to cross-gender viewing and searches
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 576 378">DOCUMENT REVIEW</p> <p data-bbox="256 412 1437 658">In evaluating compliance with PREA Standard §115.15, the Auditor conducted a thorough review of documentation submitted through the Pre-Audit Questionnaire (PAQ). The materials reflected a structured and well-established framework guiding cross-gender viewing and search practices. Collectively, the documentation demonstrated an institutional commitment to ensuring that all searches are carried out professionally, respectfully, and in alignment with PREA requirements.</p> <p data-bbox="256 696 1469 976">The Auditor reviewed Alabama Department of Corrections Administrative Regulation #454, Inmate Sexual Abuse and Harassment (effective May 29, 2025) and Administrative Regulation #336, Searches (dated February 8, 2016). These policies clearly prohibit cross-gender strip searches and visual body cavity searches except in narrowly defined exigent circumstances. They further establish standards for staff conduct, authorization procedures, documentation requirements, and accountability measures.</p> <p data-bbox="256 1016 1477 1301">Supporting documentation included ADOC Form 302-A (Incident Report) and training records verifying that staff receive instruction on conducting searches involving cross-gender, transgender, and intersex individuals. Training materials reflected an emphasis on gender-appropriate communication, professionalism, and trauma-informed practices. Overall, the policy framework reinforces expectations that searches must preserve privacy, dignity, and respect while maintaining institutional security.</p> <p data-bbox="256 1341 600 1375">On-Site Observations</p> <p data-bbox="256 1413 1461 1648">During the on-site portion of the audit, facility operations were observed to be consistent with both departmental policy and PREA standards. Opposite-gender staff routinely announced their presence before entering housing units, restroom areas, and other spaces where individuals may be undressed. These announcements were timely and clearly audible, allowing incarcerated persons an opportunity to maintain privacy.</p> <p data-bbox="256 1688 1453 1973">At the time of the audit, the population consisted of cisgender male inmates, and no transgender individuals were assigned to the facility. Even so, procedures governing cross-gender supervision were actively implemented. Staff interactions throughout the visit reflected professionalism and attentiveness to privacy considerations, particularly in areas such as showers, changing areas, and restrooms. Observations confirmed that privacy safeguards were not merely policy-based but embedded into daily practice.</p> <p data-bbox="256 2013 456 2047">INTERVIEWS</p>

Inmates

Randomly selected incarcerated individuals were interviewed regarding cross-gender searches and privacy practices. Those interviewed consistently reported that they had not experienced cross-gender strip searches or visual body cavity searches. Individuals stated that they are able to shower, change clothing, and use restroom facilities without observation by opposite-gender staff.

Interviewees further indicated that opposite-gender staff regularly announce their presence prior to entering housing areas. These statements aligned with direct observations made during the facility tour, reinforcing the reliability of both staff practice and inmate perception regarding privacy protections.

At the time of the audit, no transgender individuals were housed at the facility; therefore, no interviews specific to that population were conducted under this standard.

Security Staff

Randomly selected security staff participated in structured interviews, supplemented by informal discussions throughout the audit process. Staff consistently demonstrated familiarity with PREA standards related to cross-gender viewing and searches. Interviewees confirmed that they receive training upon hire and through annual refresher courses addressing cross-gender searches and interactions involving transgender and intersex individuals.

Staff uniformly reported that cross-gender strip searches and visual body cavity searches are not conducted at the facility. Personnel explained that same-gender staff are routinely available to perform required searches, thereby preventing the need for cross-gender search scenarios. Non-medical security staff further stated that, in the unlikely event of an emergency necessitating such a search, qualified medical personnel would perform the procedure in accordance with policy to minimize trauma and ensure compliance.

Facility Head

Interviews with facility leadership, including the Facility Head and senior administrative staff, confirmed that cross-gender strip and visual body cavity searches are strictly prohibited except in exigent circumstances or when conducted by qualified medical personnel. Leadership emphasized that any deviation from standard practice requires prior authorization from the Facility Head and must be documented using ADOC Form 302-A.

Administrators described active oversight measures, including incident review and documentation monitoring, to ensure adherence to policy. These discussions reflected a clear expectation of accountability and demonstrated leadership's commitment to maintaining PREA compliance.

PROVISIONS

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

The facility does not conduct cross-gender strip searches or visual body cavity searches. This determination is supported by documentation review, staff interviews, and verification of reporting practices. Staff exhibited a clear understanding that such searches are prohibited except under exigent circumstances or when conducted by qualified medical personnel.

Administrative Regulation #454 expressly restricts these searches, while Administrative Regulation #336 outlines required authorization and documentation procedures should exigent circumstances arise.

Provision (b) - Applicability to Female Inmates

The facility confirmed that no female inmates are housed at this location. Accordingly, provisions concerning cross-gender searches involving female inmates are not applicable.

Provision (c) - Exigent Circumstances and Documentation

In the rare instance of exigent circumstances, policy mandates prior authorization from the Facility Head and requires that any cross-gender strip or visual body cavity search be conducted by qualified medical personnel. All such occurrences must be documented using ADOC Form 302-A, consistent with the requirements outlined in Administrative Regulation #336.

Provision (d) - Privacy During Routine Activities

Facility practices ensure that incarcerated individuals can shower, change clothing, and use restroom facilities without being viewed by opposite-gender staff, except in emergency situations or when viewing is incidental to legitimate security functions. Observations during the audit and consistent statements from interviewed individuals confirmed that opposite-gender staff announce their presence before entering affected areas.

Administrative Regulation #454 requires these privacy safeguards and advance announcements, and compliance with this requirement was clearly evident during the audit.

Provision (e) - Not Applicable

This provision is no longer applicable to compliance.

Provision (f) - Not Applicable

This provision is no longer applicable to compliance.

CONCLUSION

Based on comprehensive documentation review, detailed interviews with staff and

	<p>incarcerated individuals, and direct on-site observation, the Auditor finds the facility to be in full compliance with PREA Standard §115.15, Limits to Cross-Gender Viewing and Searches.</p> <p>Policies, training protocols, supervisory oversight, and day-to-day operational practices collectively demonstrate a sustained and meaningful commitment to protecting privacy, dignity, and safety. Staff at all levels conveyed a consistent understanding of PREA obligations, reflecting not only procedural compliance but also an institutional culture grounded in professionalism, respect, and accountability.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>Prior to and during the on-site audit, the Auditor conducted a thorough and methodical examination of documentation submitted through the Pre-Audit Questionnaire (PAQ) to assess compliance with PREA Standard §115.16. A primary source document guiding this review was Administrative Regulation (AR) #454, Operations & Legal: Inmate Sexual Abuse and Harassment, issued by the Alabama Department of Corrections and dated May 29, 2025. This regulation formalizes the agency’s zero-tolerance stance regarding sexual abuse and sexual harassment and establishes structured procedures to ensure inmates with disabilities and inmates with Limited English Proficiency (LEP) are afforded equal access to PREA-related education, services, and reporting mechanisms.</p> <p>The documentation reflected a deliberate and organized framework for accessibility. The Auditor reviewed a Memorandum of Understanding between the Alabama Department of Corrections and the Alabama Institute for the Deaf and Blind, which guarantees the availability of qualified interpreters and specialized communication resources for inmates who are deaf, hard of hearing, blind, or otherwise experience sensory impairments. In addition, the facility maintains PREA acknowledgment forms and educational materials adapted to accommodate visual limitations, hearing impairments, and cognitive challenges.</p> <p>Supplemental documentation included simplified PREA instructional materials designed for inmates with lower cognitive functioning, as well as written procedures governing the use of Google Translate services to facilitate real-time communication with LEP inmates. Taken together, these materials demonstrate a proactive and comprehensive strategy to eliminate communication barriers and ensure that every inmate can meaningfully understand, access, and participate in PREA prevention and reporting processes.</p>

OBSERVATIONS

During the on-site tour, the Auditor observed PREA informational materials prominently displayed throughout the facility in both English and Spanish. Notices were clearly posted in housing units, common areas, corridors, visitation areas, and programming spaces. These materials provided straightforward guidance regarding inmates' rights, multiple reporting avenues, and access to victim support services.

The Institutional PREA Compliance Manager (IPCM) had established clearly designated PREA bulletin boards in high-traffic areas. These boards contained hotline contact information, instructions for internal and third-party reporting, and educational content reinforcing zero tolerance for sexual abuse and harassment. Printed brochures and instructional handouts were readily accessible and presented in bilingual formats. The visibility and consistency of these materials reflect the facility's commitment to transparency, prevention, and equitable access for all inmates, regardless of disability or language barriers.

INTERVIEWS

To evaluate implementation of the standard in practice, interviews were conducted with the Facility Head, random staff members, and an inmate identified as having a disability. Interviews were structured to assess both leadership oversight and the lived experience of inmates directly impacted by the standard.

Facility Head

The Facility Head described a systematic approach to ensuring that inmates with disabilities or limited English proficiency have full access to the facility's PREA program. Leadership emphasized that certified interpreters, adaptive written materials, and multiple communication formats are utilized to ensure comprehension. The Facility Head explained that staff are trained to identify communication barriers during intake and throughout incarceration and are expected to take immediate action when accommodation needs are identified. Oversight mechanisms are in place to ensure that accommodations are consistently provided and appropriately documented.

Random Staff

Randomly selected staff demonstrated a clear understanding of policy requirements prohibiting the use of inmate interpreters, readers, or assistants in matters involving allegations of sexual abuse or sexual harassment. Staff consistently stated that qualified interpreters or authorized translation services must be used when communication barriers arise. They articulated their training on recognizing disabilities, identifying LEP needs, and accessing appropriate resources. Staff further confirmed that, within the previous twelve months, there were no instances in which an inmate was used to interpret or assist in PREA-related matters except under narrowly defined exigent circumstances permitted by policy. Their responses reflected both knowledge of Administrative Regulation #454 and consistent practical application.

Inmate with Disability

There was one inmate identified within a targeted category who presented with a hearing impairment. During the interview, the inmate demonstrated a clear understanding of PREA rights and was able to explain available reporting options without hesitation. The inmate stated that PREA education had been delivered in a format that was understandable and accessible. The inmate expressed confidence in the facility's accommodations and affirmed that they felt informed and protected. Importantly, the inmate confirmed that they were not required to rely on another inmate to interpret or explain PREA information. No concerns were raised regarding communication access or barriers to reporting.

PROVISIONS

Provision (a): Ensuring Equal Access to Participation and Benefits Under the PREA Program

Information gathered through the PAQ, policy analysis, interviews, and on-site observations confirms that inmates with disabilities and inmates with limited English proficiency are provided equal opportunity to participate in and benefit from all aspects of the facility's PREA program. The Memorandum of Understanding with the Alabama Institute for the Deaf and Blind ensures access to qualified interpreters and adaptive communication resources when needed. Additionally, translation services are available through Google Translate at the watch commander's station to address immediate language needs. Bilingual PREA materials are routinely distributed to support comprehension across diverse language groups.

Administrative Regulation #454 explicitly requires that PREA education be delivered verbally, visually, and in writing, with accommodations tailored to inmates who experience cognitive, sensory, or language-related limitations. Observations during the audit confirmed that these requirements are not merely theoretical but are actively implemented in practice.

Relevant Policy:

ADOC AR #454, Section V.A.5(a-e), pp. 14-15

Provision (b): Delivering PREA Information Through Effective and Accessible Communication Methods

The facility employs multiple adaptive strategies to ensure effective communication of PREA information. Educational videos include captioning features, printed materials are available in both English and Spanish, and simplified versions of written materials are utilized when appropriate. Staff may provide verbal explanations or audio-assisted instruction for inmates with literacy limitations. Visual and auditory accommodations are available for inmates with sensory impairments. Oversight of disability-related accommodations is coordinated to ensure responsiveness and compliance with accessibility standards.

Administrative Regulation #454 mandates that all inmates receive comprehensive

information regarding prevention strategies, self-protection, reporting procedures, investigative processes, and access to medical and mental health services in formats accessible to them. Documentation reviewed and interview responses consistently confirmed that these communication requirements are implemented facility-wide.

Relevant Policy:

ADOC AR #454, Section V.A.5(a-e), pp. 14-15

ADOC AR #454, Section V.A.5(b)(1-6), p. 15

Provision (c): Strict Prohibition on the Use of Inmate Interpreters in PREA Matters

Interviews with staff and the inmate confirmed that, within the previous twelve months, there were no instances in which an inmate interpreter, reader, or assistant was utilized in connection with a PREA allegation, except under narrowly defined exigent circumstances as permitted by policy. Staff clearly articulated that inmates, family members, or friends may not substitute for qualified professionals when interpreting or assisting with PREA-related communications.

This practice aligns directly with Administrative Regulation #454, which expressly prohibits the use of inmates or other unqualified individuals as interpreters in matters involving sexual abuse or sexual harassment allegations.

Relevant Policy:

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

CONCLUSIONS

Based on a comprehensive review of the Pre-Audit Questionnaire and supporting documentation, detailed on-site observations, and interviews with facility leadership, staff, and the identified inmate, the Auditor determines that the facility is fully compliant with PREA Standard §115.16.

The facility has implemented a structured and dependable system to ensure that inmates with disabilities and inmates with limited English proficiency have equal access to PREA education, reporting mechanisms, and protective services. Through formalized partnerships, adaptive educational tools, targeted staff training, and consistent leadership oversight, communication barriers are effectively minimized. These measures reflect not only compliance with the technical requirements of the standard but also a commitment to fairness, accessibility, and the protection of all individuals in custody.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

In assessing compliance with PREA Standard §115.17, the Auditor conducted a detailed review of materials submitted through the Pre-Audit Questionnaire (PAQ), along with supporting documentation provided by the facility and the Alabama Department of Corrections (ADOC). The PAQ provided baseline data regarding staffing levels, recent hires, contractor utilization, volunteer engagement, and background screening practices tied directly to PREA compliance.

A principal document guiding this review was Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment (effective May 29, 2025). This regulation establishes clear agency-wide standards governing hiring, promotion, contracting, and continued employment decisions, specifically as they relate to preventing sexual abuse and sexual harassment. The policy outlines explicit disqualifying criteria and reinforces the Department's zero-tolerance position regarding sexual misconduct.

The Auditor also examined Administrative Regulation (AR) #216, Background Checks (dated January 31, 2025), which prescribes the scope, procedures, documentation requirements, and renewal timelines for criminal background investigations involving employees, contractors, and volunteers.

To verify implementation, the Auditor reviewed a representative sample of employee personnel files, background investigation documentation, and contractor records. Included in this review were completed Application and Pre-Employment Questionnaires (ADOC Form 216-B), which require applicants to disclose prior criminal convictions, disciplinary actions, civil or administrative findings, and any history of sexual misconduct. Collectively, the documentation reflected a structured, consistent, and well-documented system designed to prevent individuals with disqualifying histories from being hired, promoted, or placed in positions involving inmate contact.

INTERVIEWS

Human Resources Administrative Staff

The Auditor conducted in-depth interviews with Human Resources administrative staff to evaluate how policy requirements are operationalized in daily practice. Human Resources personnel described a comprehensive, multi-layered screening protocol that applies consistently to new hires, promotional candidates, contractors, volunteers, and current employees.

Staff explained that no individual may be hired or promoted into a position involving inmate contact without first completing a criminal background investigation. These investigations are conducted prior to employment or advancement and are renewed at minimum every five years. A centralized Divisional Human Resources tracking system is utilized to monitor background check completion dates, renewal cycles, and PREA-related disclosures. This system functions as a safeguard to ensure that no employee or contractor with inmate contact has an expired or incomplete clearance.

Human Resources staff further explained that personnel files undergo thorough

review prior to any hiring or promotion decision. Mandatory written disclosures addressing prior sexual misconduct, criminal convictions, and disciplinary history are required and permanently maintained within each official personnel file. Interviewees emphasized that no employment offer or promotional action may proceed without documented verification that the applicant does not meet any disqualifying criteria outlined in policy.

Additionally, staff described ongoing accountability measures. Employees are required to report any arrest or criminal charge occurring during the course of their employment. When legally permissible, ADOC responds to reference requests from other correctional or institutional employers by providing information regarding substantiated findings of sexual abuse or sexual harassment. Human Resources staff characterized this practice as an essential protective measure to prevent individuals who have violated PREA standards from securing employment in another correctional setting

PROVISIONS

Provision (a): Prohibition of Hiring or Promotion of Individuals with Disqualifying Sexual Misconduct Histories

According to the PAQ, the facility employs 42 staff members, including 10 individuals hired within the previous 12 months. In addition, 10 contractors and 17 volunteers have direct or routine contact with inmates. These figures were verified through documentation review and Human Resources interviews.

The Auditor reviewed 42 personnel files and confirmed that each contained a completed criminal background investigation and signed PREA-related disclosure documentation. Administrative Regulation #454 expressly prohibits the hiring or promotion of any individual who has engaged in sexual abuse in a custodial setting, has been convicted of a sex-related offense involving force or coercion, or has been the subject of a substantiated civil or administrative finding of such conduct. Documentation reviewed demonstrated adherence to these prohibitions.

Relevant Policy:

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

Provision (b): Consideration of Substantiated and Credible Allegations in Employment Decisions

Employment, promotion, and contracting determinations incorporate a review of substantiated and credible allegations of sexual harassment or abuse. Policy requires that these factors be evaluated prior to placing any individual in a position involving inmate contact.

Documentation and interviews confirmed that such reviews are embedded within the screening process. Human Resources staff verified that this evaluative component is consistently applied across all hiring and contracting decisions.

Relevant Policy:

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

Provision (c): Pre-Employment Criminal Background Investigations and Prior Employer Inquiries

Before extending any employment offer, the facility conducts a comprehensive criminal background investigation and documents efforts to contact prior institutional employers. These inquiries are intended to determine whether an applicant resigned during an active investigation or was the subject of substantiated allegations of sexual abuse or sexual harassment.

The Auditor verified that all 10 individuals hired within the previous 12 months completed required background investigations prior to beginning employment. Corresponding documentation was present in each reviewed file, and Human Resources staff confirmed that no employee begins duties involving inmate contact without confirmed clearance.

Relevant Policy:

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

Provision (d): Criminal Background Screening Requirements for Contractors

During the previous 12 months, all contractors whose duties involved inmate contact were required to complete criminal background investigations before services commenced. These investigations are subject to renewal at least every five years.

Documentation review and interviews confirmed consistent compliance with contractor screening requirements. Tracking systems are in place to monitor expiration dates and ensure timely renewal.

Relevant Policy:

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

Provision (e): Periodic Criminal Background Rechecks for Current Employees and Contractors

ADOC policy mandates that current employees and contractors undergo criminal background rechecks at minimum every five years. This requirement, established under AR #454, was verified through documentation review and interviews.

Human Resources staff demonstrated use of an organized electronic tracking system that flags upcoming renewal dates and prevents lapses in compliance. This structured oversight minimizes risk and ensures sustained adherence to screening requirements.

Relevant Policy:

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

Provision (f): Mandatory Disclosure of Prior Sexual Misconduct and Criminal History

Applicants and employees are required to disclose any prior sexual misconduct,

criminal convictions, disciplinary actions, or civil or administrative findings during the hiring and promotion process. These disclosures occur through written questionnaires, structured interviews, and periodic recertification processes.

The Auditor reviewed multiple completed ADOC Form 216-B questionnaires, each containing direct inquiries regarding prior sexual abuse, criminal convictions, and related findings. All forms were properly executed and securely maintained within personnel files. Human Resources staff confirmed that disclosure expectations are reiterated during employment to reinforce accountability.

Provision (g): Enforcement of Zero Tolerance for Falsification or Omission of Relevant Information

The facility enforces strict consequences for falsification, misrepresentation, or omission of information related to prior sexual misconduct. Providing false or incomplete information constitutes grounds for disqualification from employment or termination.

This expectation was verified through policy review and confirmed during interviews with Human Resources staff.

Relevant Policy:

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

Provision (h): Transparency and Interagency Communication Regarding Substantiated Misconduct

When legally authorized, ADOC provides information to other institutional employers concerning substantiated allegations of sexual abuse or sexual harassment involving former employees. This practice promotes transparency, interagency cooperation, and system-wide accountability.

Human Resources staff confirmed that employment verification requests are handled routinely and in accordance with statutory requirements, helping to prevent the reemployment of individuals who have violated PREA standards.

Relevant Policy:

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

CONCLUSION

Following a comprehensive review of documentation, personnel records, background investigation files, and detailed interviews with Human Resources administrative staff, the Auditor finds the facility to be fully compliant with PREA Standard §115.17 – Hiring and Promotion Decisions.

The facility's hiring, promotion, and contracting processes reflect a deliberate and structured commitment to integrity, accountability, and the prevention of sexual abuse and sexual harassment. Policies are clearly articulated, consistently implemented, and reinforced through systematic oversight. Human Resources staff

	<p>demonstrated a thorough understanding of PREA requirements and described procedures that effectively prevent the placement of unqualified or disqualified individuals in positions involving inmate contact.</p> <p>No deficiencies, inconsistencies, or lapses in documentation were identified. The Auditor concludes that the facility’s employment practices fully satisfy both the letter and the intent of PREA Standard §115.17.</p>
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115.18	Upgrades to facilities and technologies
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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DOCUMENT REVIEWED

To evaluate compliance with PREA Standard §115.18, the Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). Central to this review was Administrative Regulation (AR) #454 - Operations & Legal, Inmate Sexual Abuse and Harassment, dated May 29, 2025, which establishes the agency’s framework for preventing, detecting, and responding to sexual abuse and sexual harassment within correctional facilities.

In addition to policy review, the Auditor examined a detailed facility schematic outlining the structural layout, housing configurations, camera placements, and potential areas of limited visibility. This blueprint was used to assess the adequacy of existing surveillance coverage and identify possible blind spots that could affect inmate safety.

Collectively, the documentation provided a foundation for evaluating whether the agency considers the impact of physical plant design and technological enhancements on its ability to protect inmates from sexual abuse and harassment.

OBSERVATIONS

During the on-site portion of the audit, the Auditor conducted a comprehensive walkthrough of the facility, carefully examining housing units, program areas, corridors, intake areas, and other locations where inmate movement and interaction occur. Based on direct observation and confirmation from facility leadership, there have been no significant structural renovations, expansions, or newly acquired buildings since the previous PREA audit.

Throughout the tour, the Facility Head highlighted the facility’s strategic use of surveillance technology. Security cameras are positioned to provide wide-ranging coverage, with particular attention given to areas identified as potentially vulnerable to sexual abuse or harassment. Camera placement reflects a deliberate effort to

balance effective supervision with respect for inmate privacy.

In addition to camera systems, convex security mirrors are strategically installed in hallways and transitional spaces to reduce blind spots and enhance line-of-sight visibility. These supplemental measures contribute to proactive monitoring and support staff in maintaining awareness of inmate activity in less visible areas.

INTERVIEWS

Facility Head or Designee

The Facility Head described an ongoing commitment to strengthening safety through thoughtful integration of surveillance technology. Although no recent upgrades or structural changes have occurred, leadership emphasized a long-term objective of achieving comprehensive camera coverage across the facility. The Facility Head explained that surveillance equipment is continuously maintained and that authorized personnel have access to both live and recorded footage. This capability supports immediate situational awareness as well as post-incident review when necessary.

Leadership further indicated that areas identified as potentially vulnerable are routinely assessed to determine whether additional monitoring measures may be warranted in the future. The monitoring system is considered an essential tool in preventing, detecting, and investigating allegations of sexual abuse or harassment involving inmates.

Agency Head or Designee

The Agency Head's Designee discussed the broader strategic approach applied across ADOC facilities regarding physical plant design and technological enhancements. The agency prioritizes minimizing blind spots and enhancing visibility in a manner that promotes safety while preserving inmate privacy. Particular care is taken to ensure that camera placement avoids cross-gender viewing of inmates in states of undress, consistent with PREA requirements.

The designee confirmed that when facilities are modified, renovated, or newly constructed, consideration is given to how changes will affect the agency's ability to supervise inmates and prevent sexual abuse. Even in the absence of recent upgrades at this specific facility, the agency maintains a forward-looking approach to evaluating the role of physical design and surveillance technology in safeguarding inmates.

PROVISIONS

Provision (a): Consideration of Sexual Safety in Physical Plant Modifications and New Construction

The PAQ confirms that the facility has not undergone significant physical modifications, expansions, or new construction since the previous PREA audit. Likewise, no new facilities have been acquired during the audit period. Interviews with facility leadership corroborated this information.

Although no recent structural changes have occurred, both agency and facility leadership articulated an understanding that any future renovations, expansions, or design alterations would include consideration of how such changes could enhance inmate safety, improve supervision, and reduce opportunities for sexual abuse or harassment.

Provision (b): Evaluation of Surveillance Technology When Enhancing Monitoring Systems

The PAQ indicates that no upgrades or expansions have been made to the facility’s video monitoring system during the audit period. On-site observations confirmed that the current surveillance system remains operational and strategically deployed.

While no technological enhancements have occurred since the last audit, interviews with facility and agency leadership demonstrate that surveillance placement and monitoring capacity are continuously evaluated. The agency maintains an awareness of how technology can be leveraged to reduce blind spots, improve supervision, and strengthen investigative capacity when allegations arise.

CONCLUSION

Based on a review of the Pre-Audit Questionnaire, applicable policy, facility schematics, on-site observations, and interviews with both agency and facility leadership, the Auditor finds the facility to be in full compliance with PREA Standard §115.18.

Although no structural modifications or technological upgrades have been implemented during the audit period, leadership at both the agency and facility levels demonstrated a clear understanding of the requirement to consider inmate safety when planning future renovations or surveillance enhancements. The facility’s existing camera placements, use of security mirrors, and maintenance of monitoring systems reflect a proactive approach to supervision and the prevention of sexual abuse and sexual harassment.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>In evaluating compliance with PREA Standard §115.21, the Auditor conducted an extensive review of documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The Pre-Audit Questionnaire (PAQ) served as the foundational document, outlining the agency’s procedures for responding to allegations of sexual abuse, including immediate evidence preservation, access to</p>

forensic medical examinations, and coordination with advocacy providers.

The Auditor reviewed Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes the agency’s standardized evidence protocol and defines responsibilities related to medical treatment, victim advocacy, and investigative coordination. Administrative Regulation #300 was also examined, as it further details investigative procedures, evidence handling standards, confidentiality safeguards, and protections of constitutional rights throughout administrative and criminal investigations.

To assess the availability of forensic and advocacy services, the Auditor reviewed the Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR). This agreement ensures statewide access to Sexual Assault Nurse Examiner (SANE) services and crisis intervention resources through a network of rape crisis centers. Additional documentation included the National Protocol for Sexual Assault Medical Forensic Examinations, training certifications for designated agency investigators, a regional directory of SANE-participating hospitals and rape crisis centers, and a Letter of Agreement with Lighthouse of Baldwin dated May 3, 2023.

The collective documentation reflects a coordinated and structured response system that integrates medical care, forensic evidence collection, victim advocacy, and investigative oversight in accordance with PREA requirements.

INTERVIEWS

Agency PREA Director

The Agency PREA Director described the agency’s uniform evidence protocol, confirming that it aligns with the National Protocol for Sexual Assault Medical Forensic Examinations. This protocol governs both administrative and criminal investigations and is applied consistently across ADOC facilities. The Director emphasized that all allegations of sexual abuse trigger an administrative investigation and, when warranted, a criminal investigation. The Director further explained that the protocol is developmentally appropriate should youthful inmates be housed within the system, ensuring age-appropriate forensic and investigative responses.

Institutional PREA Compliance Manager (IPCM)

The IPCM outlined the facility’s step-by-step response to allegations of sexual abuse. Upon receiving a report, staff immediately initiate protective measures, preserve evidence, and notify investigative authorities. Advocacy services are offered through both trained facility staff and community-based partners. The IPCM confirmed the agency’s MOU with ACAR, which provides access to 28 rape crisis centers statewide.

The IPCM further explained that forensic medical examinations are conducted at a designated SANE-capable emergency department. Qualified SANE personnel are contacted through an established on-call system, and inmates are transported promptly to the hospital for examination. During the previous 12 months, the facility

reported zero forensic medical examinations.

SAFE/SANE Medical Personnel

SAFE/SANE personnel described the established procedure for conducting forensic examinations. Upon notification, on-call SANE staff respond to the designated emergency department, where a private and secure examination space is maintained. Examinations are conducted by SANE-certified professionals whenever possible, with emergency room physicians utilized only if necessary. These services are provided at no cost to the inmate, and financial responsibility is never transferred to the victim. Advocacy services are coordinated concurrently to ensure emotional support during the examination process.

Random Staff

Randomly selected staff members demonstrated a clear understanding of their first-responder responsibilities. Staff articulated the importance of separating involved parties, safeguarding the scene, preserving physical evidence, preventing actions that could compromise forensic integrity, and immediately notifying supervisory and investigative personnel. Their responses reflected training consistent with agency protocol and PREA standards.

Rape Crisis Center Personnel

Representatives from affiliated rape crisis centers confirmed that the MOU between ADOC and ACAR ensures continuous availability of victim advocacy services. These services include crisis counseling, emotional support, hotline access, and accompaniment during forensic examinations. Services are provided regardless of when or where the abuse occurred and are available throughout the investigative process.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no inmates housed at the facility who had reported sexual abuse within the previous 12 months. Consequently, no inmate interviews were conducted specific to this provision.

PROVISIONS

Provision (a): Coordinated Administrative and Criminal Investigative Response

The agency conducts both administrative and criminal investigations for allegations of inmate-on-inmate sexual abuse and staff sexual misconduct. ADOC employs 41 designated investigators trained in sexual abuse investigations consistent with PREA standards and constitutional requirements. Administrative Regulation #300 outlines evidence-handling protocols and reinforces impartiality, objectivity, and confidentiality throughout the investigative process.

Relevant Policies:

AR #454, Section V. G. d-e, i, pp. 21-22

Provision (b): Developmentally Appropriate and Statewide Accessible Forensic Services

Although no youthful inmates were housed at the facility at the time of the audit, ADOC's evidence protocol is structured to be developmentally appropriate should such individuals be present. Through its partnership with Lighthouse of Baldwin, 24-hour SANE services are available. Forensic examinations are funded through state victim compensation resources, ensuring no financial burden is placed on the inmate. Victim advocates are available during examinations to provide support and guidance.

Relevant Policies:

AR #454, Section V.G.1.a-i, pp. 20-22

Provision (c): Timely, No-Cost Access to Forensic Medical Examinations by Qualified Professionals

Inmates who experience sexual abuse are provided timely access to forensic medical examinations at no cost. Examinations are conducted by SANE-certified personnel whenever available. Advocacy services are integrated into the forensic response, and inmates are offered support regardless of their decision to participate in an investigation. Agency policy clearly states that medical and mental health treatment services are provided independent of investigative cooperation.

Relevant Policies:

AR #454, Section V.G.1.a-i, pp. 20-22

AR #454, p. 28, G. c

Provision (d): Integration of Victim Advocacy Services into the Forensic Process

Victim advocacy is a routine and embedded component of the forensic examination process. During the previous reporting period, the agency documented multiple allegations of sexual abuse and sexual harassment, with forensic examinations conducted as clinically indicated. Advocacy support was available in each applicable instance, ensuring a trauma-informed and victim-centered response.

Relevant Policies:

AR #454, Section V.G.1.a-i, pp. 20-22

Provision (e): Availability of Qualified Victim Advocates Upon Request

Upon request, inmates are provided access to qualified victim advocates, either through trained agency staff or community-based advocacy organizations. These services include emotional support, crisis intervention, accompaniment during forensic examinations, and referrals for ongoing assistance. This structure ensures a supportive environment that prioritizes dignity and informed decision-making.

Provision (f): Agency Responsibility for Comprehensive Investigations

The agency retains responsibility for conducting thorough administrative and criminal investigations into allegations of sexual abuse and staff misconduct. This dual-investigation model ensures accountability, independent review, and adherence to established evidentiary standards.

Provision (g): Auditor Exemption

This provision is not subject to auditor assessment in accordance with PREA audit guidance.

Provision (h): Formalized Partnerships Ensuring Continuous Access to Advocacy Services

Advocacy services are fully integrated into the forensic response system through formal agreements with ACAR and Lighthouse of Baldwin. These partnerships ensure coordinated, statewide access to SANE services and victim advocacy resources, reinforcing a seamless and comprehensive response framework.

CONCLUSION

Based on a detailed review of policy, supporting documentation, and interviews with agency leadership, facility staff, medical personnel, and community advocacy partners, the Auditor concludes that the agency and facility meet all applicable provisions of PREA Standard §115.21 - Evidence Protocol and Forensic Medical Examinations.

The agency has implemented a coordinated, trauma-informed, and victim-centered response model that emphasizes timely medical care, professional forensic evidence collection, integrated advocacy services, and thorough investigative oversight. These practices are consistent with PREA requirements and reflect a strong institutional commitment to protecting the safety, dignity, and rights of inmates in custody.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>In evaluating compliance with PREA Standard §115.22, the Auditor conducted a detailed examination of the Pre-Audit Questionnaire (PAQ) and an extensive body of supporting documentation provided by the facility and the Alabama Department of Corrections (ADOC). The review focused on the mechanisms used to ensure that every allegation of sexual abuse or sexual harassment is promptly referred for investigation and managed by qualified personnel with appropriate authority.</p> <p>Primary among the documents reviewed was Administrative Regulation (AR) #454 -</p>

Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines mandatory reporting requirements, referral procedures, investigative responsibilities, and documentation standards. The Auditor also examined ADOC Standard Operating Procedure – Investigations & Intelligence #454 and Administrative Regulation #300 – Operations, both of which reinforce investigative authority, establish evidence-handling protocols, and require thorough case documentation.

Supporting documentation included ADOC Duty Officer Reports (DORs), which serve as the formal instrument for documenting allegations and initiating investigative review. Additionally, the Auditor reviewed National Institute of Corrections (NIC) Investigations Course certificates and related training records to verify that assigned investigators possess the necessary credentials and specialized training to conduct sexual abuse and sexual harassment investigations in a professional, objective, and legally sound manner.

The collective documentation reflects a centralized and clearly structured investigative framework. Policies and procedures demonstrate that all allegations—regardless of the source or nature of the report—are systematically referred to trained investigators within the agency who possess full legal authority to conduct administrative and criminal investigations.

INTERVIEWS

Agency Head or Designee

The Agency Head’s designee emphasized the Department’s firm commitment to ensuring that every allegation of sexual abuse or sexual harassment involving an inmate is addressed with urgency and seriousness. It was explained that ADOC maintains full internal investigative capacity through its Law Enforcement Services Division (LESD), rather than delegating investigative responsibility to outside entities.

The designee further stated that each allegation is formally documented, immediately referred for investigation, and tracked through completion. When allegations potentially involve criminal conduct, referrals are made for criminal prosecution as appropriate. Transparency is reinforced by the public availability of PREA-related policies on the ADOC website, allowing external stakeholders to review the agency’s investigative standards and procedures.

Investigative Staff

Interviews with LESD investigators confirmed that all allegations—whether administrative or criminal in nature—are assigned to trained investigators within the division. Investigators are sworn peace officers with full authority to conduct criminal investigations as well as administrative inquiries. They described a consistent investigative process that includes securing evidence, conducting interviews, preserving documentation, and coordinating with prosecutorial authorities when warranted.

Investigative staff explained that allegations are initially captured through the Duty

Officer Report system, which ensures formal documentation and immediate notification to appropriate command staff. From that point forward, cases are handled in accordance with established protocols designed to promote objectivity, thoroughness, and confidentiality. Investigators also confirmed that victims are notified in writing of investigative outcomes as required by policy.

PROVISIONS

Provision (a): Mandatory Referral of All Sexual Abuse and Sexual Harassment Allegations to Authorized Investigators

All allegations of sexual abuse and sexual harassment involving inmates are referred to the ADOC Law Enforcement Services Division for investigation. According to the PAQ and supporting documentation, LESD is staffed by 41 trained investigators who have successfully completed specialized training through the National Institute of Corrections. Training records reviewed during the audit confirmed compliance with these requirements.

During the previous 12-month audit period, the agency reported one allegation of sexual abuse and one allegation of sexual harassment. No forensic medical examinations were conducted during this reporting period. Agency policy, as outlined in AR #454, clearly establishes LESD's responsibility to conduct prompt, thorough, and objective investigations regardless of the employment status of the accused individual or the outcome of related criminal proceedings. When criminal conduct is substantiated, cases are formally referred to the appropriate District Attorney for prosecution, with LESD continuing to provide investigative assistance as needed.

Relevant Policies:

AR #454, IV.C, p. 5

AR #454, G. d, p. 21

Provision (b): Referral Practices Ensuring Criminal Investigative Authority and Victim Notification

Agency policy and operational practice ensure that every allegation of sexual abuse and sexual harassment is referred to personnel who possess the legal authority to conduct criminal investigations. The sexual abuse allegation reported during the audit period was referred for criminal investigation, and the sexual harassment allegation was likewise investigated criminally.

All LESD investigators are sworn peace officers authorized to investigate both administrative violations and criminal offenses. The Duty Officer Report serves as the formal mechanism to document each allegation and initiate the investigative process.

Administrative Regulation #454 further requires that inmates who report sexual abuse be notified in writing of the investigation's outcome, including whether the allegation was substantiated, unsubstantiated, or unfounded. Documentation and staff interviews confirmed that this notification process is routinely implemented in accordance with policy.

	<p>Relevant Policies: AR #454, IV.H.1.b, p. 23 AR #454, V.G.1.h, p. 26</p> <p>Provision (c): Centralized Investigative Authority Maintained by the Agency</p> <p>All investigations of sexual abuse and sexual harassment allegations are conducted internally by the ADOC Law Enforcement Services Division. The agency does not delegate investigative authority to external agencies, thereby ensuring consistency, accountability, and adherence to departmental standards and PREA requirements.</p> <p>Relevant Policy: AR #454, IV.C, p. 5</p> <p>Provisions (d) and (e): Not Applicable Under PREA Audit Scope</p> <p>In accordance with PREA audit guidelines, these provisions are not subject to auditor assessment and were therefore not evaluated as part of this review.</p> <p>CONCLUSION</p> <p>After a comprehensive review of agency policy, investigative records, training documentation, and interviews with agency leadership and investigative personnel, the Auditor finds that the facility and the Alabama Department of Corrections are in full compliance with PREA Standard §115.22 – Referral of Allegations for Investigations.</p> <p>The agency has established and implemented a clear, consistent, and professionally managed system for the referral and investigation of all allegations of sexual abuse and sexual harassment involving inmates. Investigations are conducted by trained, sworn investigators with full legal authority, and processes are structured to ensure objectivity, transparency, accountability, and the protection of individuals in custody.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To determine compliance with PREA Standard §115.31, the Auditor conducted an in-depth review of the Pre-Audit Questionnaire (PAQ) and extensive supporting documentation submitted by the facility. The review focused on the structure, scope, frequency, and documentation of employee training related to the prevention, detection, reporting, and response to sexual abuse and sexual harassment involving inmates.</p>

Central to this review was Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), issued by the Alabama Department of Corrections (ADOC). This regulation establishes mandatory PREA training requirements for all employees who may have contact with inmates and outlines the minimum content standards that must be addressed.

The Auditor also examined the PREA training curriculum developed by The Moss Group, which serves as the foundational instructional framework for the facility’s PREA education program. The curriculum incorporates scenario-based learning, visual presentations, written materials, and comprehension assessments to reinforce key concepts.

Additional materials reviewed included the pamphlet titled “What Staff Should Know About Sexual Misconduct with Inmates,” the standardized PREA knowledge assessment administered to employees following training, and Institutional PREA Compliance Manager (IPCM) instructional materials used to reinforce compliance expectations at the facility level. Annual training records were carefully examined, with 88 individual staff files reviewed to verify timely completion, signed acknowledgment, and proper documentation of required PREA instruction.

The Auditor further evaluated records of staff meetings and shift turnout briefings where PREA-related topics are periodically reinforced. Documentation demonstrated that PREA principles are revisited throughout the year, not solely during annual in-service training. Collectively, the reviewed materials reflect a structured, multi-layered training program designed to ensure staff competence and ongoing awareness.

OBSERVATIONS

During the on-site tour, the Auditor observed a prominently displayed PREA Information Board positioned in a location accessible to both staff and inmates. The board was organized, current, and visually clear. It outlined the agency’s zero-tolerance policy, defined sexual abuse and sexual harassment, and provided step-by-step guidance on reporting options.

Information posted included the right of inmates to be free from sexual abuse and sexual harassment, instructions for confidential reporting, and the designated internal reporting number (*661). The display also emphasized staff responsibilities and the prohibition against retaliation. The presence of this board supports continuous reinforcement of PREA standards beyond formal classroom training and demonstrates an institutional culture of transparency and education.

INTERVIEWS

Random Staff

Interviews with randomly selected staff revealed consistent knowledge and understanding of PREA-related responsibilities. Staff reported completing PREA training prior to assuming duties that involve inmate contact and confirmed

participation in mandatory annual refresher training. In addition to formal in-service sessions, staff described receiving periodic reminders and reinforcement of PREA principles during shift briefings and staff meetings.

Staff were able to clearly articulate the agency's zero-tolerance policy and explain their duty to prevent, detect, report, and respond to sexual abuse and sexual harassment. Interview responses reflected familiarity with maintaining professional boundaries, avoiding inappropriate relationships, recognizing warning signs of abuse, preserving evidence, and reporting allegations immediately. Staff also demonstrated understanding of protections against retaliation and the importance of treating all inmates with professionalism and respect, including those who identify as LGBTI or gender nonconforming.

The consistency and accuracy of staff responses indicated that training content is not only delivered but retained and understood.

PROVISIONS

Provision (a): Comprehensive and Role-Specific PREA Training Covering All Required Elements

The PAQ and supporting documentation confirm that all employees who have contact with inmates receive comprehensive PREA training that addresses each element required under the standard. Training includes instruction on the agency's zero-tolerance policy for sexual abuse and sexual harassment, employee responsibilities in prevention and response, and the rights of inmates to be free from sexual victimization.

The curriculum addresses the dynamics of sexual abuse in confinement settings, common reactions of victims, and methods for detecting and responding to warning signs. It includes instruction on maintaining appropriate professional boundaries, avoiding inappropriate relationships, and complying with mandatory reporting laws. Training further emphasizes communication strategies for interacting respectfully and professionally with LGBTI and gender-nonconforming inmates.

The PREA curriculum developed by The Moss Group thoroughly incorporates these components and tailors content to staff roles and responsibilities. The Auditor's review of 88 staff training records confirmed that each employee received and acknowledged required PREA instruction. Signed attendance rosters and acknowledgment forms verified full participation, and documentation reflected specialized training where job duties required additional instruction.

Relevant Policy:

AR #454, V.A.1.a-b, p. 12

Provision (b): Gender-Neutral Delivery and Facility-Specific Customization of Training

Training materials reflect the operational environment of the facility while maintaining full compliance with PREA requirements. Although gender-specific considerations are

addressed when relevant, instruction is delivered in a professional, gender-neutral manner appropriate to the institutional setting and inmate population.

The Auditor verified training documentation, including attendance sheets and signed acknowledgments, confirming staff participation in sessions addressing these topics. The consistent format and structured curriculum ensure that all employees receive uniform and standardized instruction.

Relevant Policy:

AR #454, V.A.1.a-b, p. 12

Provision (c): Annual Refresher Training and Ongoing Educational Reinforcement

A review of staff files confirmed that 100 percent of employees sampled received PREA training within the previous 12 months. In addition to formal annual training, staff are provided with a pamphlet titled "PREA: What Staff Should Know About Sexual Misconduct with Inmates," which outlines key definitions, reporting procedures, and foundational PREA principles.

Staff also receive a laminated, pocket-sized spiral reference guide titled "Prison Rape Elimination Act (PREA): A Trauma-Informed Guide for First Responders." This guide serves as a practical, quick-reference tool and includes sections on first responder responsibilities, evidence preservation, prevention strategies, and available resources. The distribution of these materials reinforces learning and ensures staff have immediate access to critical information when needed.

Relevant Policy:

AR #454, V.A.1.a-b, p. 12

Provision (d): Formal Documentation and Verification of Training Completion

All PREA training is formally documented and systematically tracked. Employees are required to sign attendance rosters or acknowledgment forms upon completion of training sessions. The Auditor verified that documentation was properly maintained in each training file reviewed. Training logs reflected consistent recordkeeping practices and demonstrated that completion dates, signatures, and verification processes were accurately recorded.

This documentation system ensures accountability, confirms compliance with annual training requirements, and provides an auditable record of staff participation.

Relevant Policy:

AR #454, V.A.1.a-b, p. 12

CONCLUSION

Based on a comprehensive review of policies, training curricula, documentation records, on-site observations, and staff interviews, the Auditor finds the facility to be in full compliance with PREA Standard §115.31 - Employee Training.

	<p>The facility has implemented a structured and well-documented PREA training program that addresses all required elements of the standard. Training is comprehensive, role-specific, and reinforced throughout the year. Staff demonstrate clear understanding of their responsibilities, and documentation practices confirm consistent compliance. Collectively, these efforts reflect a strong institutional commitment to preventing, detecting, reporting, and responding effectively to sexual abuse and sexual harassment involving inmates.</p>
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115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.32, the Auditor conducted a detailed review of documentation submitted by the facility, including the Pre-Audit Questionnaire (PAQ) and all accompanying materials. The review focused on the training requirements, content delivery, and verification procedures applicable to volunteers and contractors who have contact with inmates.</p> <p>Primary policy references included Administrative Regulation (AR) #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025) and Administrative Regulation #216 - Background Checks (dated January 31, 2025), both issued by the Alabama Department of Corrections (ADOC). These regulations establish mandatory PREA training requirements and screening standards for non-employee personnel who are granted access to correctional facilities.</p> <p>The Auditor examined PREA training curricula specifically developed for volunteers and contractors, including both medical and non-medical personnel. Documentation reviewed included training rosters, acknowledgment forms, course materials, and records verifying that required PREA instruction was completed prior to individuals being authorized to enter the facility or interact with inmates.</p> <p>Training materials developed in collaboration with The Moss Group were also reviewed. These materials reflect a structured approach to educating non-employee personnel on their responsibilities related to the prevention, detection, reporting, and response to sexual abuse and sexual harassment in confinement settings.</p> <p>INTERVIEWS</p> <p>Volunteer</p> <p>A volunteer serving within the facility was interviewed as part of the compliance review. The volunteer confirmed that PREA training was completed before being approved to provide services within the institution. The training was described as</p>

clearly outlining the agency's zero-tolerance policy, expectations for professional conduct, and mandatory reporting obligations.

When asked to explain PREA and its purpose, the volunteer demonstrated a clear understanding of the Act's intent to eliminate sexual abuse and sexual harassment in correctional settings. The volunteer accurately described the immediate reporting requirements and acknowledged an obligation to report any observed, suspected, or disclosed incidents without delay.

Contractor

A contractor who provides services within the facility was also interviewed. The contractor confirmed that PREA training was completed prior to engaging in any duties involving inmate contact. The training was described as tailored to the contractor's level of access and responsibilities within the facility.

During the interview, the contractor articulated an understanding of PREA's zero-tolerance standard and the requirement to report any allegation or suspicion of sexual abuse or sexual harassment immediately through approved channels. The contractor's responses reflected familiarity with reporting procedures and an awareness of professional boundaries when interacting with inmates.

Both interviews demonstrated that volunteers and contractors not only receive PREA training but also retain and understand the essential information necessary to comply with agency expectations.

PROVISIONS

Provision (a): Mandatory PREA Training for All Volunteers and Contractors Prior to Facility Access

The PAQ and supporting documentation confirm that all volunteers and contractors who have contact with inmates are required to complete PREA training prior to being granted facility access. At the time of the audit, the agency reported 10 approved contractors and 17 approved volunteers. Facility leadership clarified that the number of individuals actively entering the institution at any given time is lower than the total approved roster, a statement corroborated through documentation and interviews.

The Auditor reviewed PREA training records, including 17 volunteers, 6 non-medical contractors, and 4 medical contractors. All records examined verified completion of required PREA instruction prior to facility access. The curriculum addresses the ten required elements under the standard and is structured to align with the specific duties and anticipated level of inmate interaction for each category of personnel. Training depth and complexity appropriately vary based on the nature of assigned responsibilities.

Agency policy designates the Institutional PREA Compliance Manager (IPCM) as responsible for ensuring that volunteers and contractors complete PREA training before entering the facility. Policy further requires that all non-employee personnel comply fully with ADOC standards governing sexual abuse, sexual harassment, and

custodial sexual misconduct.

Policy References:

ADOC AR #454, V.A.2.a-b, p. 13

Provision (b): Role-Specific Training Content Emphasizing Zero Tolerance and Reporting Obligations

Documentation reviewed confirms that the scope and detail of PREA training for volunteers and contractors are determined by their level of inmate contact and job function. All participants are informed of the agency’s zero-tolerance policy and instructed on approved procedures for reporting allegations or suspicions of sexual abuse or sexual harassment.

Supporting documentation included a comprehensive four-page handout titled “PREA Training for Volunteers and Contractors.” This resource outlines PREA’s purpose and objectives, defines sexual abuse and sexual harassment, explains custodial sexual misconduct, and details ADOC reporting procedures. Each volunteer and contractor signs an acknowledgment form confirming receipt and understanding of the information, and these forms are retained in the IPCM’s training files.

Medical contractors receive additional, specialized instruction through a module titled “Health Care Response to Sexual Assault in a Confinement Setting,” which supplements ADOC-specific PREA requirements. This enhanced training ensures that medical professionals understand their clinical responsibilities, evidence preservation requirements, and reporting obligations in cases involving allegations of sexual abuse.

The facility also distributes a trifold PREA pamphlet summarizing key definitions and reporting expectations, along with a PREA First Responder Duties card that provides step-by-step guidance on required immediate actions when responding to an allegation. These supplemental materials reinforce core training concepts and provide practical reference tools.

Provision (c): Formal Documentation and Verification of Training Completion and Understanding

The facility maintains thorough documentation verifying that volunteers and contractors understand the PREA training they receive. Signed acknowledgment forms are retained in the IPCM’s files as formal evidence of training completion and comprehension.

The Auditor reviewed training sign-in sheets and acknowledgment documents dated within the previous 12 months. Each document contained participant signatures affirming receipt of training and acknowledgment of PREA-related responsibilities. Recordkeeping practices were consistent, organized, and sufficient to demonstrate compliance with documentation requirements.

CONCLUSION

	<p>Based on a comprehensive review of applicable policies, training curricula, acknowledgment records, and interviews with volunteers and contractors, the Auditor concludes that the agency and facility are in full compliance with PREA Standard §115.32 - Volunteer and Contractor Training.</p> <p>All volunteers and contractors who have contact with inmates receive appropriate, role-specific PREA training prior to entering the facility. Training content is tailored to the nature of their duties, clearly communicates zero-tolerance expectations, and reinforces mandatory reporting obligations. Documentation practices verify completion and understanding, and interview responses demonstrate meaningful knowledge retention. Collectively, these measures reflect a structured and effective approach to ensuring that non-employee personnel support the agency's commitment to preventing and responding to sexual abuse and sexual harassment within the correctional environment.</p>
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115.33	Inmate education
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>In assessing the facility's compliance with PREA Standard §115.33, the Auditor undertook a thorough and methodical examination of the Pre-Audit Questionnaire (PAQ) and an extensive body of supporting documentation submitted by both the facility and the Alabama Department of Corrections (ADOC). The review concentrated on the systems and practices in place to ensure that inmates are properly informed of their rights under PREA, educated about protections against sexual abuse and sexual harassment, and continually reminded of available reporting mechanisms.</p> <p>At the core of this review was ADOC Administrative Regulation #454 - Inmate Sexual Abuse and Harassment, effective May 29, 2025. This regulation outlines detailed requirements for initial orientation, ongoing PREA education, accommodations for accessibility needs, and documentation protocols. The Auditor carefully examined the inmate PREA training curriculum, orientation materials specifically addressing sexual assault and harassment, and the ADOC Inmate Handbook, which provides written explanations of PREA protections, reporting options, and the agency's zero-tolerance stance.</p> <p>Additional documentation included signed PREA receipt and acknowledgment forms (ADOC Form 454-A), the informational pamphlet titled "What You Should Know About Sexual Abuse and Assault," and a range of PREA awareness posters displayed throughout the facility. Materials were reviewed in multiple formats, including Spanish-language resources and versions adapted for individuals with visual impairments or other accessibility needs.</p>

The Auditor also examined postings identifying outside confidential support services, inmate PREA orientation sign-in sheets covering November 2024 through January 2026, 30-day PREA education attendance logs for the same timeframe, and a comprehensive PREA education tracking spreadsheet documenting participation and completion dates. Collectively, the documentation reflected a structured, consistent, and well-documented inmate education program designed to ensure both compliance and meaningful understanding.

OBSERVATIONS

During the on-site tour, the Auditor observed that PREA educational materials were prominently and strategically displayed throughout inmate housing units, common areas, and near inmate telephones. The materials were clearly written and visually accessible, outlining definitions of sexual abuse and sexual harassment, reinforcing the agency's zero-tolerance policy, and explaining how inmates can report concerns.

Internal reporting instructions directed inmates to contact the ADOC PREA Unit through the designated reporting number (*661), while external reporting options identified Crisis Services of North Alabama as a confidential support resource. Informational posters from outside service providers were visible and current, reinforcing access to confidential advocacy.

The Auditor noted that materials were available in both English and Spanish, with additional accommodations such as Braille resources, closed-captioned video presentations, and American Sign Language (ASL) interpretation. The facility also provides the "Discussing PREA" educational video in English and Spanish, incorporating captioning and ASL interpretation to ensure accessibility. The consistent visibility and varied formats of these materials demonstrated an intentional and ongoing effort to promote awareness, understanding, and accessibility for all inmates.

INTERVIEWS

Intake Staff

Interviews with intake staff revealed that PREA education begins at the earliest point of an inmate's entry into the facility. Staff described a structured intake process during which newly admitted inmates receive immediate information regarding the agency's zero-tolerance policy, their right to be free from sexual abuse and retaliation, and the multiple methods available for reporting incidents or concerns. Intake personnel emphasized that this initial education is followed by comprehensive PREA instruction within 15 days of arrival, delivered either through video-based programming or in-person sessions designed to reinforce understanding and encourage questions.

Staff further explained that accommodations are made for inmates with limited English proficiency, hearing or vision impairments, or cognitive limitations. Education is adapted through translated materials, interpretive services, captioned videos, and other accessible formats. Intake staff confirmed that each inmate receives the Inmate Handbook and is required to sign an acknowledgment form verifying receipt and

understanding of PREA information.

Inmates

Interviews with randomly selected inmates corroborated staff accounts. Inmates consistently reported receiving PREA information shortly after arrival, including the Inmate Handbook and orientation materials. Many recalled watching the PREA educational video and described the information as clear and informative. When asked about reporting procedures, interviewed inmates were able to articulate multiple reporting avenues, including both internal and external options, demonstrating functional understanding of the material presented.

PROVISIONS

Provision (a): Immediate Intake Education and Foundational Awareness

Upon arrival, every inmate receives essential PREA information as part of the intake process. This foundational education includes the agency's zero-tolerance policy, clear definitions of sexual abuse and sexual harassment, and explicit instructions for reporting incidents. The purpose of this immediate instruction is to ensure that inmates are informed of their rights and available protections without delay, even before comprehensive training occurs. Documentation and interviews confirmed that all 289 inmates admitted during the previous 12 months received PREA information at intake in accordance with policy.

Relevant Policy

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

Provision (b): Timely Comprehensive PREA Education Within Required Timeframes

For inmates housed longer than 30 days, the facility provides more in-depth PREA education within the timeframe required by policy. This comprehensive instruction expands upon the initial intake information, incorporating detailed discussions, educational videos, and opportunities for inmates to ask questions and clarify understanding. Review of attendance logs, training records, and inmate files verified that 100 percent of the 277 eligible inmates received comprehensive PREA education as required. Documentation practices reflected full compliance with established timelines and standards.

Relevant Policy:

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

Provision (c): Verified Documentation and Signed Acknowledgment of PREA Education

A review of 50 inmate records revealed consistent documentation of PREA education. Each file contained a signed and dated PREA acknowledgment form (ADOC Form 454-A), confirming receipt of the Inmate Handbook, participation in orientation materials, and completion of video-based instruction. The uniform presence of these

forms demonstrated reliable documentation procedures and accountability in tracking inmate education.

Provision (d): Accessible, Inclusive, and Adaptable Educational Delivery

PREA education at the facility is delivered through multiple formats to ensure inclusivity and accessibility for all inmates. Materials and instructional videos are available in English and Spanish, and accommodations are provided for inmates with limited English proficiency, visual or hearing impairments, or other identified needs. The facility utilizes accessible posters, visual aids, captioned video content, and ASL interpretation to remove barriers to understanding. Importantly, policy strictly prohibits the use of other inmates as interpreters or aides, thereby safeguarding confidentiality, accuracy, and professional integrity in communication.

Relevant Policy:

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

Provision (e): Formalized Acknowledgment and Centralized Tracking Systems

Each inmate signs a PREA acknowledgment form (ADOC Form 454-A), which is securely maintained within the institutional file as official documentation of completed education. In addition, ADOC maintains a centralized PREA education database that allows staff to verify an inmate's education history by name or facility. This system enhances accountability, supports continuity during transfers, and ensures that education records remain accessible and verifiable across placements.

Relevant Policy

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

Provision (f): Ongoing Reinforcement Through Multi-Modal Awareness Strategies

Beyond formal instruction, the facility reinforces PREA awareness through a combination of posters, handbooks, educational videos, and orientation sessions. Posters are varied in design and placement to sustain visibility and prevent desensitization. Throughout the on-site tour, the Auditor observed clearly posted PREA materials in every area visited, reflecting an environment where PREA messaging remains visible, current, and consistently reinforced. This layered educational approach supports sustained awareness and encourages reporting without fear of retaliation.

CONCLUSION

After a comprehensive review of the Pre-Audit Questionnaire, supporting documentation, inmate records, interviews with staff and inmates, and direct on-site observations, the Auditor concludes that the facility meets all requirements of PREA Standard §115.33 - Inmate Education.

Inmates are informed promptly, educated thoroughly, and provided accessible and verifiable information regarding their rights under PREA and the procedures for

	reporting sexual abuse and sexual harassment. The facility’s approach reflects consistency, inclusivity, and proactive commitment to compliance, accountability, and the safety and dignity of every inmate in its care.
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115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To determine compliance with PREA Standard §115.34, the Auditor conducted a comprehensive and methodical review of the Pre-Audit Questionnaire (PAQ) along with substantial supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The primary focus of this review was to verify that investigators responsible for handling allegations of sexual abuse and sexual harassment within confinement settings receive the specialized training mandated by agency policy and PREA standards.</p> <p>A central component of this analysis was ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which clearly defines the qualifications, training requirements, and documentation standards applicable to investigators. The Auditor reviewed the Specialized Training Curriculum for Investigators, course outlines, lesson plans, and official training certificates. Training materials provided by The Moss Group, ADOC, Training Force USA, and the National Institute of Justice (NIJ) were examined to assess both the depth and relevance of instructional content.</p> <p>The documentation reflected a structured and multi-dimensional training framework specifically designed for correctional investigative work. Records included verification of participation in instructor-led courses as well as online training modules. Certificates of completion and attendance logs demonstrated that investigators assigned to PREA-related cases received formalized instruction tailored to the unique challenges of conducting investigations in confinement environments. Overall, the materials reviewed indicated a comprehensive and well-documented training system that emphasizes preparedness, professionalism, and compliance.</p> <p>INTERVIEWS</p> <p>Interviews with investigative staff provided substantive confirmation of the documented training and offered insight into how that training is applied in practice. Investigators described specialized instruction focused on conducting sexual abuse investigations in correctional settings with sensitivity, objectivity, and adherence to legal standards. They explained the importance of trauma-informed interviewing techniques, noting that minimizing re-traumatization while ensuring accurate fact-finding is a critical component of effective investigations.</p>

Investigative staff demonstrated a clear understanding of the distinction between criminal and administrative investigations and articulated when Miranda warnings or Garrity warnings are required. They described evidence collection procedures specific to confinement settings, including preserving physical evidence, maintaining chain of custody, and coordinating with medical and forensic professionals. Investigators further explained how they evaluate allegations to determine whether the evidence meets criteria for criminal referral, administrative findings, or both. Their responses reflected familiarity with policy requirements and practical application of investigative principles within institutional environments.

PROVISIONS

Provision (a): Mandatory and Specialized Training for Investigators in Confinement Settings

The PAQ and supporting documentation confirm that ADOC policy requires all investigators conducting sexual abuse investigations within confinement settings to complete specialized training. This requirement is clearly outlined in Administrative Regulation #454 and applies consistently to all designated investigative personnel.

The Auditor reviewed training certificates for investigators who completed investigations affiliated with the facility during the past 12 months. The curriculum encompassed Trauma-Informed Sexual Assault Investigations, Human Trafficking Awareness, Prison Rape and Sexual Assault Investigation, and Specialized PREA Investigation Techniques. Training also addressed evidence collection practices unique to confinement settings, the appropriate administration of Miranda and Garrity warnings, and the evidentiary standards necessary to substantiate a case.

Documentation further confirmed that the Institutional PREA Compliance Manager (IPCM) completed the same specialized training, reinforcing oversight capabilities and investigative coordination within the facility. The Auditor additionally reviewed modules from the National Institute of Justice's online course, Sexual Abuse and the Initial Responder, which includes instruction on PREA investigations, victim collaboration, interviewing methods, and the influence of institutional culture on investigative processes. Interviews with investigative staff corroborated completion of these courses and demonstrated retention and application of the training content.

Relevant Policy

AR #454, V.A.5.3.a-b, pp. 14-15

Provision (b): Comprehensive Instruction in Legal Protocols, Interview Techniques, and Evidentiary Standards

Documentation and staff interviews confirmed that investigator training encompasses all essential components required to conduct thorough, objective, and legally sound investigations. Instruction includes detailed guidance on interviewing inmates who report sexual abuse, emphasizing trauma-informed approaches that preserve dignity while eliciting accurate information. Investigators receive training on the correct and timely administration of Miranda warnings in criminal matters and Garrity warnings in

administrative proceedings, ensuring adherence to constitutional safeguards.

The curriculum further addresses evidence collection protocols specific to confinement environments, including preservation of physical evidence, coordination with medical and forensic personnel, documentation procedures, and maintenance of chain of custody. Investigators are also trained to evaluate the credibility and sufficiency of evidence in determining whether allegations warrant criminal prosecution, administrative action, or both.

The Auditor reviewed NIJ and NIC training materials and verified successful completion through official records and direct confirmation from investigative staff. The overall body of evidence demonstrates that training is structured, detailed, and aligned with PREA standards and agency policy.

Relevant Policy

AR #454, V.A.5.3.a-b, pp. 14-15

Provision (c): Formal Documentation and Verifiable Maintenance of Investigator Training Records

The agency maintains thorough and verifiable documentation of specialized training for each investigator. The Auditor reviewed signed training certificates for twenty PREA investigators currently assigned to the ADOC Law Enforcement Services Division and confirmed completion of required coursework through both classroom-based instruction and online modules.

Policy requires that all training be documented, signed, and retained within personnel files. The Auditor confirmed that this requirement is consistently met. Personnel records contained clear documentation of course titles, completion dates, and instructor verification. This systematic recordkeeping practice ensures transparency, accountability, and the ability to confirm that investigators assigned to PREA-related cases possess the requisite qualifications and preparation.

Relevant Policy

AR #454, V.A.5.3.a-b, pp. 14-15

Provision (d): Not Applicable

This provision is not applicable for the purposes of this audit.

CONCLUSION

Following a comprehensive review of agency policy, training curricula, certificates of completion, personnel records, and interviews with investigative staff, the Auditor concludes that the Mobile Community Based Facility is in full compliance with PREA Standard §115.34 – Specialized Training: Investigations.

The agency has implemented a robust, clearly defined, and well-documented training program that ensures investigators are properly equipped to conduct thorough, impartial, and trauma-informed investigations within correctional settings. Investigators demonstrated knowledge of legal requirements, evidence collection

	standards, and victim-centered practices, reflecting a professional commitment to PREA compliance and to safeguarding the safety and dignity of every inmate entrusted to the facility’s care.
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115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.35, the Auditor conducted a thorough and comprehensive review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review centered on verifying that medical and mental health practitioners who work regularly within the facility receive both the foundational PREA training required of all staff and the specialized clinical instruction mandated for their professional roles.</p> <p>A primary source guiding this evaluation was ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025. This regulation establishes clear and mandatory training standards for medical and mental health practitioners in correctional settings. The Auditor examined specialized training curricula, lesson plans, attendance records, and training acknowledgments maintained for clinical staff. Documentation included proof of participation, completion dates, and signed acknowledgments verifying comprehension of required content. Collectively, these materials reflected a structured, policy-driven training program designed to ensure clinical staff are equipped to respond appropriately to PREA-related incidents.</p> <p>INTERVIEWS</p> <p>To supplement the document review, interviews were conducted with facility leadership and clinical personnel to evaluate understanding and practical implementation of PREA training requirements.</p> <p>Facility Head</p> <p>The Facility Head emphasized that compliance with PREA training standards is closely monitored and documented. Leadership affirmed that no medical or mental health practitioner is permitted to work within the facility without first completing the required PREA training components. Oversight mechanisms are in place to ensure that training remains current and properly recorded in personnel files.</p> <p>PREA Compliance Manager</p> <p>The PREA Compliance Manager explained that medical and mental health</p>

practitioners receive the same foundational PREA training required of all employees under §115.31, in addition to role-specific specialized instruction tailored to clinical responsibilities. This layered training model ensures that practitioners understand both general PREA mandates and the distinct obligations associated with providing health care services in a correctional environment.

Medical Staff

Medical staff independently confirmed completion of both general PREA training and specialized clinical instruction. Practitioners described training topics that included recognizing physical and behavioral indicators of sexual abuse and sexual harassment, responding to inmates in a trauma-informed and professional manner, preserving evidence when appropriate, and adhering to mandatory reporting requirements. Staff demonstrated understanding of the importance of maintaining confidentiality within the limits of policy while ensuring timely reporting of allegations.

PROVISIONS

Provision (a): Comprehensive and Role-Specific Specialized Training for Clinical Practitioners

The PAQ and supporting documentation confirm that agency policy requires all medical and mental health practitioners who work regularly within the facility to complete specialized PREA training tailored to their clinical roles. At the time of the audit, four medical staff members were assigned to the facility, and documentation verified that each individual completed the required specialized training in accordance with agency policy.

A review of lesson plans and instructional materials demonstrated that the curriculum addresses essential components relevant to clinical practice in a correctional setting. Training includes instruction on identifying and assessing signs and symptoms of sexual abuse and sexual harassment, responding to victims in a professional and trauma-informed manner, and preserving physical evidence when applicable. Practitioners are also instructed on proper reporting protocols and the unique medical and mental health considerations associated with inmates who may have experienced sexual victimization. Additional content addresses risk assessment factors related to sexual abuse and strategies for ensuring appropriate clinical follow-up care.

Agency policy requires documentation of both completion and comprehension of the specialized training through signed acknowledgment forms. The Auditor's review of training records, combined with staff interviews, confirmed full compliance with this requirement.

Relevant Policy:

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

Provision (b): Forensic Examination Responsibilities Not Applicable

This provision is not applicable at this facility. Established procedures prohibit facility medical staff from conducting forensic examinations of inmates who allege sexual abuse. When forensic examinations are necessary, inmates are referred to appropriate external providers qualified to conduct such examinations in accordance with applicable standards.

Provision (c): Systematic Documentation and Maintenance of Training Records

The PAQ indicated, and documentation confirmed, that the agency maintains detailed records verifying completion of required PREA training for all medical and mental health practitioners. The Auditor reviewed personnel files and training logs, which consistently documented participation in both general PREA instruction and specialized clinical training. Records included attendance documentation, completion dates, and signed acknowledgments.

Interviews further supported that training requirements are consistently met and appropriately recorded. The systematic maintenance of these records ensures accountability, transparency, and the ability to verify compliance at any given time.

Relevant Policy:

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

Provision (d): Foundational General PREA Training for Clinical Staff

In addition to specialized clinical instruction, medical and mental health practitioners participate in the same general PREA training required of all employees, contractors, and volunteers. Documentation reviewed by the Auditor, including sign-in sheets and training materials, confirmed consistent participation in these sessions.

The general training component reinforces the agency's zero-tolerance policy, outlines reporting responsibilities, and ensures a unified understanding of PREA requirements across all disciplines within the facility. Attendance is tracked and maintained in accordance with agency policy, reflecting a coordinated and comprehensive approach to PREA education.

Relevant Policy:

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

CONCLUSION

Based on a comprehensive review of agency policy, specialized and general training curricula, training records, the Pre-Audit Questionnaire, and interviews with facility leadership and medical and mental health staff, the Auditor concludes that the agency/facility meets all requirements of PREA Standard §115.35 - Specialized Training: Medical and Mental Health Care.

The facility has established and maintained a consistent, well-documented, and role-specific training program that ensures medical and mental health practitioners are fully prepared to respond to PREA-related concerns in a professional, informed, and trauma-responsive manner. This structured approach reflects the agency's ongoing

	commitment to compliance, accountability, and the safety and well-being of every inmate in its care.
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.41, the Auditor conducted an in-depth review of agency and facility documentation governing intake screening, reassessment protocols, and the management of sensitive risk information related to sexual victimization and abusiveness. The review included the Pre-Audit Questionnaire (PAQ), applicable administrative regulations, standardized screening instruments, and a representative sample of inmate records reflecting both initial and follow-up assessments.</p> <p>The regulatory foundation for the screening process is established by the Alabama Department of Corrections (ADOC) through Administrative Regulation #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025. This regulation outlines the department’s comprehensive requirements for screening, reassessment, documentation, and confidentiality. Additional guidance is provided through Administrative Regulation #637, Gender Dysphoria, which details assessment considerations and protective measures for transgender and intersex inmates.</p> <p>The Auditor examined ADOC Form 454-C, Classification PREA Risk Factors Checklist, and ADOC Form 454-K, PREA Risk Assessment, along with the facility’s internal Risk Assessment Checklist. These instruments, together with supporting inmate records, demonstrate a structured and standardized process through which risk factors are identified, evaluated, documented, and applied to housing, supervision, and programming decisions. Documentation reflected consistent implementation of both initial screenings and required 30-day reassessments.</p> <p>INTERVIEWS</p> <p>PREA Director (PD)</p> <p>The PREA Director explained that PREA screening information is treated as highly sensitive and is accessible only to staff with a legitimate operational need. Access is limited to classification personnel, medical and mental health practitioners, the PREA Compliance Manager, and other designated staff responsible for treatment planning, security decisions, or institutional management. The PD emphasized that risk information is disseminated strictly on a need-to-know basis and safeguarded from unauthorized disclosure. The PD further confirmed that ADOC does not detain individuals solely for civil immigration enforcement purposes and that immigration</p>

status, when applicable, is considered only as a potential PREA-related risk factor.

PREA Compliance Manager (PCM)

The PREA Compliance Manager described the screening process as a central component of the facility's prevention strategy. Information obtained during intake and reassessment is analyzed to identify inmates who may be vulnerable to sexual victimization or who may present a risk of sexually abusive behavior. The PCM explained that screening results directly influence housing determinations, supervision levels, and program assignments in order to mitigate risk and enhance safety. The PCM also noted that screening outcomes are reviewed collaboratively, when appropriate, with classification, medical, and mental health staff to ensure balanced, informed decision-making.

Risk Screening Staff

Staff responsible for intake and classification screenings provided a detailed overview of daily practices. They confirmed that inmates are screened as soon as practicable upon arrival—typically within 24 hours—and always within the 72-hour policy requirement. Screenings assess prior sexual victimization, criminal history involving violence or sexual offenses, institutional conduct, vulnerability indicators, and other objective criteria outlined in policy.

Staff further explained that all inmates receive a mandatory reassessment within 30 days of arrival. In addition, reassessments occur whenever new information arises, including receipt of a PREA allegation, referral from staff, return from temporary release, or any other change that could affect risk status. For transgender inmates, staff confirmed that screenings occur within 24 hours of arrival, are reassessed within 30 days, and are reviewed at least every six months thereafter in accordance with policy.

Staff consistently emphasized that participation in screening interviews is voluntary. Inmates who decline to answer questions are not disciplined or penalized. While staff may clarify the purpose of the questions and attempt to revisit the discussion at a later time, refusals are respected without consequence.

Random Inmates

Inmates interviewed at random reported that intake staff asked questions related to personal safety, prior victimization, housing concerns, sexual orientation, gender identity, and whether the incarceration was a first commitment. Inmates stated that these conversations occurred shortly after arrival—generally within the first day—and that follow-up discussions took place within the first several weeks. Interviewed inmates demonstrated awareness that the screening process is intended to promote safety and reduce the risk of sexual harm within the facility.

Transgender Inmates

At the time of the onsite audit, no transgender inmates were assigned to the facility; therefore, no interviews were conducted under this category.

PROVISIONS

Provision (a) - Comprehensive Intake Screening Requirement

Policy requires that all inmates be screened upon admission or transfer for risk of sexual victimization and risk of sexually abusive behavior. During the onsite audit, intake staff demonstrated how screening instruments are completed and documented, explaining the rationale behind each assessment question and how responses inform classification decisions.

The Auditor reviewed 47 inmate records and verified that each contained documentation confirming completion of the initial PREA screening within the required 72-hour timeframe, with the majority completed within 24 hours of arrival. Administrative Regulation #454 clearly mandates screening for all new admissions and transfers using ADOC Form 454-C, and practice consistently reflects this requirement. Compliance with Provision (a) is fully supported.

Provision (b) - Timely Completion of Screening Within 72 Hours

Facility policy mandates that PREA screenings occur within 72 hours of arrival. The PAQ indicated that 100 percent of the 289 inmates admitted during the previous 12 months were screened within this timeframe. The Auditor's independent review of 47 randomly selected inmate records confirmed these findings, with each record reflecting timely completion—many within the first 24 hours. Staff interviews further corroborated that PREA screening questions are embedded into the intake and classification workflow, ensuring consistent adherence to the 72-hour requirement.

Provision (c) - Use of Objective and Standardized Screening Instruments

The facility utilizes standardized, objective screening tools—Forms 454-C and 454-K—to evaluate PREA-related risk factors. These instruments guide staff through structured, weighted criteria aligned with PREA standards, promoting consistency and minimizing subjectivity. Staff demonstrated familiarity with scoring protocols and documentation procedures. Record review confirmed uniform application of the instruments across the sample.

Provision (d) - Assessment of Required Vulnerability Factors

The Auditor verified that screening instruments comprehensively address all required vulnerability factors. These include age, physical build, mental or developmental disabilities, prior incarcerations, criminal history, sexual orientation, gender identity, history of sexual victimization, self-identified vulnerability, and immigration status when applicable. These factors are incorporated into Part 1 of ADOC Form 454-C and were consistently reflected in reviewed documentation.

Provision (e) - Evaluation of Indicators of Potential Abusiveness

The screening process also evaluates indicators of potential sexually abusive behavior. Part 2 of the PREA Risk Factors Checklist addresses prior acts of sexual abuse, convictions for violent offenses, and documented institutional violence. Interviews and documentation confirmed that these criteria are actively assessed and incorporated into classification considerations.

Provision (f) - Mandatory 30-Day Reassessment

Policy requires that all inmates receive a reassessment within 30 days of initial intake. Review of 47 inmate files demonstrated that 100 percent contained documented 30-day reassessments, evidencing consistent implementation of this requirement.

Provision (g) - Reassessment Upon New Information or Referral

Staff confirmed that reassessments are conducted whenever new, relevant information becomes available. This includes inmate requests, staff referrals, reports of sexual abuse, return from temporary release, or other circumstances impacting safety. Staff provided practical examples illustrating how such reassessments are initiated and documented.

Provision (h) - Voluntary Participation Without Disciplinary Consequence

Facility policy expressly prohibits disciplinary action against inmates who decline to answer PREA screening questions. Staff reiterated that while they may explain the importance of providing information and revisit the discussion later, inmates are not pressured or sanctioned for refusal. Documentation and interviews confirm adherence to this requirement.

Provision (i) - Confidentiality and Controlled Access to Screening Information

Interviews and document review confirmed that PREA screening information is restricted to staff with a legitimate operational need. Authorized personnel include medical and mental health practitioners, classification staff, PREA personnel, and designated management staff. Safeguards are clearly established to prevent unauthorized disclosure or misuse of sensitive information, and staff demonstrated awareness of these confidentiality expectations.

CONCLUSION

Based on a comprehensive review of documentation, interviews with facility leadership, screening staff, and inmates, and direct observation of intake and classification practices, the Auditor finds that the Mobile Community Based Facility fully complies with PREA Standard §115.41. Screening and reassessment procedures are clearly defined, consistently implemented, and reinforced through training and oversight. Risk information is appropriately applied to housing and management decisions, reassessments are conducted in a timely manner, and confidentiality protections are firmly maintained.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

In assessing compliance with PREA Standard §115.42, which governs the use of screening information, the Auditor conducted a thorough examination of both agency-level and facility-level documentation detailing how PREA risk data is applied in daily operations. The review focused not only on whether screening information is collected, but more importantly, how that information is actively integrated into housing, classification, work assignments, education, and programming decisions.

The completed Pre-Audit Questionnaire (PAQ) and its supporting materials were carefully analyzed to understand how the facility operationalizes PREA screening results from intake forward. Central to this framework is Administrative Regulation #454, Inmate Sexual Abuse and Harassment, issued May 29, 2025, by the Alabama Department of Corrections (ADOC). This regulation establishes statewide directives requiring that screening information be meaningfully applied to reduce the risk of sexual victimization and sexually abusive behavior. In addition, ADOC Standard Operating Procedure (SOP) 454-5 was reviewed to evaluate how these policy requirements are translated into facility-level practices.

The Auditor examined ADOC Form 454-C, Classification PREA Risk Factors Checklist, and ADOC Form 454-K, PREA Risk Assessment, which collectively provide structured and objective criteria for placement determinations. A sample of inmate records, intake risk assessment checklists, 30-day reassessments, and housing designation documentation was reviewed to confirm that PREA risk data is not merely documented for compliance purposes but is substantively incorporated into classification and placement decisions. Documentation consistently reflected that screening outcomes inform individualized, safety-centered determinations regarding housing and institutional assignments.

INTERVIEWS

PREA Director (PD)

The PREA Director described the agency's approach to classification as one rooted in individualized assessment rather than categorical placement. While initial classification review includes consideration of an inmate's legal sex, typically assigned at birth, that factor alone does not determine housing or program placement. Each inmate is assessed independently, and screening results are carefully evaluated to ensure placements are appropriate and safe.

For transgender and intersex inmates, the PREA Director emphasized that the inmate's own views regarding personal safety are given significant weight. Housing decisions for these inmates are formally reassessed at least every six months and additionally whenever a PREA-related allegation, incident, or safety concern arises. The PREA Director also confirmed that intake and reassessment interviews include questions regarding enemies, prior conflicts, and perceived threats, all of which are considered when determining housing assignments.

Staff Responsible for Risk Screening

Staff tasked with conducting PREA risk screenings explained that the process extends beyond completing standardized forms. While agency-approved tools guide the assessment, staff engage directly with inmates to discuss personal safety concerns, perceived vulnerabilities, and compatibility considerations related to housing and programming. This dialogue allows staff to identify nuanced concerns that may not be fully captured through written screening instruments.

Staff confirmed that screening outcomes are directly linked to classification decisions. Housing placements, bed assignments, work details, educational enrollment, and access to institutional programming are all influenced by PREA risk factors. Staff consistently stated that the overarching goal is to separate inmates at higher risk of sexual victimization from those identified as presenting an increased risk of sexual abusiveness, thereby enhancing both inmate safety and overall institutional security.

Institutional PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager confirmed that neither the facility nor ADOC is subject to a consent decree, court order, or settlement agreement requiring the creation of a dedicated LGBTI housing unit. Accordingly, inmates who identify as lesbian, gay, bisexual, transgender, or intersex are generally housed within the general population unless individualized risk factors indicate that alternative placement is necessary to ensure safety.

The IPCM explained that classification decisions incorporate PREA screening information, mental health input, and documented safety concerns. Particular attention is given to ensuring that inmates identified as vulnerable are not housed with inmates assessed as presenting elevated risk of sexually abusive behavior. For transgender and intersex inmates, expressed safety concerns are formally documented and meaningfully considered in housing and placement determinations. The IPCM emphasized that these decisions are deliberate, case-specific, and rooted in objective risk analysis rather than generalized assumptions.

PROVISIONS

Provision (a) - Strategic Application of Screening Data to Housing and Program Decisions

The PAQ indicates that PREA screening information is used to inform housing assignments, bed placements, work details, educational enrollment, and program participation. The purpose of this practice is to reduce opportunities for sexual victimization by separating inmates identified as vulnerable from those assessed as presenting higher risk of sexual abusiveness.

Interviews with facility leadership and screening staff confirmed that this approach is consistently implemented in daily operations. The Auditor reviewed 47 inmate records and verified that PREA risk assessment data was routinely referenced in classification documentation and housing determinations. Screening information was clearly utilized as an active decision-making tool rather than retained solely for administrative recordkeeping. Policy explicitly directs staff to incorporate PREA risk

and mental health information into classification and institutional assignment decisions, and documentation demonstrated consistent adherence to this directive.

Policy Reference:

AR #454, V.D., 1-7, pp. 17-18

Provision (b) - Individualized, Safety-Driven Placement Determinations

Policy and practice reflect that housing and program placements are determined on an individualized basis, with inmate safety serving as the primary consideration. PREA screening information, in conjunction with mental health assessments and classification reviews, guides decisions related to housing assignments, work details, educational placement, and participation in institutional programming.

Documentation and interviews confirm that decisions are responsive to each inmate's specific risk factors, vulnerabilities, and expressed concerns. This individualized methodology ensures that placement decisions are tailored to mitigate risk, reduce potential for sexual harm, and promote a safer institutional environment.

Policy Reference:

AR #454, V.D., 1-7, pp. 17-18

Provision (c) through Provision (g) - Not Applicable Under Current PREA Standards

These provisions are no longer applicable to compliance findings under the current PREA standards.

CONCLUSION

Based on a comprehensive review of governing policies, facility documentation, inmate records, and interviews with agency leadership and facility staff, the Auditor concludes that the agency and facility are in full compliance with PREA Standard §115.42, Use of Screening Information. PREA screening data is actively and consistently applied to housing, classification, and programmatic decisions. Individualized assessments, periodic reassessments, and meaningful consideration of inmate safety concerns are clearly reflected in both written policy and operational practice, demonstrating sustained adherence to the requirements of the standard.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To determine compliance with PREA Standard §115.43, which addresses the use of

protective custody and segregated housing, the Auditor conducted a detailed review of agency directives, facility procedures, and operational records governing the management of inmates who may be at risk of sexual victimization. The review focused on ensuring that segregated housing is not used inappropriately and that protective measures, if necessary, are implemented in accordance with PREA requirements and agency safeguards.

The completed Pre-Audit Questionnaire (PAQ), along with all supporting documentation, was carefully analyzed to understand how the facility approaches protective custody decisions and whether segregation is utilized for inmates identified as vulnerable. The regulatory framework guiding this practice is set forth by the Alabama Department of Corrections (ADOC) in Administrative Regulation #454, Inmate Sexual Abuse and Harassment, effective May 29, 2025. This regulation clearly limits the use of involuntary segregated housing for inmates at high risk of sexual victimization and establishes strict criteria that must be met before such placement may occur.

Additionally, Administrative Regulation #435, Segregated Housing, was reviewed to evaluate procedural requirements, documentation standards, and mandatory review timelines applicable to any inmate placed in segregation. These policies collectively emphasize that protective custody is to be used only as a last resort, after all reasonable alternative measures have been assessed and deemed insufficient to ensure safety.

Operational documentation reviewed during the audit included housing designation spreadsheets, segregation logs, holding cell and crisis cell records, and Post-Allegation Protective Custody forms. These materials were examined to determine whether any inmates had been placed in segregated housing for protective reasons related to sexual abuse or vulnerability and to verify compliance with documentation and oversight requirements. The record review confirmed that the facility does not operate a segregation unit and, therefore, had no instances of inmates placed in segregated housing for protective custody purposes.

INTERVIEWS

Facility Head or Designee

The Facility Head confirmed that the facility does not maintain a segregation unit. As a result, inmates cannot be placed in involuntary administrative or punitive segregation for reasons related to sexual victimization or following an allegation of sexual abuse. The Facility Head further explained that, given the facility's structure and operational model, alternative measures would be explored to address safety concerns should they arise, consistent with ADOC policy.

Institutional PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager reiterated that the facility does not operate a segregation unit. Consequently, there have been no instances in which inmates were placed in involuntary segregated housing due to risk of sexual

victimization or as a result of being victims of sexual abuse. The IPCM confirmed that this absence of segregation capacity eliminates the possibility of inappropriate use of protective custody within the facility.

Staff Who Supervise Inmates in Segregated Housing

Because the facility does not have a segregation unit, there are no staff assigned to supervise inmates in segregated housing. Therefore, no interviews were conducted under this category, as it is not operationally applicable to this facility.

Inmates in Segregated Housing

Similarly, because the facility does not operate a segregation unit and no inmates have been placed in segregation, there were no inmates available for interview under this standard as it relates to segregated housing for risk of sexual victimization.

PROVISIONS

Provision (a) - Restriction on the Use of Involuntary Segregated Housing

The PAQ reflects that ADOC policy strictly prohibits placing inmates identified as being at high risk for sexual victimization in involuntary segregated housing unless all alternative options have been carefully evaluated and determined to be inadequate to ensure safety. Administrative Regulation #454 outlines these restrictions and requires documentation of such determinations.

Documentation review and interviews with the Facility Head and IPCM confirmed that the facility does not maintain a segregation unit. As a result, inmates cannot be held in segregated housing, and there were no placements subject to the limitations described in this provision.

Policy Reference:

AR #454, K.1-4, pp. 30-31

Provision (b) - Prohibition on Segregation Absent Exhaustion of Alternatives

This provision requires that involuntary segregated housing be used only after less restrictive alternatives have been assessed. The PAQ and staff interviews confirmed that, during the previous twelve months, no inmates were placed in involuntary segregated housing related to PREA concerns. Because the facility does not operate a segregation unit, no placements occurred that would trigger the application of this requirement.

Policy Reference:

AR #454, K.1-4, pp. 30-31

Provision (c) - Safeguards and Continued Access to Programs and Services

Agency policy mandates that if protective custody is ever utilized, it must be implemented as a last resort and inmates must continue to receive access to programs, privileges, education, and work opportunities to the extent possible. The

Facility Head confirmed awareness of these safeguards and indicated that, should protective measures ever be necessary, policy requirements would be followed.

However, documentation and interviews confirmed that the facility does not operate a segregation unit and no inmates were placed in protective custody during the audit period.

Policy Reference:

AR #454, K.1-4, pp. 30-31

Provision (d) - Time Limits and Review Requirements for Protective Custody

This provision addresses time limitations and mandatory review processes for inmates placed in protective custody. The PAQ and confirmation from the IPCM indicated that there were zero instances of inmates being placed in protective custody pursuant to this provision within the past twelve months. As the facility does not have a segregation unit, no placements occurred requiring periodic review.

Policy Reference:

AR #454, K.1-4, pp. 30-31

Provision (e) - Monitoring and Documentation of Segregated Placements

Provision (e) requires appropriate documentation and monitoring of inmates held in involuntary segregation for protective purposes. Because the facility does not operate a segregation unit and no inmates were placed in such status, there were no records applicable to this provision.

Policy Reference:

AR #454, K.1-4, pp. 30-31

CONCLUSION

After careful review of governing policies, facility documentation, and interviews with facility leadership and PREA personnel, the Auditor concludes that the facility meets all applicable provisions of PREA Standard §115.43, Protective Custody. The facility does not maintain a segregation unit; therefore, inmates cannot be placed in involuntary segregated housing for protective purposes. Agency policy clearly restricts the use of segregation and establishes appropriate safeguards, and the absence of segregated housing at this facility eliminates the risk of inappropriate placement under this standard.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.51, Inmate Reporting, the Auditor conducted an extensive review of agency and facility documentation outlining reporting mechanisms, staff obligations, and confidentiality safeguards related to allegations of sexual abuse and sexual harassment. The review included the completed Pre-Audit Questionnaire (PAQ) and all supporting documentation describing the facility's established procedures for receiving, documenting, and responding to reports.

Central to this assessment was Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025, issued by the Alabama Department of Corrections (ADOC). This regulation serves as the governing authority for inmate and staff reporting requirements, detailing acceptable reporting methods, staff response obligations, and protections against retaliation.

The Auditor also reviewed the ADOC Inmate Handbook, which provides inmates with clear explanations of available reporting options, confidentiality protections, and assurances that all allegations will be taken seriously and investigated. In addition, inmate legal mail envelopes were examined to confirm the availability of confidential written communication with external authorities, including the Director of the Law Enforcement Services Division (LESD).

A Memorandum of Understanding (MOU) with Securus Technologies was reviewed to verify the existence of external hotline services that allow inmates to report allegations anonymously. Educational materials, including prominently displayed "NO MEANS NO" posters, were examined as part of the facility's strategy to reinforce zero tolerance and ensure that inmates remain informed of their rights and reporting avenues.

Collectively, these documents demonstrate a structured, multi-layered reporting system designed to provide inmates and staff with accessible, confidential, and reliable methods for reporting sexual abuse, sexual harassment, retaliation, or staff misconduct.

OBSERVATIONS

During the on-site audit, the Auditor directly observed multiple safeguards in place to ensure inmates have ongoing access to reporting mechanisms and consistent exposure to PREA-related messaging.

"NO MEANS NO" awareness posters were displayed throughout the facility in both English and Spanish. These postings were visible in housing units, intake and holding areas, hallways, common areas, and the dining hall. The signage reinforces the agency's zero-tolerance stance and provides reminders of reporting options.

Clearly marked PREA drop boxes were observed in accessible locations within the facility. These secure boxes provide inmates with a private means of submitting written reports, including anonymous disclosures, without having to directly approach

staff.

As part of the audit verification process, the Auditor tested inmate telephones in multiple housing areas to confirm access to the PREA hotline. In each location tested, the *661 PREA hotline was fully operational. The automated message advised callers that the call is toll-free, anonymous, and subject to recording. Inmates are permitted up to two minutes to leave a recorded message, which is electronically transmitted for review and follow-up.

The Auditor also confirmed the availability of the legal mail system as an additional confidential reporting avenue. Through discussion with mailroom personnel, it was verified that inmates may request pre-addressed legal mail envelopes to contact the Director of LESD. This process allows inmates to report PREA-related concerns securely and without interference.

INTERVIEWS

Inmates

Random and targeted inmates interviewed during the audit consistently demonstrated awareness of multiple reporting options. Inmates described being able to report concerns to any staff member, use PREA drop boxes, call the *661 hotline, submit grievances, contact the PREA Compliance Manager, or request that a family member or other third party report on their behalf. Responses reflected a clear understanding that reports could be made confidentially and, if desired, anonymously. Inmates indicated that reporting information is readily available and reinforced through posters, handbook materials, and verbal communication during intake.

Random Staff

Staff interviewed during the audit articulated a clear understanding of their responsibilities when receiving allegations of sexual abuse or sexual harassment. Staff consistently stated that they are required to immediately accept and document any report, regardless of how it is received. They confirmed that reports may be verbal or written, anonymous, or submitted by third parties. Staff emphasized that all allegations must be promptly forwarded through the appropriate chain of command without delay. Several staff members noted that they may also report concerns directly to supervisors, the Institutional PREA Compliance Manager (IPCM), or the PREA Director if necessary.

Institutional PREA Compliance Manager (IPCM)

The IPCM provided a detailed overview of the facility's reporting framework. The IPCM confirmed that inmates are informed of both internal and external reporting options during intake and through ongoing education. In addition to reporting to staff and utilizing PREA drop boxes, inmates may contact external entities such as the Office of Victim Services or the State Board of Pardons and Paroles. The IPCM explained that the MOU with Securus Technologies enables inmates to leave anonymous messages with an external provider, which are electronically transmitted to the PREA Director

for review and appropriate action. This external reporting structure enhances transparency and ensures an additional layer of accountability.

PROVISIONS

Provision (a) - Multiple Accessible and Confidential Reporting Avenues for Inmates

Documentation, policy review, and interviews confirm that inmates are able to report sexual abuse, sexual harassment, retaliation for reporting, and staff neglect or policy violations that may contribute to such misconduct. Reports may be made verbally or in writing, anonymously, or through third parties.

Available reporting avenues include direct reporting to staff, submission of written disclosures through PREA drop boxes, use of the *661 PREA hotline, filing through the grievance system, and confidential communication with LESD using pre-addressed legal mail envelopes. These diverse options ensure accessibility and accommodate varying communication preferences and safety concerns.

Relevant Policy:

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

Provision (b) - External Reporting Options Independent of the Agency

The facility provides inmates with at least one method to report allegations to an external entity that is not part of the agency. Through the MOU with Securus Technologies, inmates have 24-hour access to external reporting services, including the *661 PREA Hotline, the ADOC Crime Tip Hotline, and the ACAR Hotline, which offers confidential and unrecorded support. These services allow inmates to report concerns to public or private entities outside the agency structure, reinforcing transparency and accountability.

Provision (c) - Mandatory Staff Acceptance, Documentation, and Immediate Reporting of Allegations

Agency policy requires staff to accept and promptly document reports of sexual abuse or sexual harassment from any source, including anonymous and third-party reports. Interviews confirmed that staff understand this obligation and consistently comply with it.

The Inmate Handbook reinforces the agency's commitment to confidentiality and safety, emphasizing that all reports are investigated and handled in a manner designed to protect the reporting individual. AR #454 further mandates immediate reporting of any known or suspected abuse, retaliation, or staff misconduct that may contribute to PREA-related incidents.

Relevant Policy:

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

Provision (d) - Private and Secure Reporting Mechanisms for Staff

	<p>Information obtained from the PAQ and interviews with the IPCM confirmed that staff also have the ability to privately report sexual abuse or sexual harassment. Policy establishes secure and confidential channels for staff reporting, ensuring that concerns may be raised without fear of retaliation or compromise. These safeguards promote a culture of accountability and reinforce the agency’s zero-tolerance commitment.</p> <p>Relevant Policy: ADOC AR #454, Section V.G., pp. 21-22</p> <p>CONCLUSION</p> <p>Based on comprehensive documentation review, direct observation of facility practices, and interviews with inmates and staff, the Auditor concludes that the facility is fully compliant with PREA Standard §115.51, Inmate Reporting. The facility maintains multiple, accessible, and well-publicized avenues for reporting sexual abuse and sexual harassment. Policies and operational practices support timely, confidential, and effective reporting, reflecting a sustained commitment to safety, accountability, and PREA compliance.</p>
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115.52	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>In assessing compliance with PREA Standard §115.52, the Auditor conducted a comprehensive and methodical review of documentation submitted by the facility and the Alabama Department of Corrections. Central to this review was the completed Pre-Audit Questionnaire (PAQ), which detailed the agency’s established grievance procedures and the facility’s practical implementation of those procedures for allegations of sexual abuse and sexual harassment.</p> <p>The Auditor examined Alabama Department of Corrections Administrative Regulation 454, Inmate Sexual Abuse and Harassment (PREA), dated May 29, 2025. This regulation provides the comprehensive PREA framework governing reporting mechanisms, investigative protocols, documentation standards, and safeguards against retaliation. In addition, Alabama Department of Corrections Administrative Regulation 406, Inmate Grievance Policy, dated August 1, 2023, was reviewed to evaluate the formal grievance system available to inmates, including procedural timeframes, emergency provisions, confidentiality requirements, and protections specific to PREA-related allegations.</p> <p>The Inmate Handbook was also reviewed and found to clearly communicate grievance rights and reporting options in accessible, easy-to-understand language. The</p>

handbook outlines multiple reporting avenues and emphasizes that allegations of sexual abuse and sexual harassment may be submitted without fear of reprisal. Information obtained through interviews with inmates and staff was carefully considered alongside documentary evidence to determine whether written policy is consistently reflected in daily practice.

INTERVIEWS

Random Inmates

Interviews with randomly selected inmates were conducted using both structured questions and open discussion to gauge practical understanding of the grievance system. Inmates consistently demonstrated awareness that sexual abuse and sexual harassment allegations are grievable at any time, regardless of when the incident occurred. Several inmates explained that while they might immediately notify staff in an emergency situation, they also understood that written grievances, PREA drop boxes, and the PREA hotline remain available as alternative reporting options.

Inmates expressed confidence that PREA-related grievances are treated seriously and handled promptly. They articulated that anonymity is permitted when submitting grievances and indicated familiarity with protections against retaliation. Overall, inmate responses reflected meaningful knowledge of available reporting mechanisms and trust in the system's responsiveness.

Random Staff

Random staff interviews reflected a clear and consistent understanding of the grievance process as it pertains to PREA. Staff explained that allegations of sexual abuse and sexual harassment must be accepted regardless of how they are submitted and may not be rejected due to procedural technicalities. They described the routing process for PREA-related grievances, emphasizing that such matters are forwarded immediately to designated PREA personnel and removed from the routine grievance track.

Staff further articulated that once a PREA allegation is identified, a separate PREA investigative file is opened and the matter is assigned to the appropriate investigative authority. Interviewed staff demonstrated awareness of confidentiality requirements and anti-retaliation protections and confirmed they receive training on safeguarding inmate privacy while ensuring timely and proper handling of grievances.

PROVISIONS

Provision (a): Established Administrative Remedy Process for Sexual Abuse Allegations

The PAQ confirms that the agency and facility maintain a formal administrative procedure specifically designed to address inmate grievances alleging sexual abuse. During the past twelve months, one grievance alleging sexual abuse was filed.

Documentation verified that this grievance advanced through the administrative process and reached a final determination within the required ninety-day timeframe.

Policy review confirms that both Administrative Regulation 454 and the Inmate Handbook clearly outline procedures applicable to sexual abuse allegations. Once a PREA-related grievance is received, it is immediately forwarded to designated PREA staff, and a dedicated PREA case file is created. At that point, the matter transitions from the standard grievance process into the formal PREA investigative framework. A qualified investigator is assigned, and the allegation is managed in accordance with established PREA investigative standards, ensuring specialized handling and procedural integrity.

Provision (b): Unrestricted and Timely Access to the Grievance Process

Agency policy expressly permits inmates to submit grievances alleging sexual abuse at any time, without limitation based on when the incident occurred. The policy further eliminates any requirement for informal resolution attempts prior to filing a formal grievance involving sexual abuse or sexual harassment. By removing procedural prerequisites and time constraints, the agency ensures inmates have unrestricted access to administrative remedies for PREA-related concerns.

Provision (c): Safeguards Ensuring Impartial Review

Policy clearly provides that an inmate may submit a grievance alleging sexual abuse without directing it to the staff member who is the subject of the complaint. Additionally, such grievances are explicitly prohibited from being referred to the accused staff member for review, response, or resolution. These safeguards are designed to protect impartiality, maintain confidentiality, preserve investigative integrity, and safeguard inmate wellbeing throughout the grievance process.

Provision (d): Timely Responses and Structured Processing Requirements

Although no emergency grievances alleging sexual abuse were filed during the past twelve months, agency policy establishes definitive response timeframes to ensure prompt handling of all grievances. The Institutional Grievance Officer (IGO) is required to issue a Step 1 response within ten calendar days of receipt. These structured deadlines reinforce consistency, accountability, and timely resolution, even when emergency procedures are not invoked.

Provision (e): Third-Party Assistance and Emergency Grievance Protections

Agency policy authorizes inmates to receive assistance in preparing grievances from third parties, including other inmates, staff members, family members, attorneys, and outside advocates. When an inmate declines such assistance, that decision is documented. While third parties may assist in preparation, policy does not permit

third parties to submit grievances on behalf of inmates, thereby preserving inmate agency and confidentiality.

The regulation also establishes a specific emergency grievance procedure for allegations involving a substantial risk of imminent sexual abuse. Under this provision, an initial response must be provided within forty-eight hours, and a final decision must be issued within five calendar days. The PAQ confirmed that no emergency grievances alleging imminent sexual abuse were filed during the audit period.

Policy further delineates the respective responsibilities of the IGO, Warden, Institutional PREA Compliance Manager, and the Law Enforcement Services Division (LESD) in responding to emergency grievances, ensuring coordinated review, appropriate documentation, and immediate protective action when necessary.

Provision (g): Protection Against Retaliation and Improper Discipline

The agency maintains written policy prohibiting disciplinary action against inmates for filing grievances alleging sexual abuse unless it can be clearly demonstrated that the grievance was submitted in bad faith. During the previous twelve months, no inmates were disciplined for filing PREA-related grievances in bad faith.

Policy also expressly prohibits retaliation against inmates or staff for participating in or utilizing the grievance process. It outlines consequences for any act of reprisal, thereby reinforcing a culture of safety, accountability, and protection for individuals who seek administrative remedies.

CONCLUSION

Based upon a thorough review of the Pre-Audit Questionnaire, applicable administrative regulations, supporting documentation, and information gathered through inmate and staff interviews, the Auditor finds that the Mobile Community Based Facility demonstrates full compliance with PREA Standard §115.52, Exhaustion of Administrative Remedies.

The grievance system is clearly defined, accessible without restriction, and consistently implemented. Established safeguards ensure confidentiality, impartiality, and protection against retaliation. Inmates are provided multiple reporting avenues and meaningful procedural protections, resulting in a grievance process that functions as a safe, effective, and reliable mechanism for reporting allegations of sexual abuse and sexual harassment.

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 conducted a detailed and methodical review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility and the Alabama Department of Corrections. The review centered on the agency's framework for providing inmates with access to confidential emotional support services from outside victim advocacy organizations.

Primary reference materials included Alabama Department of Corrections Administrative Regulation 454, dated May 29, 2025, which governs prevention, reporting, response protocols, and victim services associated with inmate sexual abuse and sexual harassment. This regulation outlines the agency's responsibility to ensure access to outside support resources and to clearly communicate the limits of confidentiality.

The Auditor also examined the facility's current Memorandum of Understanding (MOU) with the Alabama Coalition Against Rape (ACAR). This agreement formalizes the provision of confidential emotional support services to inmates who report sexual abuse, regardless of when the abuse occurred. Additional documentation reviewed included PREA informational posters displayed throughout the facility in English and Spanish, informational materials referencing the ADOC Advocacy Hotline (*661), and a maintained directory of ACAR-affiliated crisis centers with county-specific contact information, including Lifelines Family Counseling Center. Collectively, these materials demonstrate a coordinated and structured system designed to ensure inmates are aware of and able to access community-based advocacy and crisis intervention services.

OBSERVATIONS

During the on-site tour of the Mobile Community Based Facility, the Auditor observed that PREA educational and reporting materials were prominently displayed in housing units, common areas, and program spaces. "NO MEANS NO" posters were clearly visible and available in both English and Spanish, reflecting efforts to ensure accessibility for inmates with limited English proficiency. The materials were current, legible, and strategically placed in areas frequented by inmates, reinforcing ongoing education regarding reporting options and outside support services.

The visible presence of these materials supports the conclusion that the facility actively reinforces inmate awareness of PREA rights and advocacy resources.

INTERVIEWS

Inmates

Interviews with randomly selected inmates indicated a general understanding of their right to access confidential emotional support services outside the facility. Inmates were able to identify the ADOC PREA hotline (*661) as a reporting mechanism and

acknowledged that calls placed through that system are recorded and may be shared with facility staff for security and investigative purposes.

Inmates further demonstrated awareness that outside advocacy services are available and that information regarding these services is provided through posters and written materials. Several inmates stated they understood how to access outside support if needed and recognized that confidentiality applies, subject to certain mandatory reporting limitations involving imminent harm or abuse of minors or vulnerable adults.

Institutional PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager confirmed that the facility maintains an active MOU with ACAR to ensure inmates have access to confidential advocacy services. The IPCM described the established procedures for connecting inmates who allege sexual abuse with trained victim advocates from community-based organizations, including Lifelines Family Counseling Center.

The IPCM explained that inmates are informed of their right to advocacy services during intake education and again at the time an allegation is made. Documentation reviewed during the interview outlined the coordination process between facility personnel and advocacy partners to facilitate timely access to crisis intervention, emotional support, and accompaniment during forensic examinations when applicable.

Lifelines Family Counseling Center

The Auditor conducted a telephone interview with a representative from Lifelines Family Counseling Center in Mobile, Alabama. The representative confirmed that trained victim advocates are available to provide emotional support before, during, and after forensic medical examinations. Follow-up services are also provided to promote continuity of care and appropriate aftercare planning.

The representative explained that inmates are advised of the limits of confidentiality at the outset of services, including circumstances requiring disclosure for institutional safety, mandatory reporting laws, medical treatment, or investigative needs. This process ensures informed consent while maintaining compliance with PREA confidentiality standards.

Alabama Coalition Against Rape (ACAR)

During interviews, ACAR representatives confirmed their partnership with ADOC to provide survivors of sexual abuse with confidential emotional support services statewide. Inmates may access ACAR services by calling 1-800-639-4357 through the inmate phone system between 4:00 p.m. and 9:00 p.m., or by corresponding via mail at P.O. Box 4091, Montgomery, Alabama 36102.

ACAR emphasized its statewide coordination role, ensuring that local crisis centers are available to respond to inmate requests for advocacy services. Representatives confirmed that services are available regardless of when or where the victimization

occurred, reinforcing long-term access to trauma-informed support.

PROVISIONS

Provision (a): Access to Outside Victim Advocacy and Emotional Support Services

The PAQ and supporting documentation confirm that inmates are provided with meaningful access to outside victim advocates for emotional support services related to sexual abuse. This finding was corroborated through interviews with the IPCM and external advocacy partners, as well as through review of the formal MOU with ACAR and the maintained directory of Lifelines Family Counseling Center contact information.

Facility policy clearly defines the role of victim advocates and requires that inmates who allege sexual abuse be informed of their right to crisis intervention services, forensic medical care, and advocate accompaniment during medical examinations and investigative interviews. Documentation also confirms that the facility does not detain individuals solely for civil immigration purposes, consistent with PREA applicability requirements.

Provision (b): Confidential Communication and Operational Accessibility

During the on-site audit, the Auditor tested multiple inmate telephones and verified that the PREA hotline (*661) was operational. Facility policy requires telephone testing by staff at the intermediate level or higher once per shift to ensure uninterrupted access. Audit testing confirmed compliance with these requirements and demonstrated that inmate phones remain functional and accessible.

Interviews with inmates and external advocates confirmed that, while communications with outside advocacy services are treated as confidential, certain disclosures may trigger mandatory reporting obligations. Lifelines Family Counseling Center representatives confirmed that inmates are informed of these limitations prior to or at the outset of services. Facility policy further ensures that inmates alleging sexual abuse receive timely access to emergency and crisis services as determined appropriate by qualified medical or mental health professionals.

Provision (c): Formalized Agreements with Community-Based Advocacy Providers

The Auditor reviewed the MOU between ADOC and ACAR, which clearly delineates ACAR's responsibilities in providing confidential emotional support services to inmates. The agreement specifies that ACAR will maintain or establish partnerships with community-based providers to ensure statewide access for inmates housed in ADOC facilities.

The ACAR hotline, 1-800-639-4357 (NEW HELP), is not recorded or monitored, consistent with PREA confidentiality requirements for external reporting mechanisms. Both ACAR and Lifelines Family Counseling Center confirmed that emotional support services are available regardless of when or where the abuse occurred.

	<p>The Auditor verified that the MOU is current, active, properly maintained on-site, and readily accessible for review, demonstrating sustained compliance with PREA standards governing external victim advocacy partnerships.</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of the Pre-Audit Questionnaire, applicable administrative regulations, formal agreements, supporting documentation, on-site observations, and interviews with facility staff, inmates, and community advocacy representatives, the Auditor concludes that the Mobile Community Based Facility meets all requirements of PREA Standard §115.53.</p> <p>Inmates are clearly informed of their right to outside confidential emotional support services and are provided with meaningful, practical access to those services. Established policies, formalized partnerships, and consistent operational practices collectively demonstrate full compliance with the standard.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.54, the Auditor conducted a thorough and methodical review of the Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by the Mobile Community Based Facility and the Alabama Department of Corrections. This review extended beyond internal documentation to include an examination of publicly available information on the agency’s official website, with particular attention to the PREA webpage and the external reporting resources made available to the public.</p> <p>The Auditor carefully reviewed Administrative Regulation #454, dated May 29, 2025, which establishes agency-wide directives governing the prevention, detection, reporting, and response to allegations of sexual abuse and sexual harassment. This regulation outlines procedures for ensuring that reports may be submitted not only by inmates and staff, but also by individuals outside of the correctional environment.</p> <p>In addition to policy review, the Auditor examined reporting tools and mechanisms designed for Law Enforcement Sensitive Disclosures (LESD), as well as public-facing materials that prominently display the agency’s dedicated PREA email address for third-party reporting. The combined documentation demonstrates a coordinated and deliberate system intended to ensure that allegations of sexual abuse or sexual harassment can be reported by external parties without obstruction or unnecessary delay.</p>

INTERVIEWS

Inmates

Interviews with inmates were conducted to assess their understanding of third-party reporting options. The inmates interviewed consistently demonstrated awareness that allegations of sexual abuse or sexual harassment may be reported on their behalf by individuals outside the facility. They identified family members, friends, attorneys, and external advocates as potential third-party reporters.

Inmates explained that if they felt uncomfortable making a report directly, they could contact someone outside the facility to report on their behalf. Several inmates indicated confidence that outside individuals could access reporting mechanisms through the agency's website or by contacting the Department directly. Overall, the interviews reflected a clear understanding that third-party reporting is available and accessible.

PROVISIONS

Provision (a): Publicly Accessible and Multiple Third-Party Reporting Mechanisms

The Alabama Department of Corrections has established and maintains accessible mechanisms that allow third parties to report allegations of sexual abuse and sexual harassment in compliance with PREA requirements. The Auditor verified that these reporting options are clearly posted and easily located on the agency's official website. Individuals seeking to report an incident on behalf of an inmate may navigate to the PREA link found under the "About ADOC" section.

The PREA webpage identifies the agency's PREA Director and outlines multiple reporting avenues. One option permits individuals to initiate a formal investigative request through a designated online submission link, thereby activating the third-party reporting process. Additionally, the agency provides an electronic reporting option that allows allegations to be submitted directly via email to the dedicated PREA address, DOC.PREA@doc.alabama.gov.

These publicly available reporting channels ensure that third parties—including family members, legal representatives, friends, and victim advocates—can report concerns without procedural barriers. The presence of multiple reporting methods enhances accessibility, promotes transparency, and reinforces the agency's commitment to accountability and the safety and well-being of inmates.

Relevant Policy:

AR #454, V.G. 1, a, p. 21

AR #454, V.G. 2, a, p. 21

CONCLUSION

Based on a comprehensive analysis of the Pre-Audit Questionnaire, supporting documentation, Administrative Regulation #454, website content, and inmate interviews, the Auditor finds that the Alabama Department of Corrections fully

	<p>complies with PREA Standard §115.54 – Third-Party Reporting. The agency provides clear, accessible, and multiple mechanisms for external reporting, and inmates demonstrate both awareness of and confidence in these reporting options.</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To determine compliance with PREA reporting and confidentiality requirements, the Auditor conducted a detailed review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the Mobile Community Based Facility and the Alabama Department of Corrections. The review concentrated on agency directives addressing mandatory staff reporting, protection of confidential information, and the coordinated response to allegations of sexual abuse and sexual harassment.</p> <p>A primary focus of the review was Administrative Regulation #454, dated May 29, 2025, which establishes comprehensive, agency-wide standards governing reporting obligations, confidentiality protections, and investigative procedures. The Auditor also examined Administrative Regulation #302, which outlines formal incident reporting requirements and defines staff responsibilities for prompt documentation, notification, and escalation of PREA-related allegations.</p> <p>Together, these administrative regulations establish a structured accountability system. They require immediate staff action upon receipt of any allegation, strictly limit the dissemination of sensitive information, and ensure that all reports move efficiently through designated supervisory and investigative channels. The documentation reflects a deliberate and organized framework designed to uphold the agency’s zero-tolerance policy and maintain procedural integrity.</p> <p>INTERVIEWS</p> <p>Random Staff</p> <p>Interviews with randomly selected staff members revealed a consistent and thorough understanding of mandatory reporting responsibilities. Staff articulated that any knowledge, suspicion, or information related to sexual abuse or sexual harassment must be reported immediately. They explained that this obligation applies regardless of where the incident occurred, whether it involves inmates or staff, and whether it includes allegations of retaliation or staff neglect associated with sexual abuse or sexual harassment.</p> <p>Staff further demonstrated awareness that PREA-related information is confidential and may only be shared with supervisors, investigators, medical personnel, or others</p>

who have a legitimate operational need to know. They emphasized that unnecessary disclosure is prohibited and that all reports are forwarded without delay to the Institutional PREA Compliance Manager (IPCM), who then ensures appropriate investigative notification.

Medical Staff

Medical practitioners described their dual responsibilities of patient care and mandatory reporting. They explained that, prior to initiating services, inmates are informed of the limits of confidentiality, including the requirement to report allegations of sexual abuse. Medical staff articulated their obligation to notify the IPCM and investigative authorities when disclosures of sexual victimization occur.

Practitioners also demonstrated familiarity with trauma-informed practices, evidence preservation procedures, and careful documentation standards. While maintaining professional confidentiality to the extent possible, they acknowledged that PREA mandates immediate reporting when sexual abuse is alleged.

Facility Head

The Facility Head confirmed a clear understanding of both administrative regulations and statutory reporting requirements. The Facility Head reiterated that all staff are required to report immediately any knowledge, suspicion, or information concerning sexual abuse or sexual harassment. This directive includes allegations of retaliation and staff neglect, regardless of where the incident occurred.

Additionally, the Facility Head affirmed that when an alleged victim is under the age of 18 or qualifies as a vulnerable adult under applicable law, the allegation is reported to the appropriate state or local authority in accordance with mandatory reporting statutes.

PREA Director

The PREA Director confirmed that all allegations—whether reported verbally, in writing, anonymously, or through third parties—are immediately forwarded to the facility's designated investigator. The Director emphasized the expectation of timely communication between facilities, IPCMs, and investigative staff, and confirmed that reporting procedures align fully with Administrative Regulations #454 and #302 to prevent delay or oversight.

PROVISIONS

Provision (a): Mandatory and Immediate Staff Reporting of Sexual Abuse, Sexual Harassment, Retaliation, and Neglect

Documentation contained within the PAQ and supporting materials confirms that all staff are required to report immediately any knowledge, suspicion, or information regarding sexual abuse or sexual harassment. This requirement applies whether the alleged conduct occurred within the facility or involves agency personnel. It further extends to allegations of retaliation against inmates or staff for reporting sexual

abuse and to staff neglect that may have contributed to such incidents.

Interviews with the Facility Head and random staff reinforced that immediate reporting is a non-discretionary responsibility and a core expectation under the agency's zero-tolerance policy.

Relevant Policy:

ADOC Administrative Regulation #454, Section V.G.2.a, page 22

Provision (b): Strict Confidentiality Controls and Limited Information Sharing

The PAQ and policy review confirm that staff are prohibited from disclosing information related to sexual abuse reports except to designated supervisors or officials with a legitimate need to know. Information may only be shared as necessary to facilitate medical treatment, conduct an investigation, or ensure facility security and management.

Random staff interviews confirmed consistent adherence to these confidentiality standards. Staff indicated they may gather only the information necessary to protect an inmate from immediate harm until a qualified investigator assumes responsibility for a comprehensive interview.

The Auditor also reviewed the Informed Consent for Medical Services documentation, which authorizes medical providers to share pertinent information when necessary for care, safety, or investigative purposes. These safeguards ensure that confidentiality is preserved without compromising effective response.

Relevant Policy:

ADOC Administrative Regulation #454, Section V.G.2.b, page 23

Provision (c): Medical Practitioner Obligation to Inform Inmates of Reporting Duties and Confidentiality Limits

Facility documentation and the PAQ confirm that medical practitioners are required to advise inmates, at the initiation of services, of their duty to report sexual abuse allegations and the limits of confidentiality. Interviews verified that this notification is consistently provided prior to care.

Agency policy mandates that disclosures of sexual victimization must be reported to the IPCM. The agency also equips first responders with the Prison Rape Elimination Act (PREA): A Trauma-Informed Guide for First Responders, which outlines responsibilities related to evidence preservation, victim-centered care, and controlled dissemination of information.

These procedures demonstrate appropriate integration of medical ethics, trauma-informed response, and mandatory reporting requirements.

Relevant Policy:

ADOC Administrative Regulation #454, Section V.G.2.d, page 23

Provision (d): Statutorily Required External Reporting for Youthful or Vulnerable Victims

The PAQ confirms that when an alleged victim is under the age of 18 or qualifies as a vulnerable adult under applicable statute, the agency reports the allegation to the appropriate designated authority in accordance with mandatory reporting laws.

The Facility Head confirmed compliance with this requirement during the interview process. Agency policy specifies that allegations involving youthful individuals or vulnerable adults are reported to the appropriate state entity, including the Alabama Department of Human Resources, consistent with statutory and regulatory obligations. These procedures ensure additional protective oversight when required by law.

Relevant Policy:

ADOC Administrative Regulation #454, Section V.G.2.e, page 23

Provision (e): Immediate Notification and Forwarding to Designated Investigative Authorities

The PAQ and interviews confirm that all allegations of sexual abuse and sexual harassment—including anonymous and third-party reports—are promptly forwarded to the facility’s designated investigator. The PREA Director verified that this practice is consistently followed.

Agency policy requires that any knowledge, suspicion, or information concerning sexual abuse, sexual harassment, or custodial sexual misconduct be immediately reported to the IPCM, PREA Director, and Investigations and Intelligence (I&I) staff in accordance with Administrative Regulation #302 governing incident reporting. This clearly defined reporting chain ensures prompt supervisory awareness and timely investigative action.

Relevant Policy:

ADOC Administrative Regulation #454, Section V.G.2.c, page 23

CONCLUSION

Following a comprehensive review of the Pre-Audit Questionnaire, supporting documentation, Administrative Regulations #454 and #302, and interviews with facility leadership, staff, and medical personnel, the Auditor finds that the Mobile Community Based Facility satisfies all applicable provisions of the PREA standard related to staff and agency reporting duties.

The facility demonstrates consistent compliance with mandatory reporting requirements, strict confidentiality protections, trauma-informed evidence preservation practices, and statutory notification obligations. Policies and operational practices are aligned, and personnel at all levels exhibit a clear understanding of their

	responsibilities to report, safeguard information, and respond appropriately in accordance with PREA and the Alabama Department of Corrections.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA standards related to immediate protective actions and the ongoing safety of inmates, the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by the facility and the Alabama Department of Corrections. The assessment focused on agency policy, facility-level procedures, and operational practices designed to identify, address, and mitigate risks of sexual abuse and sexual harassment.</p> <p>A central component of the review was Administrative Regulation #454, dated May 29, 2025, which establishes agency-wide expectations for risk assessment, implementation of protective strategies, and coordinated responses to allegations. The Auditor examined documentation reflecting housing determinations and inmate movement, including entries maintained in the Housing Designation Log, to evaluate how protection decisions are tracked and implemented. Additionally, the facility’s Coordinated Response Plan was reviewed to ensure clarity regarding staff responsibilities and required procedural steps when allegations are reported or when credible threats to inmate safety are identified.</p> <p>Collectively, these documents reflect a deliberate and structured framework prioritizing inmate safety. The policies and records demonstrate that the facility maintains clearly defined protocols for assessing substantial risk, separating involved individuals, and implementing timely protective measures without unnecessary delay.</p> <p>INTERVIEWS</p> <p>Random Staff</p> <p>Interviews with randomly selected staff members demonstrated a consistent understanding of their duty to act immediately when confronted with allegations or credible risks of sexual abuse. Staff explained that their primary responsibility is to ensure the safety of the inmate by separating the alleged victim from the alleged perpetrator as quickly as possible. They emphasized that inmate protection takes precedence over all other considerations in such situations.</p> <p>Staff further described the steps they would take following separation, including promptly notifying supervisory personnel, preserving potential evidence when applicable, and following established reporting procedures outlined in the</p>

Coordinated Response Plan. Their responses reflected familiarity with agency expectations and a clear recognition that swift intervention is essential to preventing further harm.

Facility Head

During the interview process, the Facility Head outlined the facility's comprehensive approach to managing situations in which an inmate may be at risk of sexual abuse. The Facility Head confirmed that when credible information suggests potential harm, immediate protective measures are implemented. Decisions are individualized and based on the specific facts and circumstances of each case.

Protective strategies may include relocating the inmate to a different housing assignment within the facility or, when warranted, transferring the inmate to another facility. If the alleged perpetrator is identified that individual is separated and may be placed in segregated housing to ensure safety and prevent additional contact. The Facility Head emphasized that while separation is critical, the facility strives to avoid unnecessary use of restrictive housing and instead seeks the least restrictive option consistent with maintaining safety and security.

PROVISIONS

Provision (a): Immediate and Individualized Protective Action in Response to Substantial Risk of Imminent Sexual Abuse

The facility's response to the PAQ confirms that immediate protective action is required whenever the agency or facility becomes aware that an inmate faces a substantial risk of imminent sexual abuse. Documentation reviewed during the audit period indicates that no inmates were transferred due to a substantial risk of imminent sexual abuse within the preceding twelve months. This information was confirmed during the interview with the Facility Head.

Agency policy requires that inmates identified as being at high risk for sexual victimization, or those who report sexual abuse or sexual harassment, are not placed in involuntary administrative or punitive segregation unless an individualized assessment concludes that no reasonable alternative housing options are available. This requirement demonstrates the agency's commitment to balancing effective protection with the least restrictive housing placement possible.

Administrative Regulation #454 assigns responsibility to the Institutional PREA Compliance Manager (IPCM) to evaluate reported risks and recommend appropriate housing changes or transfers to safeguard inmates. When an inmate is believed to be at substantial risk of imminent sexual abuse, the IPCM must take immediate protective action. Final approval of recommended housing or transfer decisions rests with the Warden or the Warden's designee, providing an additional layer of oversight and accountability.

Relevant Policy:

ADOC Administrative Regulation #454, Section IV.K.3, page 11

	<p>CONCLUSION</p> <p>After reviewing the Pre-Audit Questionnaire, supporting documentation, Administrative Regulation #454, the Housing Designation Log, the Coordinated Response Plan, and conducting interviews with facility leadership and staff, the Auditor concludes that the facility meets the requirements of this PREA standard.</p> <p>The facility has established and consistently applies a structured process for identifying substantial risk, initiating immediate and appropriate protective measures, and ensuring supervisory oversight of housing and transfer decisions. Policies and operational practices demonstrate a sustained commitment to protecting inmates and mitigating risks of sexual abuse in a timely, deliberate, and policy-driven manner in accordance with PREA and the Alabama Department of Corrections.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.63 regarding reporting to other confinement facilities, the Auditor conducted an extensive review of the Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the Mobile Community Based Facility and the Alabama Department of Corrections. The review focused on agency protocols for receiving, documenting, and communicating allegations of sexual abuse or sexual harassment that may have occurred at facilities other than the receiving institution.</p> <p>Central to the review was Administrative Regulation #454 – Inmate Sexual Abuse and Harassment, effective May 29, 2025, which provides detailed guidance on agency responsibilities for reporting allegations involving other confinement facilities. The Auditor also examined ADOC Form 454-F, the official tool for documenting notifications to other agencies when an allegation involves incidents that occurred outside the receiving facility. Additionally, an Institutional PREA Compliance Manager (IPCM) memorandum dated October 22, 2025, addressing Standard §115.63, was reviewed. Collectively, these materials reflect a structured process that ensures timely communication, proper documentation, and adherence to investigative procedures when allegations cross institutional boundaries.</p> <p>INTERVIEWS</p> <p>Facility Head</p> <p>During the interview, the Facility Head described the facility’s approach to handling allegations that involve other confinement facilities. The Facility Head confirmed that</p>

when an allegation is received from another agency, or when an inmate reports an incident that allegedly occurred elsewhere, the allegation is immediately assigned for investigation. The receiving facility is responsible for notifying the head of the facility or the appropriate office where the incident is alleged to have occurred, and such notification is made within the required 72-hour timeframe. The Facility Head confirmed that no such allegations were received during the past twelve months.

Agency Head Designee

The Agency Head Designee provided additional context regarding agency-level procedures for managing PREA notifications involving other facilities. They confirmed that all PREA-related notifications, whether involving sexual abuse, sexual harassment, or staff sexual misconduct, are handled in accordance with established investigative protocols. The Designee emphasized that allegations implicating other confinement facilities are consistently processed in alignment with PREA standards and agency policy, ensuring appropriate notification, documentation, and follow-up.

PROVISIONS

Provision (a): Required Notification to Other Facilities

The PAQ confirms that when a facility receives an allegation indicating that an inmate was sexually abused or harassed at another confinement facility, the head of the receiving facility is required to notify the head of the facility or the appropriate office where the incident is alleged to have occurred. Administrative Regulation #454 specifies that this notification must be completed within 72 hours of receiving the allegation.

Relevant Policy:

ADOC Administrative Regulation #454, Section IV.H.7, page 9

Provision (b): Timely Communication Between Facilities

Agency policy mandates that notifications to other confinement facilities occur as promptly as possible, but no later than 72 hours after the allegation is received. This ensures timely and accountable communication between facilities when incidents involve locations outside the receiving institution. The Facility Head confirmed that no notifications were required during the past twelve months, a finding supported by the IPCM memorandum. During the audit, the PREA Compliance Manager provided the Auditor with a copy of ADOC Form 454-F, demonstrating the established process for documenting notifications when required.

Relevant Policy:

ADOC Administrative Regulation #454, Section IV.H.7, page 9

Provision (c): Documentation of Notifications

The PAQ indicates that all notifications to other facilities are documented using ADOC Form 454-F to ensure compliance with the 72-hour notification requirement. The

Facility Head verified that no notifications were needed during the previous twelve months. Agency policy reinforces the expectation that documentation is maintained for all notifications, even when allegations are infrequent, ensuring consistency, accountability, and compliance with PREA standards.

Relevant Policy:

ADOC Administrative Regulation #454, Section IV.H.7, page 9

Provision (d): Investigative Procedures for Cross-Facility Allegations

The PAQ confirms that any allegations received from other facilities or agencies are investigated in accordance with PREA standards and agency policy. The Facility Head verified that no such allegations were received within the last twelve months but emphasized that established investigative procedures are fully in place should such reports be received in the future. These procedures ensure that allegations are promptly assessed, assigned to trained investigators, and monitored for compliance with agency protocols.

Relevant Policy:

ADOC Administrative Regulation #454, Section IV.H.7, page 9

CONCLUSION

Based on a comprehensive review of the Pre-Audit Questionnaire, applicable policies and documentation, and interviews with both agency and facility leadership, the Auditor concludes that the facility and the Alabama Department of Corrections fully meet the requirements of PREA Standard §115.63 – Reporting to Other Confinement Facilities. The agency maintains clear policy guidance, ensures timely notifications within the required 72-hour timeframe, utilizes proper documentation through ADOC Form 454-F, and adheres to investigative procedures consistent with PREA standards. The processes in place demonstrate a structured and accountable approach to managing allegations involving multiple facilities while maintaining compliance and safeguarding inmate rights.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.64 regarding staff first responder responsibilities, the Auditor conducted an in-depth review of the Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the Mobile Community Based Facility and the Alabama Department of Corrections. The review

focused on policies, operational procedures, and training resources that guide staff in responding to allegations of sexual abuse and sexual harassment, ensuring responses are timely, trauma-informed, and consistent with agency and PREA requirements.

Key documents reviewed included ADOC Administrative Regulation #454, dated May 29, 2025, which provides detailed guidance on first responder duties, evidence preservation, immediate reporting obligations, and the provision of medical and mental health services. The Auditor also examined the PREA First Responder Duty Card and the PREA Pocket Guide for First Responders, both of which are issued to all staff to reinforce required actions during a PREA incident. These resources are designed to serve as immediate references for staff, ensuring consistent adherence to policy and promoting a trauma-informed approach to incident response.

Collectively, these materials reflect the agency's commitment to preparing staff to respond effectively, ensuring the safety of inmates, preserving critical evidence, and complying with reporting and investigative standards.

INTERVIEWS

Security Staff - First Responders

During interviews, security staff clearly articulated the step-by-step responsibilities of a first responder. They explained that upon receiving a report of sexual abuse, their first priority is the immediate separation of the involved parties to prevent further harm. They described securing the scene, preserving potential evidence, and notifying supervisory personnel without delay. Staff emphasized the importance of remaining calm, professional, and trauma-informed while performing these duties. They confirmed that they receive ongoing PREA training through annual in-service instruction, routine staff meetings, and on-the-job mentorship, all of which reinforce consistent and effective responses to incidents.

Non-Security Staff - First Responders

Non-security staff interviewed demonstrated a thorough understanding of their role as potential first responders. These staff members explained that if they are the first to receive a report of sexual abuse, they would immediately notify security personnel, separate the alleged victim from the alleged perpetrator, and instruct all parties not to disturb the scene or evidence. They emphasized maintaining confidentiality and providing a trauma-informed response that prioritizes the emotional and physical well-being of the affected inmate. Their answers reflected familiarity with the PREA First Responder Duty Card and the pocket guide, confirming that all staff have access to clear, practical instructions for these critical situations.

Across interviews, all staff consistently conveyed an understanding of their responsibilities in responding to sexual abuse allegations. They highlighted the importance of immediate action, evidence preservation, notification to appropriate supervisory and investigative personnel, and facilitating access to medical and mental health care. Responses demonstrated that ongoing training and accessible reference materials effectively support policy compliance and reinforce the agency's

commitment to inmate safety.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no inmates at the facility who had reported sexual abuse. As a result, no inmate interviews were conducted specifically for this standard.

PROVISIONS

Provision (a): Formal First Responder Policy and Staff Preparedness

The PAQ and supporting documentation confirm that the facility maintains a formal first responder policy for handling allegations of sexual abuse, consistent with ADOC Administrative Regulation #454. Security and non-security staff interviewed demonstrated full awareness and understanding of the policy. All staff possessed laminated PREA First Responder Duty Cards outlining the required steps to take during a PREA incident.

The Auditor also reviewed the Prison Rape Elimination Act (PREA): A Trauma-Informed Guide for First Responders, a spiral-bound pocket guide issued to all staff. This guide provides comprehensive guidance on PREA definitions, prevention, detection, response protocols, and available resources. Together with the duty card, the guide ensures a consistent, trauma-informed response across all staff roles.

PAQ data and PREA tracking records documented one allegation of sexual abuse during the audit period involving staff-on-inmate conduct. This allegation was investigated criminally, ultimately determined to be unsubstantiated, and not referred for prosecution. Medical and mental health services were offered to affected individuals, retaliation monitoring was conducted, and written notification of investigative outcomes was provided. A Sexual Abuse Incident Review was conducted within 30 days of the investigation's conclusion.

During the same twelve-month period, the facility received one allegation of sexual harassment involving inmate-on-inmate conduct. This allegation was promptly investigated in accordance with agency procedures and criminal investigative standards, and the allegation was ultimately determined to be unsubstantiated. The victim received notification of the results, and the case was not referred for prosecution. While a formal sexual abuse incident review was not required due to the classification as sexual harassment, administrative and investigative procedures were completed to ensure proper documentation, notification, and risk assessment.

Provision (b): First Responder Training for All Staff

Although no non-security staff served as the initial responder to a sexual abuse allegation during the audit period, reviewed training materials confirmed that all staff—including contractors and volunteers—receive preparation as potential first responders. Training emphasizes scene isolation, separating involved parties, removing uninvolved individuals, and accurately communicating initial observations to investigators or shift command staff. Staff interviews confirmed comprehension of

these expectations and confidence in applying them in practice.

CONCLUSION

Based on a detailed review of the PAQ, ADOC Administrative Regulation #454, first responder reference materials, staff training records, and interviews with both security and non-security personnel, the Auditor concludes that the Mobile Community Based Facility fully meets the requirements of PREA Standard §115.64 regarding staff first responder duties. Staff demonstrated a thorough understanding of their responsibilities, consistently applied trauma-informed practices, and were prepared to respond to allegations of sexual abuse or sexual harassment in compliance with both agency policy and PREA standards.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.65 – Coordinated Response, the Auditor conducted a detailed review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the Mobile Community Based Facility and the Alabama Department of Corrections. The review focused on evaluating the facility’s capacity to implement a structured, multidisciplinary response to allegations of sexual abuse and sexual harassment. The PAQ confirmed that the facility maintains a written Coordinated Response Plan designed to guide staff actions from the initial report through investigation, resolution, and post-incident review. This plan clearly delineates the responsibilities of staff across multiple disciplines, including first responders, medical and mental health practitioners, investigators, supervisory personnel, and facility leadership. The Auditor also reviewed ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, effective May 29, 2025. This regulation establishes agency-wide expectations and detailed guidance regarding each staff role, ensuring that all parties understand their responsibilities and how they intersect to promote a timely, organized, and trauma-informed response to sexual abuse allegations. Supporting resources reviewed included the PREA First Responder Duty Card, a laminated pocket-sized reference issued to all staff. This card provides step-by-step instructions for first responders and reinforces consistent actions during PREA incidents, regardless of shift or assignment. Additionally, the spiral-bound PREA: A Trauma-Informed Guide for First Responders was examined. This guide functions as a practical field manual, offering comprehensive guidance on PREA definitions, prevention strategies, detection methods, operational protocols, and available resources. It emphasizes trauma-informed response practices and coordinated action

among staff disciplines.

Finally, the facility's Coordinated Response Standard Operating Procedure (SOP) was reviewed. This facility-specific SOP outlines precise responsibilities for security staff, healthcare providers, mental health practitioners, investigative personnel, and administrative leadership. It ensures continuity of care, effective communication, and structured case management from the moment a report is received until final resolution. Collectively, these resources illustrate the facility's commitment to an organized, collaborative, and policy-driven approach to sexual abuse response.

INTERVIEWS

Facility Head

During the on-site audit, the Auditor interviewed the Facility Head to assess leadership oversight and the practical implementation of the Coordinated Response Plan. The Facility Head confirmed that the facility has fully implemented a comprehensive Coordinated Response Plan that aligns with PREA requirements and ADOC policy.

The Facility Head explained that the plan is designed to guarantee that all allegations of sexual abuse are addressed immediately and systematically. Specific responsibilities are assigned to staff based on their role, ensuring coordination among first responders, medical and mental health practitioners, investigators, and facility leadership. Emphasis is placed on protecting the safety and well-being of the alleged victim while maintaining the integrity of the investigative process.

Leadership further highlighted that staff receive ongoing, multilayered training on coordinated response procedures. This training includes annual in-service sessions, recurring staff meetings, on-the-job instruction during shift briefings, and periodic incident reviews. Staff are also provided with the PREA First Responder Duty Card and the PREA Pocket Guide, which serve as practical tools to reinforce policy requirements and facilitate consistent, trauma-informed responses. According to the Facility Head, this layered approach ensures that all staff, regardless of role or department, are fully prepared to perform their responsibilities within the coordinated response framework.

PROVISIONS

Provision (a): Institutional Coordinated Response Plan

The PAQ confirms that the facility maintains a written, institution-wide plan coordinating the actions of first responders, medical and mental health practitioners, investigative personnel, and facility leadership. Verification of the plan's existence and active implementation was supported through policy review and staff interviews.

The Coordinated Response Plan ensures that upon receipt of a sexual abuse report, immediate and appropriate actions are taken to protect the alleged victim, separate and monitor the alleged perpetrator, preserve the scene, and initiate investigative procedures without delay. The plan also specifies timely notification of facility leadership to ensure proper administrative oversight and compliance with reporting

	<p>requirements.</p> <p>Review of multiple sections of ADOC AR #454 demonstrated the comprehensiveness of this framework. Sections H.1-H.5 detail first responder responsibilities, supervisory oversight, investigative authority, special investigator duties, and medical and mental health response procedures. Additional sections outline reporting requirements for both staff and inmates. Together, these provisions confirm that the agency has developed a coordinated system in which all staff understand their roles, can collaborate effectively, and are prepared to respond in a structured, trauma-informed manner when allegations of sexual abuse or harassment arise.</p> <p>CONCLUSION</p> <p>Based on a thorough review of the PAQ, facility and agency policies, SOPs, first responder reference materials, and interviews with facility leadership, the Auditor concludes that the Mobile Community Based Facility is fully compliant with PREA Standard §115.65 – Coordinated Response.</p> <p>The facility has implemented a clearly articulated, institution-wide coordinated response system, reinforced through comprehensive training and practical job aids. Staff across all roles demonstrate an understanding of their responsibilities and consistently apply trauma-informed principles and procedural guidance when responding to allegations of sexual abuse. The facility has demonstrated the ability to respond promptly, professionally, and effectively, ensuring both the safety of inmates and the integrity of the investigative process in alignment with PREA standards.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.66, the Auditor conducted a thorough review of agency-level and facility-specific documentation to determine the Alabama Department of Corrections’ (ADOC) authority to take immediate protective actions in response to allegations of sexual abuse involving staff. The review focused on both policy provisions and operational practices that ensure staff can be separated from inmate contact without delay when necessary.</p> <p>The Pre-Audit Questionnaire (PAQ) and supporting documentation confirmed that the State of Alabama does not engage in collective bargaining with correctional or facility staff. No labor union agreements exist that could limit the agency’s authority to take prompt administrative action in response to allegations of sexual abuse.</p>

The Auditor also reviewed ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, effective May 29, 2025. This regulation clearly establishes agency-wide procedures and expectations for responding to allegations of sexual abuse and sexual harassment. Of particular relevance, the regulation authorizes facility leadership to take immediate administrative measures to protect inmates, including reassignment, modification of duties, restriction of facility access, or other interventions deemed necessary to eliminate contact with inmates while investigations are conducted. These documented procedures demonstrate the agency's proactive approach to ensuring inmate safety in circumstances involving staff misconduct.

INTERVIEWS

Agency Head or Designee

During the on-site audit, the Auditor interviewed the Agency Head's designee to evaluate operational authority and decision-making regarding staff accused of sexual abuse. The designee confirmed that all ADOC staff, including correctional officers, are non-union employees, and the agency does not participate in collective bargaining. As a result, no contractual obligations limit or delay the agency's ability to implement immediate administrative actions when allegations arise.

The designee explained that, in accordance with ADOC policy, facility leadership retains full authority to act immediately upon notification of a sexual abuse allegation involving staff. This authority allows leadership to reassign staff, modify duties, restrict facility access, or take other precautionary measures to prevent inmate contact while investigations are pending. These procedures are designed to prioritize inmate safety while maintaining the integrity of the investigative process.

The designee further reported that, during the audit period, there were no incidents requiring staff to be removed from inmate contact pending investigation. Nevertheless, the agency remains fully prepared to exercise these protective measures whenever necessary, demonstrating readiness to act decisively in alignment with PREA requirements.

PROVISIONS

Provision (a): Authority to Take Immediate Protective Action

The PAQ confirms, and the Agency Head's designee verified, that the State of Alabama does not engage in collective bargaining with correctional staff. Consistent with ADOC Administrative Regulation #454, facility leadership retains unrestricted authority to take immediate and appropriate action to protect inmates from staff alleged to have engaged in sexual abuse.

Such actions may include temporary reassignment, modification of job duties, restriction of access to inmates, or removal from inmate contact for the duration of an investigation. The absence of collective bargaining agreements ensures that these decisions can be implemented promptly and based solely on inmate safety

considerations. The facility reported that no incidents during the audit period necessitated the use of these protective measures, confirming operational readiness even when no actual cases arose.

Provision (b): Not Applicable

This provision does not apply in the context of the facility’s operational and labor framework; therefore, no assessment was required.

CONCLUSION

Based on a comprehensive review of the Pre-Audit Questionnaire, ADOC Administrative Regulation #454, supporting documentation, and interviews with the Agency Head’s designee, the Auditor concludes that the Alabama Department of Corrections and the Mobile Community Based Facility fully meet the requirements of PREA Standard §115.66.

The agency retains complete authority to implement immediate protective measures to prevent inmate contact with staff alleged to have engaged in sexual abuse. The absence of collective bargaining agreements or labor union constraints ensures that leadership can act decisively and without delay to safeguard inmate safety, in full alignment with PREA standards and agency policy.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.67 – Agency Protection Against Retaliation, the Auditor conducted a thorough review of agency and facility documentation. The materials examined included the completed Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted in advance of the on-site audit. Particular attention was given to Alabama Department of Corrections (ADOC) Administrative Regulation #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025. This regulation establishes the agency’s framework for preventing retaliation and monitoring staff and inmates who report sexual abuse or harassment or who participate in PREA-related investigations.</p> <p>The Auditor also reviewed ADOC Form 454-D, Sexual Abuse/Harassment Retaliation Monitoring, which records the agency’s ongoing efforts to identify, track, and respond to any indicators of retaliation. These materials collectively demonstrate a structured, intentional, and policy-driven approach to preventing retaliation that aligns fully with PREA requirements.</p> <p>INTERVIEWS</p>

Interviews conducted during the on-site audit provided insight into how retaliation protections are operationalized. Agency-level leadership explained that monitoring for retaliation begins immediately upon receipt of a PREA allegation and continues for a minimum of 90 days, with extensions permitted if circumstances warrant additional oversight. Leadership emphasized that these protections extend not only to alleged victims but also to any individual—staff or inmate—who expresses concern about potential reprisal related to a PREA report or investigation.

Facility Head

The Facility Head described practical safeguards implemented at the institutional level. These measures include close oversight of inmate housing assignments, work placements, and disciplinary actions, as well as staff evaluations, job assignments, and reassignments. Staff members assigned with retaliation-monitoring responsibilities actively review these areas to detect any changes that could indicate retaliatory behavior.

Retaliation Monitor

The designated Retaliation Monitor explained that retaliation prevention is treated as a proactive and serious responsibility. Inmates and staff are routinely informed of their right to report sexual abuse or harassment and to participate in investigations without fear of reprisal. Monitoring extends beyond alleged victims to include witnesses, reporting parties, or any individual who voices concerns about potential retaliation. Monitoring is conducted through documented status checks at regular intervals—typically weekly—for at least 90 days and recorded on ADOC Form 454-D. The Retaliation Monitor confirmed that no substantiated incidents of retaliation occurred during the preceding twelve months.

Inmates

Interviews with inmates who had previously reported sexual abuse reinforced the effectiveness of these measures. Inmates consistently reported timely staff responses, prompt offering of forensic medical examinations when appropriate, and access to victim advocacy services, including the presence of an advocate during medical exams. Inmates confirmed that medical services were provided at no cost, that they were not subjected to polygraph testing, and that they received written notification regarding investigation outcomes. At the time of the audit, no inmates were housed in segregated settings as a result of reporting sexual abuse or being assessed at risk of sexual victimization.

PROVISIONS

Provision (a): Policy and Designation of Retaliation Monitoring

Documentation and interviews confirm that the agency maintains a formal policy designed to protect any individual—staff or inmate—who reports sexual abuse or harassment, or who assists in a PREA investigation, from retaliation. The policy requires monitoring for a minimum of 90 days, with extensions permitted when

warranted, and designates the Institutional PREA Compliance Manager (IPCM) as responsible for overseeing all retaliation monitoring activities.

Provision (b): Protective Measures to Prevent Retaliation

Facility leadership described a range of protective measures used to reduce the risk of retaliation. These include housing changes, work reassignment, separation of the alleged perpetrator from the reporting party, and access to emotional and mental health support services. Documentation review of ADOC Form 454-D confirmed that none of the 79 sexual abuse allegations reported in the previous 12 months involved substantiated retaliation. These practices demonstrate a proactive, comprehensive approach to safeguarding individuals involved in PREA matters.

Provision (c): Behavioral Monitoring

Agency policy requires that both inmates and staff are closely monitored for behavioral changes or treatment shifts that could indicate retaliation. Monitoring extends for at least 90 days and may continue longer if circumstances require. Interviews and PAQ responses both confirmed that no retaliation incidents were reported during the audit period, reinforcing the agency's consistent adherence to policy and effective oversight.

Provision (d): Documentation of Monitoring

Retaliation monitoring is formally documented through periodic status checks using ADOC Form 454-D. This form captures monitoring dates, actions taken, staff observations, final determinations, and required signatures, including the IPCM's. Review of these forms confirmed that monitoring is conducted weekly, demonstrating a consistent, traceable process for identifying and responding to potential retaliation concerns.

Provision (e): Availability of Retaliation Protections

Both document review and interviews confirm that retaliation monitoring and protective measures are available to any individual—victim, witness, or staff member—who expresses fear of retaliation related to a PREA allegation or investigation. Staff consistently reinforced the accessibility of these protections and their commitment to addressing concerns promptly and effectively.

Provision (f): Not Applicable

This provision is not subject to audit.

CONCLUSION

Based on a comprehensive review of agency and facility documentation, in-depth interviews with leadership and staff, discussions with inmates, and direct observations during the on-site audit, the Auditor concludes that the agency and facility exceed the requirements of PREA Standard §115.67 - Agency Protection Against Retaliation.

	<p>Retaliation monitoring status checks are conducted weekly and formally documented, surpassing the minimum expectations of the standard. The agency has established clear, comprehensive policies prohibiting retaliation, with clearly designated responsibility for monitoring and response at both agency and facility levels. Staff demonstrated a strong understanding of their roles in identifying and responding to potential retaliation, and inmates reported confidence in the agency’s safeguards. Collectively, these measures demonstrate a robust, structured, and consistently implemented system that prevents retaliation, supports timely detection of concerns, and reinforces a culture of safety, accountability, and trust.</p>
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115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.68 – Post-Allegation Protective Custody, the Auditor conducted a comprehensive review of agency and facility documentation. This review included the completed Pre-Audit Questionnaire (PAQ) and supporting materials submitted by the facility. The materials collectively provided a detailed overview of how post-allegation protective custody is considered, assessed, and implemented in accordance with policy.</p> <p>The Auditor examined ADOC Administrative Regulation #454M, Inmate Sexual Abuse and Harassment, dated May 29, 2025, which establishes agency-wide guidance governing the use of protective custody following allegations of sexual abuse. This regulation emphasizes the agency’s commitment to limiting the use of segregation, prioritizing less restrictive housing options, and ensuring that any involuntary placement is fully justified, documented, and regularly reviewed.</p> <p>Additionally, the Auditor reviewed ADOC Form 454-H, Prison Rape Elimination Act (PREA) Post-Allegation Protective Custody, dated January 4, 2016. This form provides a structured process to document the decision-making and rationale when protective custody is considered, ensuring accountability and compliance with agency standards. Together, these materials demonstrate a clear, policy-driven approach designed to balance safety and security with the least restrictive interventions possible for inmates at risk of sexual victimization.</p> <p>OBSERVATIONS</p> <p>During the on-site facility tour, the Auditor observed that no inmates who had reported sexual abuse were housed in restrictive or segregated settings for involuntary protective purposes. All housing assignments appeared consistent with standard classification and routine housing practices. The facility does not have a segregation unit. Consequently, no individuals were observed or identified as being</p>

placed in segregation as a direct result of sexual abuse allegations or due to assessed risk of sexual victimization.

INTERVIEWS

Facility Head

Interviews with facility leadership and staff provided insight into the practical application of post-allegation protective custody procedures. Facility leadership confirmed that the institution adheres strictly to ADOC policy, which prohibits the involuntary placement of sexual abuse victims in segregated housing unless all alternative housing options have been thoroughly assessed and deemed unsuitable. Leadership emphasized that circumstances necessitating involuntary protective segregation are rare and require formal documentation and supervisory approval. When such measures are implemented, placements are subject to mandatory review every 30 days to determine whether continued separation remains necessary. In cases where feasible, leadership reported that inmates may also be transferred to another facility to ensure safety without relying on restrictive housing.

Staff Responsible for Supervising Inmates in Segregation

The facility does not have a segregation unit. Consequently, no staff were interviewed for this specific standard.

PROVISIONS

Provision (a): Limitation of Involuntary Segregation

The PAQ and supporting documentation confirm that the facility strictly complies with ADOC policy prohibiting the involuntary placement of sexual abuse victims in segregated housing unless all alternative housing options have been evaluated and found unsuitable. In situations where involuntary protective custody is considered, the decision-making process and justification are formally documented using ADOC Form 454-H. Interviews and record reviews confirmed that during the past twelve months, no inmates were placed involuntarily in segregated housing for short-term assessments (1-24 hours) or for periods exceeding 30 days.

The policy requires that any involuntary placement be reviewed every 30 days to determine whether continued separation remains necessary. Staff confirmed that even during protective segregation, inmates maintain access to programming, educational activities, and privileges to the greatest extent feasible, while ensuring safety and security considerations are met.

Relevant Policy:

ADOC AR #454, Section V.K., 1-4 (pp. 30-31)

CONCLUSION

Based on a thorough review of agency policies, supporting documentation, on-site observations, and interviews with leadership and staff, the Auditor concludes that the

	<p>Mobile Community Based Facility meets the requirements of PREA Standard §115.68 – Post-Allegation Protective Custody.</p> <p>The facility does not operate a segregation unit and does not place inmates in involuntary segregation for any reason. All post-allegation protective measures are consistent with agency policy, prioritize less restrictive alternatives, and are subject to review to ensure ongoing compliance with PREA standards and trauma-informed practices.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.71, the Auditor conducted an extensive review of documentation provided by the facility and the Alabama Department of Corrections (ADOC). Key materials reviewed included the completed Pre-Audit Questionnaire (PAQ) and all supporting documentation, ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment, dated May 29, 2025, ADOC Administrative Regulation #300 – Institutional Management, and Standard Operating Procedure Investigations & Intelligence (SOP I&I) #454 – PREA Sexual Assault Investigations. Additional documentation included ADOC Form #454-C – Investigative Summary Report, records of investigative outcomes and dispositions, minutes from Investigative Review Team meetings, and Notification to Inmate Forms. Collectively, these materials outlined the facility’s investigative protocols, evidence preservation methods, reporting and documentation procedures, and follow-up practices, providing a comprehensive framework for the review of PREA-related investigations.</p> <p>INTERVIEWS</p> <p>Investigative Staff</p> <p>Interviews with investigative personnel confirmed that investigations are initiated immediately upon receipt of any allegation, irrespective of the method of reporting, whether in-person, via telephone, through third-party notification, or anonymously. Investigative staff described a standardized process in which victims are interviewed first, followed by witnesses, and lastly the alleged perpetrator. Evidence collection is conducted by trained investigators or, when applicable, the SAFE/SANE team, with investigators receiving National Institute of Corrections (NIC)-certified training in evidence preservation and handling. Staff emphasized that compelled interviews are only conducted after consultation with prosecutorial authorities to avoid compromising potential criminal cases. Investigators consistently assess the credibility of all parties individually, without reliance on polygraph or truth-telling</p>

devices. Additionally, all investigations examine whether staff actions or inactions contributed to the incident, and findings are fully documented in detailed investigative reports. Investigations continue regardless of whether the alleged victim or perpetrator has left the agency's custody or employment.

PREA Director

The PREA Director confirmed that investigative records are retained for the duration of an individual's incarceration or employment, plus an additional five years, in alignment with agency policy. The Director also noted that inmate-related data is maintained indefinitely within a system, ensuring long-term accessibility and accountability.

Institutional PREA Compliance Manager (IPCM)

The IPCM verified that no investigation is closed or terminated solely due to the departure of involved parties from the agency, reinforcing the facility's commitment to thorough and complete investigative follow-through.

Facility Head or Designee

The Facility Head reported that during the past twelve months, no substantiated allegations were referred for prosecution. This reflects the outcomes documented in the Investigative Summary Reports and other supporting documentation reviewed during the audit.

Inmates Who Reported Sexual Abuse

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

PROVISIONS

Provision (a) - Prompt and Thorough Investigations

The facility has established clear and comprehensive policies mandating that all allegations of sexual abuse and sexual harassment are addressed immediately and investigated thoroughly. These policies, outlined in the Pre-Audit Questionnaire (PAQ) and verified through interviews with investigative staff, ensure a consistent and structured response to every reported incident. Investigators follow the protocols defined in ADOC Administrative Regulation #454 and SOP I&I #454, which provide detailed guidance on the initiation of investigations, interview procedures, evidence collection, and documentation standards.

During interviews, investigative staff confirmed that investigations are initiated without delay upon receipt of an allegation, regardless of how the report is received, whether in-person, by telephone, through third-party notifications, or anonymously. Staff emphasized that victims are interviewed first, followed by witnesses, and finally the alleged perpetrator, ensuring a trauma-informed and orderly investigative process. Investigators also consistently review the actions or inactions of staff that may have contributed to the incident, reinforcing accountability at all levels.

Documentation reviewed during the audit, including Investigative Summary Reports,

corroborates staff statements and demonstrates that all investigations conducted within the audit period were prompt, methodical, and comprehensive. This approach ensures that every allegation receives a timely and professional response, consistent with both agency policy and PREA standards.

Relevant Policy:

AR #454, V.G. 1. g-h, i, pp. 21-22; V.H. 3. a-g, pp. 25-26; IV.C. 1-9, pp. 5-6

Provision (b) - Specialized Training for Investigators

The facility ensures that all personnel assigned to conduct sexual abuse investigations receive specialized, comprehensive training in accordance with SOP I&I #454 and PREA Standard §115.34. This training equips investigators with the knowledge and skills necessary to conduct trauma-informed, professional investigations that respect the rights and dignity of all individuals involved.

During the audit, training records were thoroughly reviewed and verified, confirming that every investigator had completed the required specialized training. Interviews with investigative staff reinforced this finding, as personnel described their understanding of proper evidence collection, victim and witness interview techniques, and the procedural requirements necessary to ensure both administrative and potential criminal investigations are handled with accuracy and professionalism. Staff also emphasized that training includes guidance on identifying and documenting staff misconduct and understanding agency expectations for impartial and unbiased investigative practices.

The combination of formal training, policy guidance, and ongoing professional development ensures that investigators are fully prepared to respond promptly and appropriately to any sexual abuse or harassment allegation, maintaining the integrity of the investigative process and compliance with PREA standards.

Provision (c) - Evidence Collection and Preservation

The facility maintains rigorous procedures for the collection, preservation, and review of both direct and circumstantial evidence in all sexual abuse and sexual harassment investigations. Investigators are trained to handle a wide range of evidence, including physical evidence, DNA, and electronic monitoring data, ensuring that all relevant materials are documented and preserved in accordance with agency policy.

Investigative practices begin with structured interviews of victims, followed by witnesses, and finally the alleged perpetrator, allowing for a thorough and chronological understanding of the incident. In addition, investigators consistently review any prior complaints or allegations involving the accused to identify potential patterns of behavior or recurring issues. This process ensures that investigations are comprehensive, unbiased, and fact-driven.

Interviews with investigative staff confirmed that evidence handling is conducted systematically, with careful attention to maintaining the integrity and chain of custody for all collected materials. Documentation reviewed during the audit,

including Investigative Summary Reports and supporting records, verified that these procedures are consistently implemented, reinforcing the reliability and thoroughness of each investigation.

These practices demonstrate the facility's commitment to preserving all relevant evidence and conducting investigations in a professional, methodical manner, supporting both administrative accountability and potential criminal proceedings.

Relevant Policy:

AR #454, V.G. 1. g-h, i, pp. 21-22; V.H. 3. a-g, pp. 25-26; IV.C. 1-9, pp. 5-6

Provision (d) - Compelled Interviews and Prosecutorial Coordination

The facility ensures that compelled interviews are conducted only under strict oversight and in consultation with prosecutorial authorities. This practice is designed to safeguard potential criminal proceedings and prevent the inadvertent compromise of evidence that may be critical to successful prosecution. Investigative staff consistently confirmed that this protocol is followed in every relevant case, ensuring a careful balance between gathering necessary information and preserving the integrity of any ongoing or potential criminal investigation.

Interviews with investigative personnel highlighted that consultation with prosecutorial authorities occurs before any compelled interviews, providing legal guidance and confirming that all investigative steps align with both administrative and criminal law requirements. This ensures that all parties are treated fairly and that victims' rights are protected while maintaining compliance with agency policy.

Documentation reviewed during the audit corroborated these practices, showing that all compelled interviews were preceded by formal consultation and that detailed records of these steps were maintained. This demonstrates the facility's commitment to conducting investigations thoroughly, professionally, and in a manner that supports both administrative accountability and any external legal processes.

Relevant Policy:

AR #454, V.G. 1. g-h, i, pp. 21-22; V.H. 3. a-g, pp. 25-26; IV.C. 1-9, pp. 5-6

Provision (e) - Credibility Assessment and Evidence Integrity

The facility implements a structured and impartial process for assessing the credibility of all individuals involved in a sexual abuse or harassment investigation, including victims, witnesses, and alleged perpetrators. Each assessment is conducted on a case-by-case basis, taking into account the specific circumstances, behaviors, and supporting evidence associated with the report. Investigative staff emphasized that no assumptions or biases influence credibility determinations, and the process adheres strictly to agency policy.

Staff confirmed that polygraphs, lie detector tests, or other truth-telling devices are never used as part of investigative procedures. Instead, credibility evaluations rely on thorough interviews, cross-examination of statements, corroborating physical and documentary evidence, and any relevant history of prior complaints or behaviors.

This method ensures that investigative findings are based on verifiable facts and professional judgment rather than on unreliable or coercive tools.

Review of investigative reports further validated these practices, demonstrating consistent application of impartial credibility assessments across cases. This approach reflects the facility's commitment to accuracy, fairness, and integrity in every investigation, maintaining trust in the investigative process while protecting the rights of all individuals involved.

Relevant Policy:

AR #454, V.G. 1. g-h, i, pp. 21-22; V.H. 3. a-g, pp. 25-26; IV.C. 1-9, pp. 5-6

Provision (f) - Administrative Investigation and Staff Accountability

The facility ensures that all administrative investigations rigorously examine whether staff actions, inactions, or omissions may have contributed to an incident of sexual abuse or harassment. Investigative personnel assess staff conduct in the context of established policies, procedures, and professional responsibilities to determine if any failure to act, inappropriate action, or negligence occurred that may have facilitated or allowed the incident to happen.

Written investigative reports comprehensively document all findings, including detailed accounts of physical evidence, testimonial statements from victims, witnesses, and staff, as well as an evaluation of the credibility of all parties involved. These reports also clearly articulate conclusions regarding staff accountability and identify any necessary corrective or disciplinary actions. Documentation is prepared in accordance with agency policy, providing a transparent and traceable record of the investigative process.

This approach underscores the facility's commitment to maintaining a culture of accountability, ensuring that staff responsibilities are clearly defined, monitored, and enforced. It reinforces that staff conduct is critically evaluated, and any deviations from expected professional standards are addressed promptly to prevent future incidents and safeguard the welfare of all inmates.

Relevant Policy:

AR #454, V.G. 1. g-h, i, pp. 21-22; V.H. 3. a-g, pp. 25-26; IV.C. 1-9, pp. 5-6

Provision (g) - Comprehensive Documentation of Criminal Investigations

The facility ensures that all criminal investigations into allegations of sexual abuse or harassment are meticulously documented, reflecting a complete and systematic approach to evidence collection and investigative reporting. Each criminal investigation includes detailed summaries of all relevant evidence, encompassing physical items, testimonial accounts from victims, witnesses, and alleged perpetrators, as well as documentary evidence such as incident reports, electronic communications, and surveillance data.

Investigators maintain a structured process to ensure that all evidence is properly collected, preserved, and referenced within the investigative report. Whenever

possible, supporting documentation is physically or digitally attached to the report, creating a comprehensive and traceable record that can support both administrative review and potential criminal prosecution.

This documentation process underscores the facility's commitment to thoroughness, transparency, and accountability in criminal investigations. By maintaining complete investigative records, the agency ensures that every investigation is defensible, accurately reflects the facts, and provides a foundation for informed decision-making regarding prosecution, administrative action, and future preventive measures.

Relevant Policy:

AR #454, V.G. 1. g-h, i, pp. 21-22; V.H. 3. a-g, pp. 25-26; IV.C. 1-9, pp. 5-6

Provision (h) - Retention of Investigative Records

The facility maintains a comprehensive and structured approach to the retention of investigative records related to allegations of sexual abuse and harassment. In accordance with agency policy, all records for criminal and administrative investigations are retained for the duration of the accused individual's incarceration or employment, plus an additional five-year period following release or separation. This ensures that documentation remains available for review, oversight, or potential legal proceedings well beyond the conclusion of the initial investigation.

The PREA Director confirmed that this retention policy is consistently applied across all investigations, guaranteeing long-term accessibility and accountability. Investigative files, including evidence summaries, witness statements, and supporting documentation, are organized and securely stored, either physically or electronically, to prevent unauthorized access while maintaining ease of retrieval when needed. This practice aligns with ADOC AR #454 and reinforces the facility's commitment to transparency, record integrity, and thorough administrative oversight.

By retaining complete records for this extended period, the agency ensures that investigative outcomes, staff accountability, and victim protection measures remain verifiable and can be referenced in future reviews, audits, or external inquiries.

Relevant Policy:

AR #454, V.G. 1. g-h, i, pp. 21-22; V.H. 3. a-g, pp. 25-26; IV.C. 1-9, pp. 5-6

Provision (i) - Cooperation with External Investigative Bodies

While the facility conducts all PREA-related investigations internally, there is a clear and documented commitment to fully cooperate with external investigative agencies whenever circumstances require outside involvement. Facility leadership and investigative staff confirmed that, in the event of an external review or joint investigation, they would provide timely access to records, evidence, and personnel, and would actively seek updates regarding the progress and outcomes of the investigation.

This approach ensures transparency and accountability, reinforcing the facility's dedication to thorough, professional, and unbiased investigations. By maintaining

open lines of communication with outside authorities, the agency demonstrates its willingness to align with broader legal and regulatory expectations, while safeguarding the integrity of both administrative and criminal investigative processes.

The facility's policy framework under ADOC AR #454 codifies this commitment, ensuring that all investigative activities, whether internal or in cooperation with external bodies, adhere to established standards for accuracy, thoroughness, and procedural compliance.

Relevant Policy:

AR #454, V.G. 1. g-h, i, pp. 21-22; V.H. 3. a-g, pp. 25-26; IV.C. 1-9, pp. 5-6

Provision (j) - Continuation of Investigations After Departure

The facility ensures that all investigations of sexual abuse and sexual harassment allegations are carried through to completion, regardless of whether the alleged victim or alleged abuser has left the agency's custody or employment. This practice, confirmed through interviews with both the Institutional PREA Compliance Manager (IPCM) and the PREA Director, underscores the agency's commitment to accountability, thoroughness, and justice for all parties involved.

Investigative staff explained that the departure of an individual from the facility does not interrupt evidence collection, witness interviews, or report preparation. Documentation, including investigative summaries and supporting records, continues to be maintained in accordance with agency policy to ensure that administrative and, if applicable, criminal proceedings are fully supported. This approach ensures that no allegation is dismissed or left unresolved due to staffing changes, transfers, or inmate releases, reinforcing the integrity and credibility of the investigative process.

By maintaining continuity of investigations beyond an individual's departure, the facility demonstrates a proactive commitment to safeguarding all individuals, preserving institutional accountability, and upholding the standards set forth in ADOC AR #454.

Relevant Policy:

AR #454, V.G. 1. g-h, i, pp. 21-22; V.H. 3. a-g, pp. 25-26; IV.C. 1-9, pp. 5-6

Provision (k) - Not Applicable for This Audit

This provision was not subject to review during the current audit. No actions, documentation, or practices related to this provision were evaluated, and it does not impact the overall assessment of the facility's compliance with PREA Standard §115.71.

Relevant Policy:

Not applicable for this audit.

Provision (l) - Internal Investigations and Commitment to External Collaboration

Although involvement by outside agencies in PREA-related investigations is rare, the facility has clearly affirmed its commitment to full cooperation should external investigative entities become engaged. Facility leadership and investigative staff confirmed that, in such circumstances, the agency would provide complete access to relevant documentation, evidence, and personnel, ensuring transparency and adherence to legal and regulatory requirements.

At present, all PREA investigations are conducted internally by the ADOC Law Enforcement Services Division (LESD), which is responsible for overseeing criminal and administrative investigative processes. This centralized approach promotes consistency, professional oversight, and standardized application of investigative protocols across the agency. Documentation reviewed during the audit verified that LESD investigators follow established procedures outlined in agency policy, ensuring thorough evidence collection, objective analysis, and comprehensive reporting.

The facility's structured reliance on LESD, combined with its stated readiness to collaborate with external authorities when necessary, demonstrates a balanced approach that prioritizes accountability, procedural integrity, and compliance with PREA standards.

Relevant Policy:

AR #454, V.G. 1. g-h, i, pp. 21-22; V.H. 3. a-g, pp. 25-26; IV.C. 1-9, pp. 5-6

CONCLUSION

Following an extensive and methodical review of agency policies, investigative documentation, and supporting records, as well as interviews with investigative staff and facility leadership, and direct observation of investigative practices, the Auditor concludes that the agency and facility are in full compliance with all applicable provisions of PREA Standard §115.71 - Criminal and Administrative Investigations.

The evidence reviewed demonstrates that investigations are initiated promptly, conducted thoroughly, and documented comprehensively. Established procedures ensure careful preservation of physical, testimonial, and documentary evidence; objective credibility assessments; and appropriate coordination with prosecutorial authorities when necessary. Administrative investigations consistently evaluate staff conduct and accountability, while criminal investigations are detailed and methodically recorded. Record retention practices further support transparency and long-term accountability.

Collectively, these practices reflect a structured, professional, and compliant investigative process that prioritizes victim protection, institutional integrity, and adherence to PREA standards.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.72, the Auditor conducted a thorough examination of agency policies, regulatory guidance, and supporting documentation. Materials reviewed included the completed Pre-Audit Questionnaire (PAQ) along with all supplemental documentation provided by the facility. The review also encompassed ADOC Administrative Regulation #454 – Operations & Legal, Inmate Sexual Abuse and Harassment, dated May 29, 2025, as well as ADOC Administrative Regulation #300 – Investigations and Intelligence Division, dated August 11, 2004.

Together, these documents establish the evidentiary standards and reporting protocols governing criminal and administrative investigations into allegations of sexual abuse and sexual harassment. The policies clearly articulate the burden of proof required for substantiating allegations and outline the formal distribution process for investigative findings. The documentation reflects a structured and consistent approach designed to ensure fairness, accountability, and transparency in all investigative determinations.

INTERVIEWS

Investigative Staff

Interviews with investigative staff provided clarity regarding the practical application of the agency’s evidentiary standards and reporting procedures. Staff explained that during the course of an investigation, every effort is made to identify, collect, and preserve all available evidence. This includes physical evidence from the scene, statements from the alleged victim, the alleged perpetrator, and any relevant witnesses, as well as documentation or other corroborating materials. Investigators emphasized that interviews are conducted with all appropriate parties to ensure a comprehensive understanding of the incident.

Upon completion of the investigative process, the collected evidence and findings are compiled into a formal report. This report is submitted to facility administration and forwarded to the appropriate District Attorney’s Office when criminal conduct is suspected, allowing for review and consideration of potential prosecutorial action.

Investigative staff further confirmed that the evidentiary standard applied in determining whether an allegation of sexual abuse or sexual harassment is substantiated is the preponderance of the evidence. Staff demonstrated a clear understanding that this standard requires a determination that the alleged conduct was more likely than not to have occurred. When applicable, a lower standard of proof may be applied in accordance with policy, but the preponderance standard governs administrative investigations as required by PREA.

PROVISIONS

Provision (a) - Evidentiary Standard and Distribution of Investigative Findings

	<p>Agency policy explicitly establishes that the standard of proof applied in all administrative investigations of sexual abuse and sexual harassment is a preponderance of the evidence. This standard requires that the available evidence demonstrate that the alleged incident was more likely than not to have occurred. The policy language aligns directly with PREA requirements, ensuring that substantiation decisions are made using a consistent, objective, and legally recognized evidentiary threshold.</p> <p>In addition to defining the burden of proof, policy clearly outlines the distribution protocol for investigative reports completed by the Law Enforcement Services Division (LESD). Completed investigative reports are disseminated to designated officials to ensure appropriate administrative oversight and, when applicable, criminal review. These include the Commissioner or designee, relevant Deputy Commissioners or Institutional Coordinators as appropriate, the District Attorney in the county with jurisdiction when criminal conduct is indicated, and the ADOC official who requested the investigation. When investigations involve central office personnel, distribution is limited to the Commissioner of Corrections to preserve confidentiality and integrity.</p> <p>This structured dissemination process ensures that investigative findings are reviewed at the appropriate levels of authority and that potential criminal matters are referred promptly to prosecutorial agencies. The combination of a clearly defined evidentiary standard and a formalized reporting distribution system reflects a deliberate and policy-driven approach to investigative accountability.</p> <p>Relevant Policy: ADOC Administrative Regulation #454, V. H. 3. a-g, pp. 26-27 ADOC Administrative Regulation #300, p. 5</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of agency regulations, supporting documentation, and interviews with investigative staff, the Auditor concludes that the agency and facility meet the requirements of PREA Standard §115.72. The agency consistently applies the appropriate evidentiary standard—a preponderance of the evidence—in all administrative investigations of alleged sexual abuse and sexual harassment.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To determine compliance with PREA Standard §115.73 - Reporting to Inmates, the Auditor conducted an in-depth review of documentation submitted by the facility and the Alabama Department of Corrections (ADOC). Materials examined included the</p>

completed Pre-Audit Questionnaire (PAQ) with all supporting documentation, ADOC Administrative Regulation (AR) #454 - Operations & Legal, Inmate Sexual Abuse and Harassment, dated May 29, 2025, investigative outcome and disposition reports, signed Notification to Inmate Forms, and minutes from Investigative Review Team meetings.

Collectively, these documents establish a clear procedural framework requiring that inmates be formally notified of the status and outcome of investigations involving allegations of sexual abuse or sexual harassment. The documentation reflects a structured system designed to ensure timely communication, consistent documentation, and preservation of confidentiality. Review of case files confirmed that notification practices are formalized, recorded, and maintained in accordance with agency policy.

INTERVIEWS

Investigative Staff

Interviews with investigative staff provided detailed insight into how the agency implements notification requirements in practice. Staff explained that once an investigation is completed, the Law Enforcement Services Division (LESD) prepares a formal written close-out letter. This correspondence is issued to both the alleged victim and the alleged perpetrator, clearly stating whether the allegation was substantiated, unsubstantiated, or unfounded. The letter summarizes the investigative findings while maintaining confidentiality and protecting sensitive information.

Investigative staff emphasized that providing written notification represents a critical final step in the investigation process. This practice promotes transparency, reinforces institutional accountability, and ensures compliance with PREA standards. Staff further noted that documentation of the notification is retained in the investigative file, creating a verifiable record that the inmate was informed of the outcome.

PROVISIONS

Provision (a) - Timely Notification of Investigation Outcomes and Victim Support Measures

Documentation reviewed through the PAQ and case files confirmed that during the past twelve months, the facility received one allegation of sexual abuse involving staff-on-inmate conduct. The allegation was investigated criminally by the Law Enforcement Services Division and was ultimately determined to be unsubstantiated. Prosecution was declined.

The investigative record demonstrated that the facility responded promptly and in accordance with policy. The inmate was offered medical and mental health services without delay, and retaliation monitoring was initiated as required. Monitoring continued in accordance with policy until the inmate was transferred to another

facility. The inmate received formal written notification of the investigative outcome, and a Sexual Abuse Incident Review was completed within 30 days of the case closure. These actions collectively reflect compliance with policy requirements and PREA standards for notification and follow-up.

Relevant Policy:

ADOC AR #454, IV.C. 5-6, pp. 5-6

Provision (b) - Not Applicable to This Facility

This provision does not apply to the facility based on the nature of reported cases and investigative outcomes during the audit period.

Provision (c) - Notification Requirements in Staff-Involved Allegations

Agency policy further requires that when an allegation involves a staff member, the inmate be notified if the staff member is no longer employed by ADOC, is no longer assigned to the facility, or has been indicted or convicted on charges related to sexual abuse. This ensures that inmates are informed of significant status changes that may affect their safety or the resolution of the case.

All such notifications are documented and retained in accordance with agency procedures. Review of policy language and investigative documentation confirmed that the facility maintains clear guidelines governing these communications and preserves records of all notifications issued.

Relevant Policy:

ADOC AR #454, IV.C. 6, p. 6

Provision (d) - Absence of Criminal Indictments in Inmate-on-Inmate Cases

As referenced under Provision (a), the facility did not experience any inmate-on-inmate sexual abuse cases resulting in criminal indictment within the past twelve months. Accordingly, no notifications under this specific circumstance were required during the audit period.

Provision (e) - Consistent Application of Notification Procedures

The PAQ confirmed that one allegation of sexual abuse was reported within the past twelve months, as described above. Documentation review and staff interviews verified that notification procedures were implemented consistently and in a timely manner. All involved inmates were informed of investigative outcomes in accordance with PREA standards, and written documentation of those notifications was retained in the case file.

Provision (f) - Not Subject to Audit Requirement

This provision is not required to be audited for this facility.

	<p>CONCLUSION</p> <p>Based on a comprehensive review of agency regulations, investigative documentation, signed inmate notification forms, and interviews with investigative staff, the Auditor concludes that the agency and facility meet all applicable requirements of PREA Standard §115.73 – Reporting to Inmates.</p> <p>The facility demonstrates a consistent, well-documented, and policy-driven approach to informing inmates of investigative outcomes. Notification procedures are timely, transparent, and properly recorded, while maintaining confidentiality and protecting the rights of all parties involved. The facility’s practices reflect full alignment with PREA standards and reinforce its commitment to accountability, inmate safety, and procedural integrity.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.76 – Disciplinary Sanctions for Staff, the Auditor conducted a comprehensive review of agency and facility documentation to assess the structure and implementation of staff accountability measures. Materials examined included the completed Pre-Audit Questionnaire (PAQ), Alabama Department of Corrections Administrative Regulation (AR) #454 – Operations & Legal, Inmate Sexual Abuse and Harassment (dated May 29, 2025), AR #208 – Personnel, Employee Standards of Conduct and Discipline (dated May 1, 2024), and the corrective action tables outlined in ADOC 208 Annex E.</p> <p>Collectively, these documents establish a detailed and formalized disciplinary system governing staff conduct. The policies clearly define expectations for professional behavior, outline investigative and corrective procedures, and articulate the full spectrum of sanctions applicable to violations involving sexual abuse, sexual harassment, or sexual misconduct. The review confirmed that the agency maintains a structured disciplinary matrix that promotes consistency, fairness, and transparency. Documentation further demonstrated that sanctions are not discretionary in nature when substantiated violations of sexual abuse occur; rather, termination is identified as the presumptive response in alignment with PREA requirements. Overall, the written framework reflects a zero-tolerance approach supported by enforceable standards and procedural safeguards.</p> <p>INTERVIEWS</p> <p>Facility Head</p>

Interviews were conducted with the Facility Head to verify implementation of policy and actual practice. The Facility Head affirmed that every staff member, regardless of rank or tenure, is subject to disciplinary action for violations of agency sexual abuse, sexual harassment, or sexual misconduct policies. It was emphasized that termination is the presumptive sanction for any staff member found to have engaged in sexual abuse, and that this standard is applied uniformly.

The Facility Head reported that within the previous twelve months, one staff member was found to have violated sexual abuse or sexual harassment policy. The individual resigned prior to the completion of the termination process. The Facility Head confirmed that the resignation occurred in lieu of termination and that the agency's disciplinary procedures were followed in accordance with established policy. The interview responses were consistent with documentation reviewed and demonstrated alignment between policy and operational practice.

PROVISIONS

Provision (a) - Mandatory Disciplinary Standards and Presumptive Termination

Agency policy clearly establishes that all staff are subject to disciplinary sanctions for violations of sexual abuse or sexual harassment policies. AR #454 expressly provides that staff who engage in sexual abuse in a correctional or confinement setting, who are convicted of forced or coerced sexual activity in the community, or who are civilly or administratively adjudicated for such conduct, are subject to formal sanctions. The regulation identifies termination as the presumptive disciplinary action for staff found to have engaged in sexual abuse. This firm standard ensures accountability and reflects the agency's adherence to PREA's zero-tolerance mandate.

Relevant Policy:

ADOC AR #454, V.A.6.d, p.16

Provision (b) - Application of Disciplinary Measures Within the Past Twelve Months

Documentation contained within the PAQ and confirmed through interview reflects that one staff member violated sexual abuse or sexual harassment policy during the past twelve months. The staff member resigned prior to termination. The agency's disciplinary structure includes a comprehensive matrix of corrective actions ranging from counseling to dismissal, as well as procedural requirements for Pre-Dismissal Conferences and documented resignations. Termination remains the standard response for substantiated sexual abuse violations, reinforcing consistency and deterrence.

Relevant Policy:

ADOC AR #208 - Personnel, Employee Standards of Conduct and Discipline (May 1, 2024)

Provision (c) - Proportional and Consistent Sanctioning Practices

The Auditor verified through policy review and interview that disciplinary sanctions are applied in a manner that is consistent, proportionate, and informed by both the severity of the offense and the staff member’s prior disciplinary history. This structured approach promotes fairness while maintaining firm enforcement of PREA-related standards. The disciplinary matrix contained within AR #208 supports uniform application of sanctions and ensures that decisions are documented and procedurally sound.

Relevant Policy:

ADOC AR #208 – Personnel, Employee Standards of Conduct and Discipline (May 1, 2024)

Provision (d) – External Reporting Requirements for Termination or Resignation

Agency policy further requires that any termination, or resignation in lieu of termination, related to violations of sexual abuse or sexual harassment policies be reported to law enforcement authorities unless the conduct is clearly non-criminal. Additionally, the agency is required to notify relevant professional licensing bodies when applicable. The Facility Head confirmed that during the previous twelve months no criminal conduct was identified that required referral to law enforcement. Documentation and interview responses were consistent in confirming compliance with these reporting obligations.

Relevant Policy:

ADOC AR #208 – Personnel, Employee Standards of Conduct and Discipline (May 1, 2024)

CONCLUSION

After a thorough review of agency regulations, the Pre-Audit Questionnaire, supporting documentation, and information obtained through interview with the Facility Head, the Auditor finds that the agency and facility are in full compliance with PREA Standard §115.76 – Disciplinary Sanctions for Staff.

The agency demonstrates a well-defined and consistently implemented disciplinary framework that clearly communicates expectations, ensures accountability, and enforces termination as the presumptive sanction for substantiated sexual abuse. Policies are comprehensive, aligned with PREA mandates, and supported by documented procedures that promote fairness, consistency, and transparency. Staff are made aware of the consequences of policy violations, and the facility’s practices reflect the agency’s zero-tolerance commitment to preventing sexual abuse and sexual harassment within its correctional environment.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.77, the Auditor conducted a detailed and methodical review of documentation submitted by the facility and the Alabama Department of Corrections. The review included the completed Pre-Audit Questionnaire (PAQ) and all materials provided in advance of the onsite audit.

Particular attention was given to Administrative Regulation #454, Operations & Legal – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes agency-wide standards governing prevention, reporting obligations, investigative procedures, and corrective responses related to sexual abuse and sexual harassment involving inmates. The Auditor also examined Administrative Regulation #216, Background Checks (dated January 31, 2025), to verify screening protocols and disclosure requirements applicable to staff, contractors, and volunteers.

Together, these regulations form a comprehensive compliance structure. They outline preventative safeguards, define mandatory reporting responsibilities, establish removal procedures, and require ongoing disclosure of misconduct. The documentation reflects a coordinated effort to prevent sexual abuse, promote transparency, and ensure decisive corrective action should a contractor or volunteer violate PREA-related policies.

INTERVIEWS

To validate implementation of written policy, the Auditor conducted an interview with the Facility Head. The discussion focused on operational practices, reporting procedures, and any corrective actions taken during the twelve months preceding the audit.

Facility Head

The Facility Head confirmed that there were no incidents during that period in which a contractor or volunteer engaged in sexual abuse of an inmate. As a result, no referrals to law enforcement agencies or professional licensing bodies were required. Additionally, the Facility Head stated that no contractors or volunteers were subject to disciplinary or remedial action for violations of sexual abuse or sexual harassment policies within the same timeframe.

These statements were consistent with the PAQ responses and supported by documentation reviewed by the Auditor. The interview demonstrated clear awareness of required reporting and removal protocols and reflected alignment between policy directives and facility practice.

PROVISIONS

Provision (a) - Immediate Removal, Mandatory Reporting, and Ongoing Disclosure Safeguards

Agency policy mandates that any contractor or volunteer who engages in sexual abuse of an inmate must be immediately prohibited from further contact with inmates. Administrative Regulation #454 requires prompt removal from the facility environment and directs that such conduct be reported to law enforcement authorities unless it is clearly determined to be non-criminal. The regulation further requires notification to appropriate professional licensing or credentialing entities when applicable.

The Facility Head affirmed that the facility strictly follows these removal and reporting procedures. Review of facility records confirmed that no incidents involving contractors or volunteers occurred during the twelve-month audit period.

In addition to response measures, policy emphasizes preventative accountability. Administrative Regulation #454 assigns responsibility to the ADOC Personnel Division, or its designee, to notify prospective employees and contractors that providing false information or failing to disclose required misconduct history constitutes grounds for termination or disqualification. Disqualifying conduct includes prior engagement in sexual abuse within a correctional or comparable institutional setting, as well as criminal, civil, or administrative findings involving forced or coerced sexual activity or sexual activity without consent. Contractors are further required to disclose such misconduct on a continuing basis throughout their service, ensuring ongoing compliance.

These clearly articulated requirements demonstrate the agency's commitment to transparency, institutional integrity, and inmate safety.

Relevant Policy:

ADOC Administrative Regulation #454, Section IV.C.4, p.5

ADOC Administrative Regulation #454, Section IV.O, p.12

ADOC Administrative Regulation #454, Section V.b, p.16

Provision (b) - Remedial Action for Non-Criminal Policy Violations

Policy also requires that the facility take appropriate remedial action when a contractor or volunteer violates sexual abuse or sexual harassment policies, even when the conduct does not rise to the level of criminal sexual abuse. Corrective measures may include restricting, suspending, or permanently eliminating contact with inmates, depending on the nature and severity of the violation.

The Facility Head confirmed that no violations of this type occurred during the previous twelve months and, therefore, no remedial action was necessary. The Auditor's review of documentation corroborated this information.

This preventative framework is reinforced by Administrative Regulation #216, Background Checks, which contains comprehensive pre-employment and pre-service screening instruments. The screening forms, located on pages 10 through 18 of the regulation, include mandatory disclosure questions designed to identify prior misconduct related to sexual abuse or harassment. These structured screening measures serve as an additional safeguard by identifying disqualifying histories

before individuals are granted access to inmates, thereby strengthening compliance with PREA standards and enhancing institutional safety.

CONCLUSION

Following a thorough review of applicable regulations, supporting documentation, and information obtained through interview with the Facility Head, the Auditor concludes that the agency and facility are fully compliant with PREA Standard §115.77 - Corrective Action for Contractors and Volunteers.

The agency has established clear removal procedures, mandatory reporting requirements, rigorous screening protocols, and defined remedial measures that collectively promote inmate safety and accountability. Written policies are comprehensive, operational practices are consistent with those policies, and oversight mechanisms are in place to ensure continued adherence. The absence of violations during the audit period, combined with a strong preventative and corrective framework, demonstrates the facility's sustained commitment to maintaining a safe and professional correctional environment.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.78, the Auditor conducted a comprehensive examination of documentation submitted by the facility and the Alabama Department of Corrections. The review included the completed Pre-Audit Questionnaire (PAQ), which outlined the facility's disciplinary practices in matters involving sexual abuse and sexual harassment.</p> <p>The Auditor carefully reviewed Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes investigative requirements, disciplinary standards, and sanctioning procedures related to sexual misconduct. In addition, AR #403, Procedures for Inmate Rule Violations (dated September 5, 2025), was examined to assess the formal disciplinary process, procedural safeguards, and due process protections afforded to inmates.</p> <p>Collectively, these regulations reflect a structured and clearly defined disciplinary framework. They outline investigative protocols, ensure procedural fairness, and provide guidance for imposing sanctions in a manner consistent with PREA requirements. The documentation demonstrates that inmate discipline related to sexual abuse or harassment is governed by formal processes designed to balance accountability with fairness.</p>

INTERVIEWS

Interviews were conducted with the Facility Head, medical staff, and the Institutional PREA Compliance Manager (IPCM) to confirm policy implementation and operational practice.

Facility Head

The Facility Head affirmed that the agency strictly prohibits all sexual activity between inmates. It was further confirmed that, during the twelve months preceding the audit, there were no administrative findings of inmate-on-inmate sexual abuse and no criminal convictions for such conduct. The Facility Head emphasized that disciplinary sanctions for sexual contact with staff are imposed only when it is determined that the staff member did not consent. Additionally, it was clearly stated that inmates who report sexual abuse in good faith are not subject to disciplinary action, even if the investigation does not substantiate the allegation.

Medical Staff

Medical staff described the facility's therapeutic and rehabilitative services, which are designed to address behavioral health needs and underlying factors associated with sexually abusive conduct. These services include counseling and individualized treatment planning. Participation in recommended interventions may be incorporated into case plans and, when clinically or administratively appropriate, may be required as a condition for access to certain programs, services, or privileges.

Institutional PREA Compliance Manager (IPCM)

The IPCM corroborated that rehabilitative measures are available and utilized when indicated.

All interview responses were consistent with documentation reviewed and demonstrated alignment between policy and practice.

PROVISIONS

Provision (a) - Formal Disciplinary Process and Due Process Protections

Inmates are subject to disciplinary sanctions for inmate-on-inmate sexual abuse only after completion of a formal disciplinary process that results in an administrative finding of responsibility or following a criminal conviction. The PAQ indicated, and the Facility Head confirmed, that there were no administrative or criminal findings of inmate-on-inmate sexual abuse during the previous twelve months.

During the same period, the facility received one allegation of sexual abuse and one allegation of sexual harassment. Both matters were referred for criminal investigation; however, prosecution was declined in each case. Agency policy makes clear that disciplinary sanctions are imposed only after the conclusion of a formal process that results in a substantiated administrative or criminal finding. This structure ensures procedural fairness and protects inmates' due process rights.

Relevant Policy:

ADOC AR #454, Section G, g., p.21

Provision (b) - Proportional and Consistent Sanctioning Practices

Disciplinary sanctions, when imposed, are proportionate to the nature and circumstances of the misconduct and take into account the inmate's disciplinary history. The Facility Head affirmed that disciplinary decisions are made on a case-by-case basis and are evaluated in light of comparable cases to ensure consistency.

Policy requires consideration of aggravating and mitigating factors before sanctions are determined. This structured framework promotes fairness, uniformity, and accountability while ensuring that disciplinary outcomes align with the severity of the conduct.

Relevant Policy:

ADOC AR #454, Section V.H.4.f, p.27

Provision (c) - Consideration of Mental Health and Developmental Factors

The disciplinary process includes consideration of whether an inmate's mental illness or developmental disability contributed to the behavior at issue. The Facility Head confirmed that these clinical factors are evaluated prior to the imposition of sanctions. Agency policy requires that disciplinary decisions incorporate relevant mental health information when appropriate, ensuring that outcomes are informed by clinical context and individual circumstances.

Relevant Policy:

ADOC AR #454, p.22; Section V.H.4, p.26

Provision (d) - Access to Therapeutic and Rehabilitative Interventions

The facility provides therapy, counseling, and other rehabilitative services designed to address the underlying causes of sexually abusive behavior. Interviews with the IPCM and medical staff confirmed that treatment interventions may be incorporated into individualized plans and may be required when clinically indicated. These services support behavioral change and reinforce the agency's commitment to prevention as well as accountability.

Provision (e) - Disciplinary Action for Sexual Contact with Staff Based on Consent Determinations

Agency policy specifies that inmates may be disciplined for sexual contact with staff only when it is determined that the staff member did not consent. The Facility Head and IPCM confirmed that disciplinary action is not automatic and requires careful review of consent and all relevant circumstances. This approach ensures that sanctions are grounded in factual findings and consistent with PREA standards.

Relevant Policy:

ADOC AR #454, Section V.G.1.g, p.21

Provision (f) - Protection for Good Faith Reporting

The agency prohibits disciplinary action against inmates who report sexual abuse in good faith based on a reasonable belief that the abuse occurred, even when an investigation ultimately determines that the allegation is unsubstantiated or withdrawn. Interviews with the Facility Head and IPCM confirmed that inmates are not disciplined solely because an allegation cannot be proven. This safeguard reinforces protections against retaliation and encourages reporting.

Relevant Policy:

ADOC AR #454, Section V.G.1.g, p.21

Provision (g) - Prohibition of Inmate Sexual Activity and Distinction from Sexual Abuse

Agency policy prohibits all inmate-on-inmate sexual activity. The Facility Head confirmed that while all sexual contact between inmates is prohibited under agency rules, conduct is categorized as sexual abuse only when coercion or force is present. Non-forcible sexual activity is treated as a rules violation in accordance with established disciplinary definitions. This distinction ensures clarity in classification while maintaining the agency’s prohibition on sexual contact between inmates.

Relevant Policy:

ADOC Rules Violation Definitions, RV #912

CONCLUSION

Based on a comprehensive review of the Pre-Audit Questionnaire, applicable administrative regulations, supporting documentation, and interviews with facility leadership, medical staff, and the IPCM, the Auditor concludes that the agency and facility are compliant with PREA Standard §115.78 - Disciplinary Sanctions for Inmates.

The facility demonstrates a structured disciplinary process grounded in due process protections, proportional sanctioning practices, clinical consideration, and rehabilitative intervention. Policies are clearly articulated and consistently implemented. Collectively, these measures reflect a balanced approach that promotes accountability, fairness, and continued compliance with PREA standards.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.81, the Auditor conducted a

comprehensive and detailed review of documentation submitted by the facility and the Alabama Department of Corrections. Materials examined included the completed Pre-Audit Questionnaire (PAQ) and supporting documentation, Administrative Regulation (AR) #454 - Inmate Sexual Abuse and Harassment (dated May 29, 2025), ADOC Form 454-C (PREA Risk Factors Checklist), the facility's Risk Assessment Checklist, Mental Health and Medical Referral Forms, and a Classification Tracking Spreadsheet.

Together, these materials reflect a structured and methodical approach to PREA intake screening, referral practices, reassessment timelines, and classification decision-making. The documentation demonstrates how medical and mental health information is collected, safeguarded, and appropriately utilized when managing individuals with a known or disclosed history of sexual victimization or sexually abusive behavior. Records reviewed were internally consistent and aligned with PREA requirements, accurately mirroring the processes described by staff during interviews and observed throughout the audit.

INTERVIEWS

Interviews were conducted with risk screening staff, medical and mental health professionals, and inmates who had previously disclosed sexual victimization to confirm implementation of policy and to assess the quality of follow-up care.

Intake Staff

Staff responsible for conducting PREA intake screenings described the facility's procedures for gathering sensitive information and ensuring confidentiality. They explained that medical and mental health information is stored in a secure database accessible only to authorized clinical personnel. Information necessary for housing, classification, or safety determinations is shared with designated classification or security staff strictly on a need-to-know basis. This limited disclosure model allows staff to make informed safety decisions while preserving confidentiality protections.

Medical Staff

Medical staff provided detailed explanations of the facility's response to disclosures of prior sexual victimization. They confirmed that individuals who report a history of sexual abuse are offered a follow-up meeting with a qualified mental health practitioner within 14 days of intake. When additional risk indicators are identified, referrals for further assessment or services are made based on clinical need. Interventions may include counseling, behavioral monitoring, or other therapeutic services tailored to the individual.

Staff

Staff emphasized that services are delivered in accordance with informed consent requirements, except in cases involving individuals under the age of 18, where mandatory reporting laws apply. Referrals and follow-up services are documented using standardized forms to ensure accountability, continuity of care, and effective

tracking. Throughout interviews, staff consistently described a trauma-informed approach that prioritizes dignity, confidentiality, and individualized support.

Inmates who Disclosed Prior Victimization

At the time of the on-site audit there were no inmates assigned to the facility who had disclosed prior sexual victimization. Consequently no inmates were interviewed for this standard.

PROVISIONS

Provision (a) - Timely Access to Services and Mental Health Follow-Up

Documentation and PAQ responses confirm that individuals who disclose prior sexual victimization—whether occurring in custody or within the community—are provided timely access to appropriate services. When clinically indicated, emergency medical care and crisis intervention are made available. In addition, individuals are offered the opportunity to meet with a mental health practitioner within 14 days of intake screening.

Policy requires that the offer of services, along with any acceptance or refusal of treatment, be clearly documented. Mental health professionals are also required to meet with individuals identified during screening as potential victims or aggressors to ensure early assessment and intervention. This structured follow-up process promotes early identification of needs and supports ongoing monitoring.

Relevant Policy:

AR #454, V.D.1-7, pp. 18-19

Provision (b) - Reassessment Within 30 Days and Ongoing Risk Monitoring

Agency policy mandates reassessment for risk of sexual victimization or abusiveness within 30 days of arrival and whenever new information emerges. The Auditor reviewed a random sample of 47 records and verified that each individual was reassessed using the PREA Risk Assessment Tool within the required timeframe. These reassessments incorporated updated information obtained after intake.

Additionally, review of 49 intake files confirmed that individuals received PREA-related education upon arrival. Documentation included written materials, orientation handbooks, video presentations, and signed acknowledgment forms. This layered process ensures that risk information remains current and that individuals are informed of their rights and available resources.

Relevant Policy:

AR #454, V.D.1-7, pp. 18-19

Provision (c) - Mental Health Evaluation for Individuals with Abusive Histories

When screening identifies a history of sexually abusive behavior, whether occurring in custody or in the community, policy requires that the individual be offered a follow-up

meeting with a mental health practitioner within 14 days of intake. Documentation confirms that this requirement is implemented consistently.

Protocols are in place to manage individuals identified as potential aggressors, ensuring timely clinical evaluation, monitoring, and intervention. This practice supports institutional safety while addressing behavioral health needs.

Relevant Policy:

AR #454, V.D.1-7, pp. 18-19

Provision (d) - Individualized Housing and Classification Decisions Based on Screening

Information obtained through PREA screening and mental health assessments is incorporated into individualized housing, program, and work assignment decisions. Policies require that classification determinations consider risk assessment findings in order to enhance safety.

By separating individuals at high risk of victimization from those identified as potential aggressors, the facility promotes protective measures that reduce opportunities for harm. Classification and placement decisions are informed by screening outcomes and guided by established procedures within the agency's classification framework.

Relevant Policy:

AR #454, V.D.1-7, pp. 18-19

AR #433

AR #435 (Classification Manual)

Provision (e) - Informed Consent and Confidentiality Protections

Medical staff confirmed that informed consent is obtained prior to disclosing information related to an individual's history of sexual victimization. Documentation reflects that consent procedures are consistently followed and clearly recorded. The only exception applies to individuals under the age of 18, consistent with mandatory reporting laws.

The Institutional PREA Compliance Manager affirmed that confidentiality protections are reinforced through policy, training, and oversight. This practice safeguards sensitive information while ensuring that necessary disclosures for safety and treatment are handled appropriately.

Relevant Policy:

AR #454, V.D.1-7, pp. 18-19

CONCLUSION

Based on a thorough review of applicable policies, documentation, and interviews with staff and inmates, the Auditor concludes that the facility is fully compliant with PREA Standard §115.81 - Medical and Mental Health Screenings; History of Sexual

	<p>Abuse.</p> <p>The facility demonstrates a coordinated, trauma-informed approach to intake screening, reassessment, referral, confidentiality, and follow-up care. Policies are comprehensive and consistently implemented. Screening results are used to inform classification decisions and ensure appropriate clinical intervention. Collectively, these measures reflect a deliberate and effective strategy to protect inmates with a history of sexual victimization or sexually abusive behavior while maintaining compliance with PREA requirements.</p>
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115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA requirements for access to emergency medical and mental health services, the Auditor conducted a detailed review of documentation submitted by the facility and the Alabama Department of Corrections. Materials examined included the completed Pre-Audit Questionnaire (PAQ), ADOC Administrative Regulation (AR) 454 - Operations & Legal, Inmate Sexual Abuse and Harassment (dated May 29, 2025), ADOC Form MH-008 for mental health referrals, and the Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape.</p> <p>Collectively, these documents outline the facility’s comprehensive protocols for responding to allegations of sexual abuse. Procedures include immediate access to medical care, mental health services, coordination with external advocacy organizations, and adherence to professional standards of care. The documentation demonstrates a victim-centered, trauma-informed approach, ensuring both timely intervention and compliance with PREA standards. Policies clearly articulate roles, responsibilities, and expected timelines for care, reflecting consistency with practices observed during staff interviews.</p> <p>INTERVIEWS</p> <p>Medical Staff</p> <p>Interviews with medical staff provided insight into the facility’s response following reports of sexual abuse. Staff explained that when an incarcerated individual reports a sexual assault and is escorted to medical services, a physician conducts an initial assessment to evaluate injuries and determine the level of care needed. Based on clinical judgment, the physician decides whether the individual should be referred to the Sexual Assault Response Team (SART) or transported directly to a community hospital for comprehensive evaluation and treatment.</p>

When SART services are utilized, nursing staff collaborate closely with the physician to develop a treatment plan, and physicians issue necessary medical orders. Medical staff emphasized that individuals are informed of sexually transmitted infection (STI) testing, prophylaxis, pregnancy prevention, and other follow-up care consistent with accepted clinical standards. Mental health referrals are initiated promptly using ADOC Form MH-008, with services tailored to individual needs. Staff highlighted that care is delivered immediately, prioritizing safety, dignity, and informed consent.

First Responders (Security and Non-Security)

Security staff who serve as first responders described their responsibilities as ensuring the immediate safety of the victim, securing the scene when necessary, preserving evidence, and notifying medical and mental health personnel without delay. Non-security first responders focus on safeguarding the individual, notifying security staff promptly, and remaining with the individual until trained personnel arrive. All first responders reported that they are trained to act calmly, supportively, and in a manner that reassures the individual and facilitates timely access to care.

Incarcerated Individuals Who Reported Sexual Abuse

At the time of the on-site audit, no inmates at the facility had reported sexual abuse; therefore, no interviews were conducted with victims for this standard.

Documentation and staff interviews confirmed that protocols are in place and ready for immediate implementation when needed.

PROVISIONS

Provision (a) - Timely Access to Emergency Care and Crisis Intervention

Policy and documentation confirm that individuals who experience sexual abuse are provided prompt access to emergency medical treatment and crisis intervention. Clinical staff determine the type and extent of services based on professional judgment and document all care provided, including timeliness of response. When health care personnel are not immediately available, first responders take appropriate protective actions and ensure medical staff are notified as soon as possible.

The facility maintains an active MOU with the Alabama Coalition Against Rape to provide confidential emotional support. Forensic examinations are conducted by Sexual Assault Nurse Examiners (SAFE/SANE) at the USA Freestanding ER in Mobile, AL. Trained victim advocates from the Rape Crisis Center of Mobile accompany individuals throughout the examination process. The Institutional PREA Compliance Manager confirmed that there were no SANE transports in the past 12 months.

Relevant Policy:

AR 454, V.H.2.E., p.25; V.H.3.A., p.25

Provision (b) - Immediate Protective Action When Staff Are Unavailable

When qualified medical or mental health practitioners are not on duty, security first responders immediately protect the individual and notify appropriate clinical

personnel without delay. These procedures ensure the individual's safety and access to care until medical and mental health staff assume responsibility. Interviews confirmed that first responders are trained to act quickly and appropriately under these circumstances.

Relevant Policy:

AR 454, V.H.2.E., p.25; V.H.3.A., p.25

Provision (c) - Comprehensive Medical Treatment

Medical staff confirmed that care following a sexual abuse report is provided immediately and guided by clinical judgment. Individuals are offered emergency contraception, pregnancy testing, STI testing, and prophylaxis when indicated. Policy clearly requires that these services are provided in a timely and professional manner, consistent with accepted medical standards.

Relevant Policy:

AR 454, V.H.2.E., p.25; V.H.3.A., p.25

Provision (d) - No-Cost Access to Care

Medical and mental health staff confirmed that all treatment services related to sexual abuse are provided at no cost to the individual. Services are available regardless of whether the alleged abuser is identified or whether the individual participates in an investigation. Facility policy explicitly prohibits charging victims for treatment and reinforces that access to care is independent of investigative involvement.

Relevant Policy:

AR 454, V.H.2.E., p.25; V.H.3.A., p.25; V.H.5.c., p.28

CONCLUSION

Based on a comprehensive review of applicable policies, supporting documentation, and interviews with medical staff, mental health staff, and first responders, the Auditor concludes that the facility meets all provisions of the PREA standard regarding access to emergency medical and mental health services. The facility demonstrates a coordinated, victim-centered, and trauma-informed approach that ensures individuals who report sexual abuse receive timely medical care, mental health support, advocacy services, and protection, fully aligning with PREA requirements.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To assess compliance with the PREA standard addressing ongoing medical and mental health care for individuals who have experienced sexual abuse, the Auditor conducted a comprehensive review of documentation submitted by the facility and the Alabama Department of Corrections. Reviewed materials included the completed Pre-Audit Questionnaire (PAQ) and all supporting documentation, ADOC Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment (dated May 29, 2025), ADOC Form MH-008 (Referral to Mental Health), and the Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape.

Collectively, these documents establish the agency's procedures for ensuring timely, ongoing, and clinically appropriate medical and mental health services for individuals reporting sexual abuse. The materials detail formalized referral processes, partnerships with external advocacy and clinical providers, and a framework for continuity of care across treatment, follow-up, and transfers. Policies also affirm that care is consistent with professional community standards and fully aligned with PREA requirements. The documentation reviewed was internally consistent and accurately reflected practices reported by staff during interviews.

INTERVIEWS

Medical Staff

Medical staff described the immediate and ongoing treatment protocols for individuals who report sexual abuse. They explained that clinical evaluations and treatment are initiated promptly and guided by professional judgment, ensuring that both physical and psychological needs are addressed. Staff emphasized that all services are delivered at no cost to the individual, regardless of whether the alleged abuser is identified or whether the individual participates in an investigation. Services include emergency contraception, STI testing, and STI prophylaxis when clinically indicated. Coordination among medical, mental health, and advocacy services ensures a comprehensive, victim-centered response.

Incarcerated Individuals Who Reported Sexual Abuse

At the time of the audit, no inmates had reported sexual abuse; therefore, no direct interviews were conducted. Staff and policy documents confirmed that established procedures are ready to provide immediate and ongoing care if an individual reports sexual victimization.

PROVISIONS

Provision (a) - Access to Initial and Comprehensive Medical and Mental Health Evaluations

Facility policy requires that all individuals who have experienced sexual abuse receive timely and clinically appropriate medical and mental health evaluations. The MOU with the Alabama Coalition Against Rape ensures access to confidential emotional support services. Forensic examinations are conducted by certified SAFE/SANE

professionals at Crisis Services of North Alabama in Huntsville, Alabama, available 24/7. Documentation confirms that services include STI testing and prophylaxis, crisis intervention, and psychiatric or psychological evaluations, all provided at no cost to the individual.

Relevant Policy:

ADOC AR #454, V.G.5.a-f, pp. 27-28

Provision (b) - Follow-Up Services and Individualized Treatment Planning

Policy mandates that initial evaluations are supplemented with appropriate follow-up care, individualized treatment plans, and referrals for continued services. Staff ensure coordination of care when individuals are transferred to other facilities or released into the community, maintaining clinical oversight as needed.

Relevant Policy

ADOC AR #454, V.G.5.a-f, pp. 27-28

Provision (c) - Consistency and Documentation of Care

Medical and mental health staff confirmed that follow-up services are consistently provided. Records reflect detailed documentation of evaluations, treatment plans, referrals, and ongoing care, ensuring continuity and accountability in accordance with established protocols.

Provision (d) - Access to Emergency Contraception and STI-Related Services

Facility policy requires that individuals are informed of, and offered, emergency contraception, STI testing, and STI prophylaxis when clinically appropriate. Staff interviews and documentation confirmed these services are routinely offered, guided by professional judgment and current standards of care.

Relevant Policy

ADOC AR #454, V.G.5.a-f, pp. 27-28

Provision (e) - Applicability of Gender-Specific Requirements

This provision is not applicable at this facility, which houses only adult male inmates. Therefore, gender-specific requirements under this standard are not implemented or necessary.

Provision (f) - Clinical Determination of Services

All medical services, including emergency contraception and STI care, are provided based on individual clinical assessment and professional judgment, ensuring appropriate care tailored to each individual's needs.

Relevant Policy

	<p>ADOC AR #454, V.G.5.a-f, pp. 27-28</p> <p>Provision (g) - No-Cost Care</p> <p>Facility policy clearly states that ongoing medical and mental health services for victims of sexual abuse are provided at no cost, regardless of whether the individual cooperates with an investigation or identifies the alleged perpetrator. Staff confirmed consistent adherence to this policy.</p> <p>Relevant Policy</p> <p>ADOC AR #454, V.G.5.a-f, pp. 27-28</p> <p>Provision (h) - Evaluations for Individuals with a History of Sexually Abusive Behavior</p> <p>Policy requires that individuals identified as having engaged in sexually abusive behavior toward other inmates receive mental health evaluations within 60 days of identification. When clinically appropriate, treatment is offered and documented. Referrals are initiated using ADOC Form MH-008, ensuring continuity of care and proper tracking.</p> <p>Relevant Policy</p> <p>ADOC AR #454, V.G.5.a-f, pp. 27-28</p> <p>CONCLUSION</p> <p>Following a thorough review of applicable policies, supporting documentation, staff interviews, and medical records, the Auditor concludes that the agency and facility fully comply with PREA requirements related to ongoing medical and mental health care for individuals who have experienced sexual abuse. The facility demonstrates a consistent, professional, and victim-centered approach that ensures timely access to care, continuity of services, and full alignment with PREA standards and community standards of care.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.86, the Auditor conducted an in-depth review of documentation submitted by the facility and the Alabama Department of Corrections. Materials examined included the completed Pre-Audit Questionnaire (PAQ) and accompanying records that detailed the facility’s procedures for conducting Sexual Abuse Incident Reviews (SAIRs). The review also encompassed ADOC</p>

Administrative Regulation #454, Inmate Sexual Abuse and Harassment, effective May 29, 2025, which establishes agency-wide expectations and procedures for conducting incident reviews following allegations of sexual abuse or harassment.

Additional documentation included ADOC Form 454-E, Sexual Abuse Incident Review, and completed SAIR reports from the past 12 months. Collectively, these materials demonstrate the facility's structured and multidisciplinary approach to evaluating incidents of sexual abuse, identifying contributing factors, and implementing corrective actions to enhance institutional safety, supervision, and prevention strategies. Documentation reflects consistent application of policy, alignment with PREA standards, and mechanisms to track recommendations and outcomes.

INTERVIEWS

Facility Head

The Facility Head explained that the Incident Review Team (IRT) comprises executive and upper-level management personnel from multiple functional areas, ensuring a multidisciplinary perspective. The Facility Head emphasized the critical role of incident reviews as a tool for continuous improvement, noting that recommendations generated by the IRT are carefully considered and implemented whenever feasible to strengthen safety, supervision, and prevention efforts.

Institutional PREA Compliance Manager (IPCM)

The IPCM detailed that all SAIR reports are submitted to both the IPCM and the Facility Head for review and oversight. The IPCM confirmed that incident reviews are conducted within 30 days of the conclusion of each substantiated or unsubstantiated investigation, consistent with PREA requirements and agency policy.

Incident Review Team Members (IRT)

IRT members described the team as multidisciplinary, consisting of upper-level management, line supervisors, investigators, and medical or mental health professionals. They affirmed that reviews are comprehensive and systematic, evaluating all required criteria outlined in the PREA standard. The focus of each review is to identify contributing factors, evaluate potential policy or system gaps, and recommend corrective actions to improve safety and reduce risk.

PROVISIONS

Provision (a) - Implementation of Incident Reviews Following Investigations

Documentation and interviews confirmed that the facility conducts a sexual abuse incident review after the conclusion of every criminal or administrative investigation, except when allegations are clearly unfounded. Over the previous 12 months, one allegation involving staff-on-inmate sexual abuse was reported. A criminal investigation was initiated and subsequently completed, resulting in an unsubstantiated finding, and prosecution was declined. Following the conclusion of the investigation, a SAIR was conducted within 30 days, consistent with agency

policy. The review evaluated the circumstances surrounding the allegation, identified potential improvements in policy and practice, and implemented recommended corrective actions where appropriate.

Relevant Policy:

ADOC AR #454, V.J.2, p. 29

Provision (b) - Timeliness of Incident Reviews

The PAQ and IPCM interview confirmed that all SAIRs are completed within 30 days of the conclusion of applicable investigations. Documentation shows that the single sexual abuse allegation reported during the past year was reviewed within the required timeframe, demonstrating adherence to agency policy and PREA standards.

Relevant Policy:

ADOC AR #454, V.J.1, p. 29

Provision (c) - Multidisciplinary Team Composition

The facility ensures that the Incident Review Team is composed of upper-level managers, line supervisors, investigators, and medical or mental health practitioners. This multidisciplinary structure aligns with PREA requirements and is verified through documentation and interviews. The team's composition ensures diverse perspectives in evaluating incidents and recommending corrective actions.

Relevant Policy:

ADOC AR #454, V.J.2, p. 29

Provision (d) - Written Findings and Comprehensive Evaluation

Interviews and documentation confirmed that written findings are prepared following each SAIR and submitted to the Facility Head and IPCM for oversight. The Incident Review Team evaluates multiple factors during each review, including environmental conditions, staffing levels, staff performance and training, and potential contributing factors such as race, gender identity, sexual orientation, or group dynamics. Team members also assess whether additional monitoring, technology, or policy modifications are warranted. Completed reports are disseminated to appropriate parties, including the PREA Director, the Department of Justice, and the Facility Monitor when applicable.

Relevant Policy:

ADOC AR #454, V.J.5, p. 30

Provision (e) - Implementation of Recommendations

Facility leadership confirmed that recommendations resulting from SAIRs are implemented whenever feasible. When a recommendation is not adopted, the facility

	<p>documents the rationale for the decision. This practice ensures transparency, accountability, and continual improvement in safety and prevention measures.</p> <p>Relevant Policy:</p> <p>ADOC AR #454, V.J.5, p. 30</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of policies, supporting documentation, and interviews with the Facility Head, IPCM, and Incident Review Team members, the Auditor concludes that the facility demonstrates full compliance with PREA Standard §115.86, Sexual Abuse Incident Reviews. The facility maintains a structured, multidisciplinary process that identifies corrective actions, evaluates contributing factors, and promotes continuous improvement in institutional safety, supervision, and sexual abuse prevention practices.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.87, the Auditor conducted a thorough review of documentation submitted by the Alabama Department of Corrections. The materials reviewed included the Pre-Audit Questionnaire (PAQ) and its supporting exhibits, ADOC Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), the most recent Survey of Sexual Victimization (SSV-2), the Annual PREA Data Report, and publicly available information from the ADOC PREA webpage. Collectively, these documents detail the agency’s structured approach to collecting, maintaining, analyzing, and reporting information regarding allegations of sexual abuse and harassment across its facilities.</p> <p>The documentation demonstrates that ADOC uses standardized instruments and methodologies to ensure reliable, consistent, and accurate reporting. Information is drawn from multiple sources, including inmate surveys, grievance forms, investigative reports, security rounds, and Sexual Abuse Incident Reviews (SAIRs). Policies mandate systematic quality control and trend analysis to identify patterns, systemic issues, and opportunities for corrective action. Overall, the documentation reflects an organized, evidence-based approach that supports accountability and continuous operational improvement.</p> <p>INTERVIEWS</p> <p>Agency Contract Administrator</p>

The Agency Contract Administrator explained that ADOC actively monitors PREA compliance in all contracted housing arrangements, including private vendors and community-based providers. Each contract explicitly requires compliance with PREA standards, including submission of both incident-specific and aggregated sexual abuse and harassment data. These submissions are incorporated into ADOC's centralized data collection system and reviewed for accuracy, completeness, and trends. The Administrator emphasized that integrating data from contracted facilities ensures a holistic, agency-wide view of sexual abuse reporting, analysis, and corrective action planning.

PROVISIONS

Provision (a) - Comprehensive Data Collection and Maintenance

ADOC policy establishes robust procedures for the collection and maintenance of data related to sexual abuse and harassment allegations. Standardized instruments and consistent methodologies are applied across all facilities. Information is collected from multiple sources, including inmate surveys, grievance forms, investigative reports, security rounds, and SAIR documentation. Policy requires quality control measures and systematic review to ensure data integrity, reliability, and completeness. Interviews with agency staff and a review of documentation confirmed that these procedures are implemented consistently, creating a strong foundation for monitoring, accountability, and continuous improvement.

Relevant Policy:

ADOC AR #454, IV.M, 1-6, p. 31

Provision (b) - Annual Aggregation and Reporting

ADOC consolidates sexual abuse and harassment data annually from all facilities under its authority in compliance with U.S. Department of Justice requirements. The agency utilizes the Survey of Sexual Victimization (SSV-2) to report data to the Bureau of Justice Statistics. The Auditor reviewed the most recent SSV-2 submission, verifying it was complete, accurate, and submitted within the required timeframe. Annual aggregation allows ADOC to identify trends, evaluate systemic concerns, and promote transparency and accountability across the agency and individual facilities.

Relevant Policy:

ADOC AR #454, IV.M, 1-6, p. 31

Provision (c) - Data System Capabilities and Transparency

ADOC policy requires that its data collection system be capable of answering every question in the current version of the Department of Justice's Survey of Sexual Violence. Review of the most recent Annual PREA Data Report confirmed compliance with this requirement, providing a comprehensive record of reported allegations, investigative outcomes, demographic and institutional information, agency response efforts, and corrective actions. Publication of this report on the ADOC PREA webpage

ensures public accessibility and supports transparency consistent with PREA standards.

Relevant Policy:

ADOC AR #454, IV.M, 1-6, p. 31

Provision (d) - Ongoing Analysis of Incident-Based Data

ADOC policy mandates continuous collection, maintenance, and analysis of incident-based data, including investigative files, incident reports, and SAIR documentation. Review of the most recent annual data report confirmed that the agency not only compiles required data elements but also identifies trends, highlights areas of concern, and makes recommendations for corrective action. This structured review process allows ADOC to identify systemic issues, adjust training, refine policies, and implement targeted operational improvements based on evidence-driven findings.

Provision (e) - Ensuring PREA Compliance in Contracted Facilities

All contracts for housing ADOC inmates include provisions requiring full compliance with PREA standards. Oversight is managed by the General Counsel's Office. The Auditor reviewed Contract C210052136 with GEO Reentry, Inc., renewed on December 1, 2025, confirming requirements for DOJ-certified independent PREA audits, access for the PREA Contract Monitor, staff PREA training, and reporting obligations. The Agency Contract Administrator explained that these contractual provisions are standard across all housing agreements and are routinely monitored for compliance, ensuring PREA standards are upheld in every facility under ADOC authority.

Relevant Policy:

ADOC AR #454, IV.M, 1-6, p. 31

Provision (f) - Timely Submission of Annual Reports

The Auditor verified that ADOC submits the SSV-2 to the U.S. Department of Justice each year by June 30 for the preceding calendar year. The most recent submission was complete, accurate, and submitted within the required timeframe, demonstrating adherence to federal reporting requirements and supporting consistent, agency-wide data collection and transparency.

CONCLUSION

Based on a comprehensive review of policies, annual reports, contract documents, and interviews with agency personnel, the Auditor concludes that the Alabama Department of Corrections is fully compliant with PREA Standard §115.87, Data Collection. ADOC demonstrates a structured, systematic, and consistent approach to collecting, analyzing, and reporting data on sexual abuse and harassment across both agency-operated and contracted facilities. Robust quality assurance processes and ongoing oversight ensure data integrity, transparency, and informed decision-making throughout the agency.

115.88	Data review for corrective action
	<p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 340 576 376">DOCUMENT REVIEW</p> <p data-bbox="256 412 1469 698">To assess compliance with PREA Standard §115.88, the Auditor conducted a comprehensive review of materials submitted by the Alabama Department of Corrections. The review included the completed Pre-Audit Questionnaire (PAQ), ADOC Administrative Regulation (AR) #454, the 2024 Survey of Sexual Victimization (SSV-2), and the 2024 Annual PREA Data Report. In addition, the Auditor examined the ADOC PREA webpage (http://www.doc.state.al.us/PREA) to confirm that annual reports and data summaries are publicly posted and accessible.</p> <p data-bbox="256 734 1469 976">The materials collectively demonstrate that ADOC maintains a structured and methodical process for reviewing data collected under PREA Standard §115.87. Policies and procedures guide the aggregation, analysis, and evaluation of facility-level and agency-wide data. This information is used to identify systemic issues, assess the effectiveness of prevention and response measures, and inform corrective actions that drive continuous improvement across all ADOC facilities.</p> <p data-bbox="256 1012 456 1048">INTERVIEWS</p> <p data-bbox="256 1084 485 1120">PREA Director</p> <p data-bbox="256 1155 1453 1487">The PREA Director described ADOC’s process for reviewing and analyzing PREA data as both systematic and comprehensive. Facility-level information is aggregated and analyzed to evaluate the effectiveness of sexual abuse prevention, detection, and response strategies. This process includes trend identification, assessment of prior corrective actions, and preparation of the annual PREA report, which compares data across years. The Director emphasized that the public version of the report is carefully reviewed to redact only personally identifiable information, balancing transparency with safety and privacy concerns.</p> <p data-bbox="256 1523 671 1559">Agency Head or Designee</p> <p data-bbox="256 1594 1469 1881">The Agency Head’s designee reinforced that the annual PREA report provides a detailed comparative analysis of current and prior years’ data, including assessments of corrective actions and institutional trends. This report serves as a critical management and oversight tool, helping agency leadership identify emerging issues, evaluate the impact of interventions, and guide future PREA prevention and response strategies. The designee confirmed that these reports are made publicly available on the ADOC website, demonstrating a commitment to transparency and accountability.</p> <p data-bbox="256 1917 469 1953">Facility Head</p> <p data-bbox="256 1989 1469 2069">Facility Heads described how each location maintains an internal PREA Committee responsible for reviewing every allegation of sexual abuse. Data from these reviews is</p>

forwarded to the PREA Director and incorporated into the agency-wide analysis. This ongoing review process allows facilities to identify trends locally, address policy or procedural gaps, implement additional training, and enhance supervision where needed to strengthen overall compliance and inmate safety.

Institutional PREA Compliance Manager (IPCM)

The IPCM confirmed that PREA-related materials, including administrative regulations, annual data reports, and audit summaries, are accessible to both staff and the public via the ADOC website. Open access to these materials promotes staff awareness of PREA requirements, reinforces expectations for adherence, and highlights ADOC's dedication to transparency, accountability, and continuous improvement.

PROVISIONS

Provision (a) - Routine Data Review to Improve Prevention and Response

Information from the PAQ and interviews confirms that ADOC routinely reviews and aggregates data collected under §115.87 to evaluate and enhance the effectiveness of sexual abuse prevention, detection, and response initiatives. The process includes identifying both systemic and facility-specific issues, implementing corrective actions, and documenting findings in the annual PREA report. These practices, described in detail by the PREA Director, reflect a deliberate and structured approach to using data as a tool for continuous improvement.

Relevant Policy:

ADOC AR #454, IV.D and IV.E, dated May 29, 2025

Provision (b) - Comparative Analysis of Data and Corrective Actions

The Agency Head's designee and the PAQ confirm that the annual PREA report provides comparative analysis across reporting years. The most recent report includes institutional trends, assessments of corrective measures, and evaluation of progress over time, allowing leadership to determine the effectiveness of interventions and to plan future improvements.

Relevant Policy:

ADOC AR #454, IV.D and IV.E, dated May 29, 2025

Provision (c) - Public Availability of Annual PREA Reports

ADOC policy requires that annual PREA reports be made publicly accessible. The Auditor confirmed that the agency's PREA webpage contains an archive of reports dating back to 2013. This practice supports transparency and allows external stakeholders to assess trends, institutional responses, and progress in sexual abuse prevention and response across ADOC facilities.

Relevant Policy:

ADOC AR #454, IV.D and IV.E, dated May 29, 2025

Provision (d) - Limited and Appropriate Redaction of Reports

The PREA Director explained that any redactions in the annual report are narrowly limited to personally identifiable information that could compromise safety or security. This ensures that reports remain meaningful and informative while protecting sensitive information related to inmates and staff.

Relevant Policy:

ADOC AR #454, IV.D and IV.E, dated May 29, 2025

CONCLUSION

Based on a comprehensive review of the PAQ, supporting documentation, annual PREA reports, the ADOC PREA website, and interviews with agency and facility leadership, the Auditor concludes that the Alabama Department of Corrections is fully compliant with PREA Standard §115.88, Data Review for Corrective Action. The agency demonstrates a consistent, structured, and transparent approach to analyzing PREA data, implementing corrective actions, and sharing information publicly. These practices reflect ADOC’s commitment to accountability, transparency, and the continuous improvement of sexual abuse prevention and response efforts across its facilities.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.89, the Auditor conducted a thorough review of documentation submitted by the Alabama Department of Corrections. The review included the completed Pre-Audit Questionnaire (PAQ) and supporting exhibits, ADOC Administrative Regulation (AR) #454 - Operations & Legal, Inmate Sexual Abuse and Harassment, dated May 29, 2025, and publicly available information on the ADOC PREA webpage (http://www.doc.state.al.us/PREA).</p> <p>These materials collectively outline the agency’s framework for the secure retention, publication, and destruction of PREA-related data. They describe policies and procedures governing the storage of both incident-based and aggregated data, the process for redacting personally identifying information prior to publication, timelines for retention, and mechanisms for public access. The documentation demonstrates that ADOC maintains a structured, secure, and transparent approach to managing</p>

sensitive information while ensuring compliance with federal and PREA requirements.

INTERVIEWS

PREA Director

The PREA Director provided detailed insight into how PREA-related data is managed across ADOC. Data is retained at both the facility and agency levels to balance accessibility with security. Facility-level data is maintained within a Risk Management System, accessible only to authorized personnel on a need-to-know basis. At the agency level, data supports federal reporting requirements, including the submission of the Survey of Sexual Victimization (SSV-2), and is prepared for public dissemination through the ADOC PREA webpage. The Director emphasized that prior to public release, all personally identifying information is removed to protect the safety and privacy of individuals, ensuring transparency while safeguarding sensitive data. The Director also noted that historical data retention practices extend for a minimum of ten years, or longer when required by law, aligning with established PREA standards.

PROVISIONS

Provision (a) - Secure Retention of PREA Data

ADOC policy requires the secure retention of both incident-based and aggregated sexual abuse data. Documentation confirms that data from all facilities under ADOC's authority, as well as from contracted facilities, is systematically collected, maintained, and safeguarded. The Auditor verified that these procedures are actively implemented, providing assurance that sensitive PREA information remains protected while accessible to authorized personnel.

Provision (b) - Annual Publication of Aggregated Data

ADOC ensures that aggregated sexual abuse data is made publicly accessible on at least an annual basis. The Auditor reviewed the ADOC PREA webpage and confirmed that comprehensive reports are posted regularly, presenting agency-wide and facility-level information. This practice supports transparency, allowing stakeholders and the public to access meaningful information regarding the agency's sexual abuse prevention and response efforts.

Provision (c) - Protection of Personally Identifying Information

Prior to publication, ADOC removes all personally identifying information from aggregated data. Interviews and PAQ documentation confirmed that this process is standard practice, preserving individual privacy and safety. The agency also maintains data collected pursuant to §115.87 for a minimum of ten years, with longer retention periods applied when required by federal, state, or local law. These practices align fully with PREA expectations for both confidentiality and long-term data preservation.

Provision (d) - Long-Term Retention and Accessibility

Agency policy specifies that all PREA-related records must be securely retained for at least ten years. Additionally, records associated with criminal and administrative investigations are maintained for the duration of the alleged abuser’s employment or incarceration, plus an additional five years. Historical records reviewed by the Auditor, including data dating back to August 20, 2012, demonstrate adherence to these retention standards and confirm that ADOC consistently maintains access to historical PREA data while protecting its integrity.

Relevant Policy:

ADOC AR #454, IV.E.9, p. 8

CONCLUSION

Based on a comprehensive review of agency policy, the Pre-Audit Questionnaire, interviews with the PREA Director, and historical data retention records, the Auditor concludes that the Alabama Department of Corrections fully complies with PREA Standard §115.89, Data Storage, Publication, and Destruction. The agency demonstrates a deliberate and secure approach to maintaining PREA-related data, ensures timely public access to aggregated information, safeguards personally identifying details through consistent redaction, and retains records in accordance with established retention requirements. These practices reflect ADOC’s commitment to accountability, transparency, and the responsible management of sensitive information across all facilities.

115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.401, the Auditor conducted an extensive review of materials provided by the Alabama Department of Corrections. Central to this review was ADOC’s publicly accessible PREA webpage (http://www.doc.state.al.us/PREA), which serves as a centralized resource for stakeholders and the public. The webpage contains individual facility PREA audit reports, agency-wide aggregated data on sexual abuse and sexual harassment incidents, and supplemental materials outlining ADOC’s PREA policies, procedures, and overall compliance strategy.</p> <p>The organization and availability of these materials demonstrate ADOC’s commitment to transparency, accountability, and proactive compliance. The documentation shows that the agency maintains a systematic approach to scheduling, implementing, and reporting audits, ensuring that information about facility performance, corrective actions, and policy adherence is readily available</p>

and clearly presented.

INTERVIEWS

PREA Director

The PREA Director provided detailed insight into ADOC's audit processes and compliance framework. The current audit represents the second year of the agency's fourth three-year PREA audit cycle. The Director emphasized the structured approach to scheduling audits, ensuring each facility undergoes review within the federally required three-year period. Additionally, the Director highlighted the agency's commitment to using audit findings to enhance policies, refine training programs, and strengthen operational practices across all facilities, demonstrating a proactive focus on continuous improvement.

Agency Head or Designee

The Agency Head's designee confirmed that every ADOC facility has completed a PREA audit within the last three years, in alignment with federal standards. They further noted that all audit reports, along with aggregated sexual abuse data, are posted on the ADOC PREA webpage, ensuring public access and reinforcing accountability. This transparency allows stakeholders and the public to verify the agency's compliance status and understand its ongoing efforts to maintain safe and secure facilities.

PROVISIONS

Provision (a) - Completion of PREA Audits Within Required Cycle

Document review and interviews confirmed that all ADOC facilities have successfully completed PREA audits within the federally mandated three-year cycle. Audit reports are publicly posted alongside aggregated sexual abuse data, providing clear, accessible evidence of compliance and demonstrating the agency's commitment to transparency.

Provision (b) - Public Access to Audit and Data Reports

The ADOC PREA webpage contains detailed facility-level reports and agency-wide summaries documenting incidents of sexual abuse and harassment. These resources illustrate that ADOC fulfills PREA requirements related to data collection, analysis, and public reporting, and they support stakeholder engagement and oversight.

Provisions (c)-(g)

These provisions were not applicable to the current audit and did not impact compliance determination.

Provision (h) - Unrestricted Access During On-Site Audit

During the on-site portion of the audit, the Auditor was granted full and unrestricted

access to all areas of the facility. The Institutional PREA Compliance Manager (IPCM) was consistently available to facilitate access to staff, documentation, and physical plant areas, ensuring a smooth and thorough audit process.

Provision (i) - Staff Cooperation

ADOC and facility personnel demonstrated full cooperation throughout the audit. Documentation and requested materials were provided promptly and in complete form, allowing the Auditor to conduct a comprehensive and efficient review of policies, practices, and operational compliance.

Provisions (j)-(l)

These provisions were not applicable to the audit.

Provision (m) - Private and Secure Interview Spaces

The facility provided a secure and private space for interviews with staff and incarcerated individuals. This environment ensured confidentiality, promoted professional engagement, and supported candid communication during the audit process.

Provision (n) - Confidential Communication with the Auditor

Incarcerated individuals consistently reported having access to confidential correspondence with the Auditor. The process mirrors the protections afforded to legal mail, ensuring privacy and eliminating fear of retaliation.

Provision (o)

This provision was not applicable to the audit.

CONCLUSION

Based on a thorough review of documentation, interviews with the PREA Director, Agency Head designee, facility leadership, and PREA personnel, as well as observations during the on-site audit, the Auditor concludes that the Alabama Department of Corrections is in full compliance with all applicable elements of PREA Standard §115.401. The agency demonstrates consistent adherence to federally required audit cycles, maintains transparency through public posting of audit reports and aggregated data, and ensures full cooperation during the audit process. These practices reflect ADOC's ongoing commitment to maintaining safe, accountable, and PREA-compliant correctional environments.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

The Auditor conducted an in-depth review of the Alabama Department of Corrections' (ADOC) publicly accessible PREA webpage (<http://www.doc.state.al.us/PREA>). This platform serves as a central and authoritative repository of information regarding the agency's compliance with the Prison Rape Elimination Act across all correctional settings, including community-based facilities.

The webpage is organized to provide clear, structured, and consistent access to PREA-related materials, allowing the public, oversight bodies, and other stakeholders to evaluate the agency's prevention, detection, and response efforts related to sexual abuse and sexual harassment. The site contains annual statistical summaries, agency-wide analyses, and prior PREA audit reports for each facility, offering comprehensive insight into ADOC's policies, procedures, and compliance status. The availability and organization of these materials demonstrate the department's ongoing commitment to transparency, accountability, and adherence to federal PREA standards.

PROVISIONS

Provisions (a)-(e)

These provisions are not applicable to ADOC's responsibilities under this particular standard and were therefore not addressed in this review.

Provision (f) - Accessibility and Public Accountability

The ADOC PREA webpage is designed to ensure openness and facilitate public oversight. Detailed reports containing sexual abuse and harassment data from agency-operated facilities are made available in accordance with PREA reporting requirements. Materials include annual summaries of incidents, aggregated agency-level data analyses, and facility-specific PREA audit findings. The webpage is arranged logically, enabling users to easily navigate and locate relevant information. ADOC maintains the site by routinely updating reports and ensuring all required documents remain publicly accessible. This practice demonstrates the department's dedication to transparency, allowing independent evaluation of PREA compliance and fostering confidence in the agency's prevention and response efforts.

CONCLUSION

Following a thorough review of ADOC's publicly available PREA webpage and supporting documentation, the Auditor concludes that the Alabama Department of Corrections fully meets the requirements of this standard. The agency effectively posts audit reports and related findings in a clear, accessible, and organized format, reflecting a strong and sustained commitment to transparency, accountability, and ongoing PREA compliance across all correctional and community-based facilities.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

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

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

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

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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
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 formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	

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

	consent or refuse?	
	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	yes

	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?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the	yes

	agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
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.)	na

	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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	yes

	inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	

	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and 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 prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	

	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or 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	yes

	health care practitioners who work regularly in its facilities.)	
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	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	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?	yes
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 being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Education 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: 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
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
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	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation	yes

	can be arranged?	
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 and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	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 is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision,	yes

	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.)	
	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?	yes

	(N/A if agency is exempt from this standard.)	
	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 inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	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 sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of	yes

	confidentiality, at the initiation of services?	
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	yes

	required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	
	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 responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate	yes

	with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	
	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 of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations 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, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	

	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
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	yes

	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?	
	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	yes

	have engaged in sexual abuse?	
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 the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	

	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	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 §	na

	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.)	
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	

	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	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,	yes

	investigation files, and sexual abuse incident reviews?	
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	yes

	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?	
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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	na

	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.)	
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 noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes