

# PREA Facility Audit Report: Final

**Name of Facility:** Ventress Correctional Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 04/14/2025

**Date Final Report Submitted:** 06/25/2025

## Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



**Auditor Full Name as Signed:** Darla P. OConnor

**Date of Signature:** 06/25/2025

## AUDITOR INFORMATION

**Auditor name:** OConnor, Darla

**Email:** doconnor@strategicjusticesolutions.com

**Start Date of On-Site Audit:** 02/10/2025

**End Date of On-Site Audit:** 02/12/2025

## FACILITY INFORMATION

**Facility name:** Ventress Correctional Facility

**Facility physical address:** 379 Alabama 239 North , Clayton, Alabama - 36016

**Facility mailing address:**

## Primary Contact

<b>Name:</b>	Brian Gordon
<b>Email Address:</b>	brian.gordon@doc.alabama.gov
<b>Telephone Number:</b>	334-775-3331 Ext 630

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Karen Williams, Warden III
<b>Email Address:</b>	karen.williams@doc. alabama.gov
<b>Telephone Number:</b>	334-775-3331

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Brian Gordon
<b>Email Address:</b>	Brian.Gordon@doc.alabama.gov
<b>Telephone Number:</b>	334-232-1013

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Danyell Carroll
<b>Email Address:</b>	danyell.carroll@yescarecorp.com
<b>Telephone Number:</b>	334-775-3331 Ext. 40

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	1035
<b>Current population of facility:</b>	1030
<b>Average daily population for the past 12 months:</b>	1025
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Mens/boys

<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	19-74
<b>Facility security levels/inmate custody levels:</b>	Level 4
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	178
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	2
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	0

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

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

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

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

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

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

2025-02-10

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

2025-02-12

#### Outreach

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

☒ Yes

☐ No

<p><b>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</b></p>	<p>Just Detention International was contacted and responded that their database did not reflect any contact from the facility or the inmates in the past 12 months..</p> <p>One Place Family Justice Center was contacted, and they confirmed they have an MOU with the facility. They provide a victim advocate when requested to accompany residents to forensic examinations. They provide a 24/7 crisis line for residents to call for emotional support regarding sexual abuse, past or present. They provide a 24/7 crisis line for residents to call to report sexual abuse while at the facility.</p> <p>One Place Family Justice Center confirmed that they conduct forensic examinations when requested by the facility. The inmate is brought to their location, and the forensic exam is conducted in the dedicated SANE space. A SANE nurse is always available to conduct forensic exams when needed.</p> <p>Alabama Coalition Against Rape (ACAR) - The agency has a MOU with Alabama Coalition Against Rape. ACAR has a service agreement with the Alabama Department of Corrections (ADOC) to provide SANE services to residents/ inmates/detainees through the Rape Crisis Center in their area. The MOU includes provisions for victim advocates and emotional support for victims of sexual abuse, regardless of when or where the abuse occurred. It also covers the provision of a hotline for inmates to call for support.</p>
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## AUDITED FACILITY INFORMATION

<p><b>14. Designated facility capacity:</b></p>	<p>1035</p>
<p><b>15. Average daily population for the past 12 months:</b></p>	<p>1025</p>
<p><b>16. Number of inmate/resident/detainee housing units:</b></p>	<p>7</p>

<b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b>	<input type="radio"/> Yes  <input checked="" type="radio"/> No  <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
<b>Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	1145
<b>19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	39
<b>20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	12
<b>21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	8
<b>22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	6

<b>23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	14
<b>24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	25
<b>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	11
<b>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0



<p><b>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The institutional inmate count on the first day of the on-site audit was 1,145. For a facility with a population of 1,145, the PREA Auditor Handbook indicates that a minimum of twenty targeted inmate interviews are required. Twenty-one from the targeted groups were interviewed.</p> <p>At the beginning of each interview, the Auditor clarified to the inmate why she was at the facility, her role in the PREA process, and why interviews were needed. The Auditor also discussed the inmate's participation as voluntary and, while helpful, was not required or mandated in any way. The Auditor then asked if the inmate wanted to participate and if so, could she ask a few questions. The Auditor would then ask the appropriate protocol questions.</p> <p>The Auditor interviewed the following:</p> <ul style="list-style-type: none"> <li>4 - transgender inmates</li>   <li>4 - Physically disabled inmates.</li> <li>2 - Cognitively disabled inmates.</li> <li>2 - hearing impaired inmates.</li> <li>2 - visually impaired</li> <li>2 - Inmates who disclosed abuse in screening.</li> <li>2 - LEP inmates</li> <li>2 - Reported abuse</li> <li>1 - gay or bisexual inmates</li>   <li>0 - Inmates in segregation housing for PREA</li>   <li>0 - youthful offenders</li> </ul>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>178</p>
<p><b>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>5</p>

<b>32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	2
<b>33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	The facility reports 5 volunteers and 2 contractors approved to enter the facility and have contact with inmates. The volunteers and contractors are provided specific PREA training as it relates to volunteers, in addition to the GDC specific PREA training.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	20
<b>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>

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

The institutional count on the first day of the on-site audit was 1,145. According to the Auditor Handbook, with a population of 1,145, the auditor shall interview a minimum of 20 random and 20 targeted inmates.

Twenty random inmates were interviewed. These were inmates who were not part of the targeted inmate interviews. The Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicities, and races. The Auditor randomly chose inmates to interview, ensuring diversity in age and race. During the on-site tour, the Auditor had several conversational encounters with inmates regarding sexual safety, including education, reporting, communication, responses, etc. This information was used to supplement the overall audit information-gathering process.

A total of 20 formal random inmate interviews were conducted.

As a result of the audit notice posting, the Auditor received zero letters from inmates. At the beginning of each interview, the Auditor made clear to the inmate why she was at the facility, what her role was in the PREA process, and why interviews were needed. The Auditor also discussed the inmate's participation as voluntary and, while helpful, was not required or mandated in any way. The Auditor then asked if the inmate wanted to participate and if so, could she ask a few questions. The Auditor would then ask the protocol questions.

All random inmates willingly participated in the interview process. All responses were typed onto the interview form.

During the random interviews, no PREA issues were revealed, no other interview protocols were accessed. All random inmates responded they were aware of the zero-tolerance policy, they knew how to report an incident, they felt they could report anonymously, they knew they had a right to be free from retaliation.

**37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?**

☒ Yes

☐ No

**38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):**

The institutional count on the first day of the on-site audit was 1,145. According to the Auditor Handbook, with a population of 1,145, the auditor shall interview a minimum of 20 random and 20 targeted inmates.

Twenty random inmates were interviewed. These were inmates who were not part of the targeted inmate interviews. The Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicities, and races. The Auditor randomly chose inmates to interview, ensuring diversity in age and race. During the on-site tour, the Auditor had several conversational encounters with inmates regarding sexual safety, including education, reporting, communication, responses, etc. This information was used to supplement the overall audit information-gathering process.

A total of 20 formal random inmate interviews were conducted.

As a result of the audit notice posting, the Auditor received zero letters from inmates. At the beginning of each interview, the Auditor made clear to the inmate why she was at the facility, what her role was in the PREA process, and why interviews were needed. The Auditor also discussed the inmate's participation as voluntary and, while helpful, was not required or mandated in any way. The Auditor then asked if the inmate wanted to participate and if so, could she ask a few questions. The Auditor would then ask the protocol questions.

All random inmates willingly participated in the interview process. All responses were typed onto the interview form.

During the random interviews, no PREA issues were revealed, no other interview protocols were accessed. All random inmates responded they were aware of the zero-tolerance policy, they knew how to report an incident, they felt they could report anonymously, they knew they had a right to be free from retaliation.

**Targeted Inmate/Resident/Detainee Interviews**

<b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	21
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	4
<b>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<b>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<b>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2

<b>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<b>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	1
<b>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	1
<b>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b>	2
<b>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b>	2
<b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b>	0

<b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	The facility reported that no inmates assigned to the facility fell into this category. During the facility tour, the Auditor observed nothing that contradicted this assertion. Additionally, staff assigned to the segregation unit confirmed the accuracy of this statement.
<b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	On the first day of the on-site audit, the institutional count was 1,145. In accordance with the PREA Auditor Handbook, a facility with this population size requires a minimum of 20 targeted inmate interviews. The Auditor conducted interviews with 21 targeted inmates.  The Auditor requested and was provided with a roster of inmates who met the criteria for targeted interviews. Inmates were randomly selected from each applicable category, with consideration given to ensuring diversity in age and race. Once selected, each inmate was placed on a "call-out" list and assigned a specific time to report to a private location designated for confidential interviews.
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>51. Enter the total number of RANDOM STAFF who were interviewed:</b>	15



<b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input type="checkbox"/> Length of tenure in the facility <input type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
<b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	There were no issues encountered in selecting random staff for interviews. Random staff members were selected from the facility's staff roster, choosing only those who were available during the on-site audit and who had not already been selected for a specialized staff interview.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
<b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	21
<b>56. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

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

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

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

<b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	<p>There were no problems in selecting specialized staff. Specialized staff were selected from the staff roster, who were available during the on-site audit who were also not a staff member interviewed as a random staff member.</p>
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## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

<b>64. Did you have access to all areas of the facility?</b>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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### Was the site review an active, inquiring process that included the following:

<b>65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<b>66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<b>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

☒ Yes

☐ No

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

#### Facility Overview - Ventress Correctional Facility (VCF)

Ventress Correctional Facility (VCF) is a medium custody male correctional institution located at Highway 230 North, Clayton, Alabama 36016. The facility officially opened in August 1990 and was established as Alabama's first correctional institution with a primary mission focused on alcohol and drug treatment. VCF has an operating capacity of 1,035 inmates and houses individuals classified as minimum security level.

#### Mission and Programming

VCF operates with a central mission to provide substance abuse treatment and rehabilitation services. The facility offers a continuum of care including pre-treatment, a 6-month Crime Bill treatment program, and ongoing aftercare services. In addition to treatment-focused programming, VCF provides a variety of educational and vocational opportunities. Through a partnership with J.F. Ingram State Technical College, inmates have access to training in Industrial Maintenance and HVAC systems. The facility also supports community service initiatives through partnerships with local, county, and state agencies.

#### Housing and Physical Layout

The institution is comprised of five open-bay dormitories, each split into two sides. These dorms also include restrictive housing units (RHUs), consisting primarily of single-man cells, with the exception of B-Dorm, which features double-man RHU cells. RHU units include: B1, B4, C1, C4, D1, D4, E1, E4, F1, F4, and H Dorm (Faith-Based).

In addition to housing, the facility includes:  
An administrative building with one holding cell

A Health Care Unit with 14 infirmary beds and 3 crisis cells

A visitation building

A chapel

A law library

A trade school and industry shop

A dining hall and canteen  
 A maintenance building  
 A laundry facility  
 Sanitation and Privacy Measures  
 Bathrooms in open-bay dormitories are located at one end of the dorm and are equipped with half-height (saloon-style) doors at the entrance. Each bathroom contains multiple toilets and shower stalls. Toilets in cell housing units are located inside the cells at the far end, while showers are located on the tier and include privacy curtains. All showers and toilets throughout the facility are equipped with privacy features, such as curtains or stall surrounds, that prevent viewing by staff of the opposite gender.

Inmate Services and Daily Life  
 Inmates at VCF receive three meals per day, with the exception of Sundays and holidays when general population inmates receive two meals. However, wellness inmates receive three meals every day without exception. Inmates are provided access to telephones for maintaining family connections. The facility also offers access to a library, as well as educational and entertainment resources through computers and tablets. These devices allow for movie viewing, gaming, education, letter writing, and phone calls.

PREA Compliance and Awareness  
 The facility demonstrates strong commitment to PREA compliance. PREA signage is prominently posted throughout the institution, including entrance areas, food service, housing units, and near inmate telephones. Additionally, PREA drop boxes are strategically placed throughout the facility, providing a confidential method for inmates and staff to submit complaints or concerns related to sexual abuse or harassment.

## Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.



**70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?**

- ☒ Yes
- ☐ No

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

#### Personnel and Training Files Review

According to the Pre-Audit Questionnaire (PAQ), Ventress Correctional Facility reported a total of 178 staff. Eighty (80) staff training records were selected for review. Staff were randomly selected from the roster to include a representative sample of new hires, recently promoted personnel, and seasoned employees.

Each of the 80 training files contained documentation confirming the staff member had received PREA training within the past 12 months. Training verification included signed acknowledgment forms and/or electronic training system records.

In addition, fifty (50) personnel files were reviewed to assess compliance with the requirement for criminal history background checks. Each of the 50 files had documentation confirming that a background check had been conducted within the past five years, consistent with PREA Standard §115.17.

#### Inmate Records Review

A total of 60 inmate records were reviewed to assess compliance with PREA education requirements. Inmates were selected randomly from the facility's master roster, with consideration given to individuals with varying dates of arrival to ensure a comprehensive review.

PREA Education at Intake: All 60 records contained signed PREA General Information Forms confirming that inmates received PREA education on the day of their arrival at the facility.

Comprehensive PREA Education within 30 Days: All 60 inmates received comprehensive PREA education within 30 days of arrival, as evidenced by signed Inmate Awareness Acknowledgment Forms.

Additionally, 48 inmate records were reviewed regarding screening for risk of sexual victimization and abusiveness:

Initial Risk Screening: All 48 inmates received their initial risk assessment on the day of

arrival, verified by completed screening forms.

30-Day Risk Reassessment: All 48 inmates received a reassessment within 30 days of arrival, consistent with PREA Standard §115.41.

#### Allegations of Sexual Abuse and Sexual Harassment

Per the PAQ, the facility reported a total of 77 allegations in the past 12 months: 69 allegations of sexual abuse and 8 allegations of sexual harassment.

The Auditor reviewed a total of 16 investigative files—10 from the first 20 and 10% of the remaining files—using the PREA Audit Investigative Records Review Tool. Each file was assessed for completeness and compliance with investigation requirements.

The review captured data including:

- Case ID
- Date of Allegation
- Date of Investigation
- Type of Allegation (sexual abuse or sexual harassment)
- Parties Involved (staff-on-inmate or inmate-on-inmate)
- Final Disposition
- Whether Disposition Was Justified
- Investigating Officers
- Notification to Inmate of Results

#### Sexual Abuse Cases

1. All 69 allegations involved inmate-on-inmate sexual abuse.
2. Each was investigated criminally by appropriate investigative personnel.
3. Of these
4. , 2 cases were deemed unfounded, 20 were unsubstantiated, and 47 remained ongoing at the time of the audit.
5. In all closed cases, prosecution was declined.
6. In each case, the alleged victim was

offered medical and mental health services.

7. Retaliation monitoring was conducted for 90 days or until the allegation was deemed unfounded, the inmate was released/transferred, or no further need for monitoring existed.
8. In all closed cases, victims received written notification of the outcome.
9. All substantiated or unsubstantiated (not unfounded) cases underwent a Sexual Abuse Incident Review.

#### Sexual Harassment Cases

Of the 8 reported allegations, 7 were inmate-on-inmate and investigated administratively. 3 were found to be unsubstantiated, and 4 were still under investigation at the time of the audit.

1 staff-on-inmate sexual harassment allegation was also investigated administratively and remained ongoing at the time of the audit.

In all resolved cases, the inmate received written notification of the outcome of the investigation.

#### Institutional Culture and Cooperation

Throughout the on-site audit process, facility staff were cooperative, professional, and engaged. Their responsiveness and understanding of PREA protocols demonstrated a culture of awareness and commitment to maintaining a safe and secure environment free from 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.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	69	69	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	69	69	0	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	7	0	7	0
<b>Staff-on-inmate sexual harassment</b>	1	0	1	0
<b>Total</b>	8	0	8	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	47	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	47	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	2	20	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	2	20	0

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	4	0	3	0
<b>Staff-on-inmate sexual harassment</b>	1	0	0	0
<b>Total</b>	5	0	3	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

14



<b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	14
<b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

<b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	2
<b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	2
<b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

**Staff-on-inmate sexual harassment investigation files**

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

0

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

☐ Yes

☒ No

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

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

☐ Yes

☒ No

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

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

The Auditor reviewed a total of 16 investigative files—10 from the first 20 and 10% of the remaining files—using the PREA Audit Investigative Records Review Tool. Each file was assessed for completeness and compliance with investigation requirements.

**SUPPORT STAFF INFORMATION****DOJ-certified PREA Auditors Support Staff**

**95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

☐ Yes

☒ No

## Non-certified Support Staff

96. Did you receive assistance from any **NON-CERTIFIED SUPPORT STAFF** at any point during this audit? **REMEMBER:** the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☒ Yes

☐ No

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

1

## AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☒ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Identify the name of the third-party auditing entity

Corrections Consulting Services

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> <li>Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard (requires corrective actions)</li> </ul>
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
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016</li> <li>ADOC Pamphlet, Inmate Awareness in English, and Spanish</li> <li>ADOC Male Inmate Handbook, dated September 25, 2017</li> <li>ADOC Organizational Chart</li> <li>ADOC, PREA Director Qualifications</li> <li>ADOC, PREA Compliance Manager Qualifications and Training</li> </ol>

8. Standard Operating Procedure (SOP) #454-1

INTERVIEWS

Institution PREA Compliance Manager (IPCM)

During the interview process, the IPCM confirmed that there was ample time available to fulfill the required PREA responsibilities.

Agency PREA Director (PD)

During the interview process, the agency's PREA Director (PD) confirmed having adequate time and authority to develop, implement, and oversee the agency's efforts to ensure compliance with PREA standards across all facilities.

During the interview process, the agency's PD confirmed that the PCM has no responsibilities beyond ensuring the institution's compliance with PREA standards and holds the authority to implement any necessary changes to address PREA-related issues

PROVISIONS

Provision (a)

The facility, as indicated on the Pre-Audit Questionnaire (PAQ), has a comprehensive written policy in place that enforces a zero-tolerance stance toward all forms of sexual abuse and sexual harassment within the facilities it operates, both directly and under contract. The policy clearly outlines the procedures for implementing the agency's approach to preventing, detecting, and responding to incidents of sexual abuse and sexual harassment.

In its response on the PAQ, the facility reported that the policy includes clear definitions of prohibited behaviors related to sexual abuse and sexual harassment. Furthermore, the policy stipulates specific sanctions for individuals found to have engaged in these prohibited behaviors. The facility has also reported that their policy outlines agency strategies and responses designed to reduce and prevent occurrences of sexual abuse and sexual harassment among inmates.

The policies which address this provision are:

Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, Section II, p. 1, indicates a zero-tolerance policy against sexual abuse, harassment, and sexual misconduct. Any sexual conduct, whether inmate-on-inmate or staff-on-inmate, whether consensual or coerced, is prohibited.

Section III of ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, and ADOC Male Inmate Handbook, dated September 25, 2017, lists the definitions describing prohibited behaviors in relation to sexual abuse and sexual harassment. Policy language is specific in providing the definitions of substantiated, unsubstantiated, and unfounded

allegations, as well as associated sanctions.

Additionally, policy language outlines staff responsibilities, procedures for the prevention of, response to, and the reporting and investigation of sexual abuse and sexual harassment. The policy is consistent with the PREA standards.

Provision (b)

The facility reported on the PAQ that the agency has an agency-wide PREA Director (PD). The PD is positioned within the agency's hierarchy under the General Counsel, as confirmed by the agency organizational chart..

The policy which address this provision are:

ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 7, Section E, 1 – 10, identifies the roles and responsibilities of the agency PD, and relate directly to the implementation, management and monitoring of the ADOC's compliance with PREA Standards, including collaboration with the various levels of management ranging from the Warden/Director to the Associate Commissioner levels, as well as the collaboration with the ADOC Legal Division. The reviewed policy is consistent with the PREA Standards and outlines the agency's approach to sexual safety.

The ADOC PD is classified at the Director level as confirmed through a review of the agency organization chart. The PD has regular contact with the facilities throughout the state through site visits, emails, and direct conversations with the twenty-six assigned Institutional PREA Compliance Managers (IPCM) who are assigned to various locations, as well as the twenty-six back-up IPCM's. These additional managers ensure the PD has sufficient coverage at each ADOC facility and allows her sufficient time to fulfill her varied responsibilities and ensure PREA compliance.

Provision (c)

The facility has reported on the PAQ that it has a designated PREA Compliance Manager (PCM). In all matters related to the Prison Rape Elimination Act (PREA), the PCM reports directly to the PREA Coordinator. Additionally, within the facility's organizational structure, the PCM reports to the Warden/Superintendent.

The policy which address this provision is ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, establishes, identifies, and outlines the roles and responsibilities of the IPCM, which includes the collaboration with various levels of institutional management. Further, it establishes and identifies the responsibilities and procedures for the IPCM to coordinate the institutions efforts to comply with PREA standards. Each of the reviewed policies is consistent with PREA standards and outlines the agency's approach to sexual safety.

CONCLUSION

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which

	addresses zero tolerance of sexual abuse and sexual harassment: PREA coordinator.
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>2. Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016</li> <li>3. ADOC Contract with Alabama Therapeutic Education Facility (ATEF)</li> </ol> <p>INTERVIEWS:</p> <p>Agency Contract Administrator Interview</p> <p>During the interview process, the Agency Contract Administrator clarified that the contracts are with both private and county facilities. These contracts include specific language outlining the vendor's obligation to comply with PREA (Prison Rape Elimination Act) standards prior to entering into an agreement with the agency. If the entity is not PREA-compliant, the contract will not be executed</p> <p>PROVISIONS</p> <p>Provision (a)</p> <p>Pre-Audit Questionnaire (PAQ) revealed there was one contract for the confinement of ADOC inmates.</p> <p>The facility reported that the Alabama Department of Corrections (GDC) mandates that all entities contracting for the confinement of inmates adhere to the Prison Rape Elimination Act (PREA) standards. As part of this requirement, all contracts for inmate confinement include PREA-specific language, expectations, and compliance requirements.</p> <p>The facility does not independently contract for the confinement of inmates. Rather, the relevant guidelines are contained in the ADOC Administrative Regulation (AR) #454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 7, Section D, states the ADOC general Counsel shall be responsible for ensuring that contracts for confinement of inmates include a provision indicating to the contracting entity its obligation to comply with the PREA standards and the ADOC's monitoring of such compliance.</p>



	<p>ADOC Inmate Housing Agreement with Alabama Therapeutic Education Facility (ATEF) outlines the ATEF responsibility to adhere to the PREA standards. It states in part “pursuant to 28 C.F.R. Part 115.12, ATEF is obligated to adopt and comply with all PREA standards, and the ADOC shall monitor the ATEF for compliance.”</p> <p>ADOC Contract with Alabama Therapeutic Education Facility (ATEF), states, “Vendor (ATEF) shall comply with Alabama Code Section 14-11-31, as well as 28 C.F.R. Part 115, the Prison Rape Elimination Act (“PREA”). The ADOC has a Zero Tolerance Policy toward all forms of custodial sexual misconduct, sexual abuse, and sexual harassment. See Administrative Regulation 454, Inmate Sexual Assault and Harassment Awareness (Prison Rape Elimination Act (PREA)). Any type of conduct – including suspected conduct – that falls within the context of custodial sexual misconduct/sexual abuse, as defined by either the State or Federal laws referenced above, shall be reported immediately to the Warden of Kilby Correctional Facility or his/her designee for conduct involving male Inmates, or the Warden of Tutwiler Correctional Facility or his/her designee for conduct involving female Inmates, as well as the ADOC’s PREA Director or designated PREA Contract Monitor. Pursuant to 28 C.F.R. Part 115.12, Vendor is obligated to adopt and comply with all PREA standards, and the ADOC shall monitor Vendor for compliance consistent with the compliance conditions set forth above. Vendor shall provide reasonable access to the PREA Contract Monitor; provide relevant documentation as requested; require and provide training of all of its employees, agents, or contractors; and provide a Report from any PREA audit, which shall be performed by an independent, DOJ certified auditor.”</p> <p>Provision (b)</p> <p>The facility reported on the PAQ that all contracts related to the confinement of inmates include a requirement for the agency to monitor the contractor’s compliance with PREA standards. Additionally, the facility reported that there are zero contracts, as referenced in 115.12(a)-3, that do not require the agency to monitor the contractor’s compliance with PREA standards.</p> <p>According to the Agency Contract Administrator, the policies and procedures of each contractor are reviewed to ensure appropriate adherence to national standards. Each contractor is contractually obligated to notify the Alabama Department of Corrections (ADOC) of any PREA-related allegation and to forward a copy of the allegation, investigation, and findings to the agency’s PREA Director for review.</p> <p>CONCLUSION</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which addresses contracting with other entities for the confinement of inmates.</p>
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<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

### DOCUMENTATION:

1. Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
2. ADOC Administrative Regulation #454
3. ADOC Form 454-J, Annual PREA Staffing Plan Review
4. ADOC Form 454-G, Log of Unannounced Rounds
5. Copies of Deviation Log
6. Facility Blueprint/Layout
7. Facility Vulnerability Assessment Form
8. Facility Staffing Plan Checklist
9. IPCM Appointment Letter dated December 16, 2024
10. Facility Staffing Plan, approved April 24, 2024

### OBSERVATIONS

The Auditor conducted a random review of unit logbooks and observed instances where intermediate- or-higher-level staff made entries to document unannounced rounds."

### INTERVIEWS

Facility Head or Designee

During the interview process, the Facility Head discussed several key operational areas impacting the overall safety, efficiency, and effectiveness of the facility.

They emphasized the importance of examining how staffing levels directly influence the availability and quality of inmate programming, noting that insufficient staffing can limit rehabilitation opportunities and program engagement.

Additionally, the Facility Head highlighted the need to assess how changes or upgrades to the video monitoring system could enhance security measures, thereby improving the safety of both staff and inmates.

Attention was also given to the physical plant configuration, which plays a critical role in movement control, surveillance capabilities, and the overall operational flow within the facility.

The conversation included the influence and responsibilities of internal and external oversight bodies, stressing their role in maintaining transparency, accountability, and adherence to regulatory standards.

Consideration was also given to the inmate composition, recognizing how variations in custody levels, behavioral history, and special needs require tailored management strategies.

The strategic placement of supervisory staff was another focal point, as it ensures effective oversight, support for line staff, and timely response to incidents.

The Facility Head underscored the importance of addressing the needs of line staff, including workload, morale, communication, and professional development.

Finally, the discussion covered the importance of staffing plan compliance and monitoring any deviations. Regular review and adjustment of the staffing plan were identified as critical to maintaining safety, security, and program delivery standards.

#### Institutional PREA Compliance Manager (IPCM)

During both the formal interview process and informal conversations, the IPCM emphasized the continuous evaluation of staffing levels and their impact on inmate programming and assignments. These reviews aim to ensure that adequate staffing supports meaningful inmate engagement and program delivery.

In addition, the video monitoring system is subject to regular inspections and assessments to verify its functionality and coverage. Any identified deficiencies or areas for improvement are promptly addressed through necessary updates or modifications, reinforcing the facility's commitment to safety and security.

#### Intermediate- or Higher-Level Facility Staff

During the interview process, intermediate- and higher-level staff acknowledged that they routinely conduct unannounced rounds and document these visits in the unit logbooks. Informal conversations with line staff further confirmed that supervisory personnel consistently perform unannounced rounds without prior notice, reinforcing the integrity of the practice. The Auditor verified this through a random review of several unit logbooks during the facility tour, all of which reflected regular documentation of supervisory rounds.

#### Random Staff

Randomly selected staff members reported that supervisors regularly tour their assigned areas during each shift. These tours include engagement with staff at all levels and interactions with inmates. Staff noted that supervisors consistently audit, review, and sign unit logbooks as part of their responsibilities. During the Auditor's on-site visit, supervisory staff were observed actively moving throughout the facility, conducting rounds, and supporting operations. Additionally, several staff members confirmed awareness and adherence to the facility's policy prohibiting staff from alerting others when a supervisor is conducting rounds, further ensuring the unannounced nature of these visits.

#### Random Inmates

In interviews, inmates confirmed that the IPCM and other supervisory staff are frequently visible within the housing units and general population areas. They noted that these individuals routinely conduct rounds, remain approachable, and ensure availability to address inmate concerns or needs

#### PROVISIONS

Provision (a)

The facility has submitted a staffing plan as part of the Pre-Audit Questionnaire (PAQ), which confirms that the plan addresses all thirteen elements outlined in Provision (a). The staffing plan also details the facility's policy and procedures for ensuring that all relieved posts are adequately staffed during the designated times, maintaining operational consistency and safety.

Furthermore, the PAQ reports an average daily inmate population of 1,023 over the past 12 months. This figure has been reviewed and confirmed by the Facility Head as accurate and reflective of current population trends.

The ADOC Form 454-J, Annual PREA Staffing Plan Review requires the staffing analysis to include:

1. Generally accepted detention and correctional practices;
2. ADOC and the facility determination of which duties will be handled by facility staff, ADOC staff or outside agencies;
3. Any findings of inadequacy from any investigative agencies within ADOC;
4. Any findings of inadequacy from internal or external oversight bodies
5. The Camera Management Plan and all components of the facility's physical plant;
6. The composition of the inmate population;
7. The number and placement of supervisory staff;
8. Institutional programming and options for supervision of inmates;
9. Facility specific relief-factors
10. Any applicable state or local laws, regulations, or standards; and
11. The prevalence of substantiated or unsubstantiated incidents of sexual abuse and sexual harassment.

Further policy dictates the facility must ensure all relieved posts are staffed at the times specified in the staffing plan and all gender-restricted posts, if any, are posted by male staff only. When it is necessary to close a post(s) due to insufficient staffing, a decision must be approved by the Warden or Captain.

The Auditor reviewed the most recent annual PREA staffing plan. The plan was comprehensive and addressed each of the bullet items required according to Provision (a). On an annual basis, quality assurance audits are conducted to ensure compliance with the established staffing model. The staffing plan was predicated upon an inmate population of 800. The average daily number of inmates since the last PREA audit is 800.

The policies which address this provision are:

ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 14, D, 1, indicated the Warden will assist in the development and will make his/her best effort to comply with the staffing plan. The plan will provide for adequate levels of staffing and where applicable, video

monitoring to protect inmates against sexual abuse.

ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 14, D, 2, requires the PD to meet with the Warden annually to discuss the need for any adjustments that need to be made to the staffing plan, video monitoring systems and other monitoring technologies. This is documented on the ADOC Form 454-J, Annual PREA Staffing Plan Review.

Provision (b)

The facility has established a staffing plan, which is predicated on the daily average of 1,023 inmates. In the event a mandatory post is vacant, the post is filled with overtime staff or staff re-directed from non-mandatory posts. It is the watch commander's responsibility to document these instances.

The facility has reported staffing deviations in the past twelve months, as noted on the Pre-Audit Questionnaire (PAQ). In cases where a mandatory post is vacant, the facility fills the position either through overtime or by redirecting staff, depending on the level of the post. The four most common reasons for staffing deviations identified by the facility are staff shortages, staff call-ins, hospital posts, and transport needs.

The PAQ, indicated the most common reasons for deviations from the staffing plan in the past twelve months: Staff Shortage; Hospital or other transports; and Call In's.

The Auditor did not find any occurrence when inmate education was shut down due to limited staff coverage in the past twelve months. Education is provided by contract workers.

Provision (c)

The facility reported on the PAQ that, at least annually, in collaboration with the PREA Director, the staffing plan is reviewed to determine if adjustments are necessary in the following areas: (a) the staffing plan itself, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to support the staffing plan and ensure compliance. Any revised plans are forwarded to the PREA Director for review and approval.

The facility has a minimum staffing requirement. If a mandatory post is vacant for any reason, it is filled with overtime staff or staff redirected from non-mandatory posts. When it was necessary to close a post(s) due to insufficient staffing, the Warden or Captain approved the decision.

The annual review of the staffing plan involves management-level staff from the facility and department, including the PREA Director and other institutional executive staff.

The Auditor reviewed shift rosters and verified that assigned staff members covered all mandatory posts.

The policy which addresses this provision is ADOC Administrative Regulation (AR)

#454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 14, Section D, requires the staffing plan review to be completed in consultation with the PREA Director (PD) and that the PD receive a copy of the PREA Compliant Staffing Plan. The Auditor requested and was provided a copy of the 2020 ADOC Form 454-J, Annual PREA Staffing Plan Review, which was forwarded to the ADOC PD. The staffing plan reviews have been completed by the Warden as required. The reviews discussed the staffing plan, video monitoring and the resources required to adhere to the staffing plan.

Additionally, this policy requires that an internal audit of the staffing plan be conducted on an annual basis. This assessment is an extensive review of all areas of the facility to ensure adequate staffing levels are present where inmates may be present. Justification for the need for additional staff or modifications to the facility, to include the deployment of video monitoring equipment, is addressed by the committee on an annual basis. The annual review of the staffing plan includes facility and department management level staff which include the PD, Warden, IPCM, and Captain.

#### Provision (d)

According to the PAQ, the facility reports that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. These rounds are conducted on all shifts and are documented in the unit logbooks. Staff members are explicitly prohibited from alerting one another about the occurrence of these rounds. During the facility tour, the Auditor verified this practice by reviewing entries in the unit logbooks.

The policies which address this provision are:

ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 14, C, mandates that intermediate level or higher-level supervisors conduct and document unannounced rounds on all shifts. These rounds are documented on the Shift Report, including the date, time and person's name who made the rounds. In addition the ADOC Form 454-G, Log of Unannounced Rounds, is required to be completed for each shift and submitted to the IPCM. This report documents the required unannounced rounds and the PREA Hotline check conducted once per shift. The Auditor reviewed thirty days of these reports through the document review process. The Auditor also reviewed the Shift reports and noted consistent entries by supervisors on all shifts.

ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 14, C, indicates the staff are prohibited from alerting other staff when these rounds are occurring, barring legitimate operations of the facility.

#### CONCLUSION:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility does meet every provision of the standard which addresses supervision and monitoring.

115.14	Youthful inmates
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>2. Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016.</li> </ol> <p>OBSERVATIONS</p> <p>During the on-site tour, the Auditor did not observe any youthful inmates housed at the facility.</p> <p>INTERVIEWS</p> <p>Facility Head</p> <p>Through both formal interviews and informal discussions, the Facility Head confirmed that youthful inmates are housed at the facility on a case-by-case basis. However, at the time of the audit, there were no youthful inmates in custody.</p> <p>Institutional PREA Compliance Manager (IPCM)</p> <p>The IPCM also confirmed, through interviews and informal discussions, that while the facility occasionally houses youthful inmates, there were no such individuals present during the on-site audit.</p> <p>Youthful Inmates</p> <p>Although the facility is equipped to accommodate youthful offenders, no youthful inmates were assigned to the facility during the on-site audit. As a result, no interviews were conducted in this category.</p> <p>PROVISIONS</p> <p>Provision (a)</p> <p>According to the PAQ, the facility houses youthful inmates on a case-by-case basis. At the time of the on-site audit, no youthful offenders were present. The Auditor verified this by reviewing the inmate roster and confirming that no individuals had birthdates later than 2006, thereby confirming that the facility was not housing youthful offenders during the audit period.</p> <p>Provision (b)</p> <p>The PAQ states that the facility ensures sight, sound, and physical separation</p>

	<p>between youthful and adult inmates in areas outside of housing units. Furthermore, the agency consistently provides direct staff supervision in these areas whenever youthful inmates are present and may have visual, auditory, or physical contact with adult inmates.</p> <p>Provision (c)</p> <p>The facility documents exigent circumstances whenever youthful inmates are denied access to large-muscle exercise, legally required education services, or other programs and work opportunities. Within the past 12 months, there was one instance where a youthful inmate was placed in isolation to maintain separation from adult inmates.</p> <p>CONCLUSION</p> <p>Based on the comprehensive review and analysis of the PAQ, staff interviews, documentation, and direct observations, the Auditor concludes that the facility is in full compliance with the applicable standard governing the care and management of youthful inmates.</p>
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115.15	Limits to cross-gender viewing and searches
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>2. Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016</li> <li>3. ADOC Administrative Regulation #336</li> <li>4. ADOC Form 302-A Incident Report</li> <li>5. Training records for cross-gender and transgender searches</li> <li>6. Inmate Search Preferences Form</li> </ol> <p>OBSERVATIONS</p> <p>During the facility tour, when opposite-sex staff entered a housing unit, they were observed making an announcement to notify inmates of their presence.</p> <p>Additionally, during the tour, both cisgender male inmates and transgender female inmates were observed on facility property and within the facility itself.</p> <p>INTERVIEWS</p>



#### Non-Medical Staff Interview (involved in cross gender strip or visual searches)

Through the interview process, non-medical staff confirmed that they do not conduct cross-gender strip searches or cross-gender visual body cavity searches. However, in the event of exigent circumstances, any such searches would require approval from the Facility Head, be conducted by medical staff, and be thoroughly documented.

#### Random Staff

Throughout the interview process, staff participated in both informal discussions and seventeen formal, randomly selected staff interviews. The following key points were noted from these interviews:

1. Staff confirmed they completed training on cross-gender searches for exigent circumstances, which is covered on Day 1 of In-Service Training.
2. Cross-gender strip searches or cross-gender visual body cavity searches do not occur at the facility.
3. None of the staff interviewed had personally conducted or been involved in a cross-gender search.
4. There are sufficient female staff members available to conduct any necessary searches, and female staff would be reassigned if needed to ensure appropriate search procedures are followed.
5. Male officers do not conduct strip searches or visual body cavity searches.
6. Search procedures for transgender and intersex inmates explicitly prohibit searches conducted for the sole purpose of identifying an inmate's genital status.
7. When asked whether transgender or intersex inmates would be able to shower privately, staff affirmed that they would.
8. Staff explained that most showers throughout the facility consist of individual stalls that provide privacy for each inmate. In areas without individual stalls, alternative shower times would be arranged.
9. Staff further indicated that transgender or intersex inmates would have the opportunity to provide input regarding alternative shower times, and their preferences would be given significant consideration in the decision-making process.

#### Random Inmates

Through the interview process, 100% of the inmates confirmed the following:

1. They have never been subjected to a cross-gender search.  
They can dress without being observed by a member of the opposite sex.  
They can shower without being viewed by a member of the opposite sex.  
Opposite-sex staff consistently announce their presence when entering housing units and bathroom areas.

#### Transgender Inmates

When interviewed, 100% of transgender inmates reported satisfaction with the facility's search practices. They also expressed satisfaction with the showering accommodation provided. Additionally, all transgender inmates confirmed they had never been searched for the sole purpose of determining their genital status.

#### PROVISIONS

##### Provision (a)

The facility reported on the Pre-Audit Questionnaire (PAQ) that it does not conduct cross-gender strip searches or cross-gender visual body cavity searches of inmates. This was confirmed by facility records indicating that, in the past 12 months, there were zero instances of such searches. Random staff interviews conducted during the onsite audit further substantiated this claim.

During the onsite audit, two transgender inmates were interviewed. Both individuals expressed satisfaction with the facility's search procedures and practices.

A review of staff training sign-in sheets confirmed that staff had received training on conducting searches involving cross-gender and transgender individuals. Additionally, during intake, all inmates are provided with an Inmate Search Preferences Form. This form allows inmates to disclose if they are transgender or intersex and to indicate whether they prefer to be searched by male or female staff. Once completed, the form is incorporated into the inmate's permanent record, and the stated search preference is honored unless exigent circumstances require otherwise.

The policies which address this provision are:

ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 14, Section E, 1, states that employees/ staff members shall not conduct cross-gender strip or visual cavity searches, except in exigent circumstances or by medical practitioners. The reviewed policy is consistent with the PREA standards.

ADOC Administrative Regulation #336, Operations, regarding Searches, dated February 8, 2016, p. 4, Section F, Number 3, states staff shall not conduct cross gender unclothed searches or cross gender visual body searches except in exigent circumstance. The reviewed policy is consistent with the PREA standards.

ADOC Administrative Regulation #336, Operations, regarding Searches, dated February 8, 2016, p. 5, Section F, Number 4, states all cross gender unclothed searches or cross gender visual body cavity searches shall be documented. The reviewed policy is consistent with the PREA standards.

##### Provision (b):

According to the Pre-Audit Questionnaire (PAQ), the facility reported that it does not house female inmates. This was confirmed during the on-site audit and facility tour, during which no female inmates were observed.

Provision (c):

The facility reported in the PAQ that, while it does not conduct cross-gender strip searches or cross-gender visual body cavity searches, in the event of an exigent circumstance, such searches would be conducted in accordance with established protocol. Specifically, any such search would require approval by the Facility Head, be conducted by qualified medical staff, and be thoroughly documented. This process was confirmed during staff interviews, including with non-medical staff who would be involved in such procedures if necessary.

The policies which address this provision are:

ADOC Administrative Regulation #336, Operations, regarding Searches, dated February 8, 2016, p. 5, Number 4 indicates that all cross gender unclothed searches and cross gender visual body cavity searches be documented.

ADOC Administrative Regulation #336, Operations, regarding Searches, dated February 8, 2016, p. 6, Number 11, indicates that such searches are to be documented on the ADOC Form 302-A Incident Report. The reviewed policy is consistent with the PREA standards.

Provision (d):

The facility reported in the Pre-Audit Questionnaire (PAQ) that inmates are able to shower, perform bodily functions, and change clothes without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks. The PAQ also indicated that opposite-gender staff are required to announce their presence when entering an inmate housing unit. These practices were confirmed during the audit through inmate interviews.

All randomly selected inmates (100%) interviewed affirmed that they are able to shower and change clothes without being seen by staff of the opposite gender. Additionally, when asked about opposite-gender announcements, 100% of the random inmates reported that female staff consistently announce their presence upon entering housing units.

Furthermore, all (100%) transgender inmates interviewed reported being satisfied with the showering accommodations provided by the facility.

The policy which addresses this provision is ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 14, Section E, 3 states each ADOC facility shall implement procedures that enable inmates to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitals, except in exigent circumstances or when such viewing is incidental to routine cell and/or dorm checks. Such procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. The reviewed policy is consistent with the PREA standards.

Provision (e)

The facility reported in the Pre-Audit Questionnaire (PAQ) that staff are prohibited from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

This policy was confirmed during staff interviews. All randomly selected staff stated it is against facility and agency policy to conduct such searches, and affirmed that these practices are strictly prohibited. Staff also reported receiving training on how to conduct searches of transgender and intersex inmates in a professional, respectful, and non-intrusive manner. They noted that, in most cases, strip searches are performed by medical personnel.

Additionally, staff interviews indicated that, absent exigent circumstances, pat searches of transgender or intersex inmates are conducted by female officers. Likewise, strip searches and visual body cavity searches are performed by medical personnel unless exigent circumstances arise.

All transgender inmates interviewed (100%) confirmed they had never been searched or physically examined for the sole purpose of determining their genital status. They also reported being satisfied with the facility's search procedures. At the time of the on-site audit, two transgender inmates were interviewed, and both confirmed that staff had not conducted any such prohibited searches.

The policies which address this provision are:

ADOC Administrative Regulation #336, Operations, regarding Searches, dated February 8, 2016, p. 5, Number 6 indicates staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p.15, Section E, 4 indicates staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

Provision (f)

The Auditor reviewed the most recent PREA training documentation provided by the facility. The training covered appropriate search procedures, including cross-gender pat searches and searches of transgender and intersex inmates. The Auditor verified that the list of staff who received the training matched the names listed on the current facility staff roster. Each staff member signed an acknowledgment form confirming receipt and understanding of the training materials.

In addition to covering search techniques, the training included clear guidance on documentation protocols in the event a cross-gender search is conducted, even if such instances are rare. These materials emphasized the importance of professionalism, respect, and compliance with PREA standards throughout the search process.

CONCLUSION:

	Based on the comprehensive review and analysis of all available evidence—including documentation, staff and inmate interviews, training records, and facility practices—the Auditor has determined that the agency/facility is in full compliance with all provisions of the standard related to limits on cross-gender viewing and searches.
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation.</li> <li>2. Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016</li> <li>3. ADOC MOU with Alabama Institute for the Deaf and Blind</li> <li>4. Inmate Receipt of PREA/Acknowledgment (Disabled, low-Vision and Deaf Only)</li> <li>5. Low-Functioning Information/Materials Used</li> <li>6. Memo explaining Google Translate</li> </ol> <p>OBSERVATIONS</p> <p>During the facility tour, the Auditor observed PREA-related postings prominently displayed in both English and Spanish across various areas of the facility, including housing units, work areas, hallways, visitation areas, and other common spaces. The Auditor was also provided with written documentation, training materials, and PREA informational brochures—all available in both English and Spanish for the inmate population. Additionally, the Institutional PREA Compliance Manager (IPCM) had established PREA bulletin boards throughout the facility, which were both informative and educational, further supporting PREA awareness and compliance.</p> <p>Facility Head</p> <p>During the interview process, the Facility Head explained that the facility has established procedures to ensure that inmates with disabilities and those who are Limited English Proficient (LEP) have the opportunity to participate in the PREA reporting process. This is facilitated through various means, including staff interpreters, written correspondence, and other accessible avenues.</p> <p>Random Staff</p> <p>Interviews with randomly selected staff confirmed that the facility strictly prohibits</p>

the use of inmate interpreters, inmate readers, or other inmate assistants for inmates with disabilities or LEP inmates when making allegations of sexual abuse or sexual harassment. Additionally, 100% of staff reported they had never witnessed or been aware of any instance in which an inmate interpreter, reader, or assistant was used in connection with such allegations.

#### Inmates with Disabilities

Through the interview process, no inmates with disabilities or LEP inmates reported feeling vulnerable due to their disability. All interviewed inmates in these groups indicated that the facility provides information about sexual abuse and sexual harassment in a manner they can understand.

When asked, "Do you understand your rights related to sexual abuse and how to report sexual abuse or harassment?" 100% of respondents affirmed that they did.

When asked, "Do you feel the facility does everything it can to assist you in feeling less vulnerable and safer in light of your disability?" 100% of respondents answered affirmatively.

When asked, "Can you think of anything the facility could do to assist you in light of your disability better?" all respondents stated they felt the facility was effectively meeting their needs.

#### PROVISIONS

##### Provision (a)

The facility reported in the Pre-Audit Questionnaire (PAQ) that it has established procedures to ensure that disabled inmates and those with limited English proficiency have equal access to and can fully benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This was confirmed by the Facility Head during the audit.

To support these efforts, the Alabama Department of Corrections (ADOC) has an established Memorandum of Understanding (MOU) with the Alabama Institute for the Deaf and Blind, providing translation and assistance services for affected inmates. The Auditor verified the existence and use of this resource.

Additionally, the facility has access to Google Translate Services (<https://translate.google.com/>), which supports translation in over 100 languages and is available 24/7. Inmates' translation needs can be met through access facilitated by the watch commander.

The Auditor was also provided with written documents, training materials, and PREA brochures available in both English and Spanish for distribution to the inmate population.

The policy which addresses this provision is the ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4,

2016, p. 13, B, 1, c, states the IPCM shall provide all inmates accessible education formats if an inmate has special needs (language barriers, visually impaired, deaf, limited reading skills or otherwise disabled, and not rely on inmate for this service.

Provision (b)

The facility reported in the Pre-Audit Questionnaire (PAQ) that the agency has established procedures to ensure inmates with limited English proficiency have equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Resources available to support these efforts include, but are not limited to:

A Memorandum of Understanding (MOU) and a collaborative relationship with the Alabama Institute for the Deaf and Blind, which provides translation and assistance services for affected inmates;

1. PREA written materials available in both English and Spanish;
2. A PREA educational video provided in English and Spanish, featuring closed captioning.
3. Inmates with limited English proficiency are provided information in Spanish.

The Auditor reviewed the PREA materials and confirmed that all information available in English is also accessible in Spanish.

The facility has implemented a range of accommodations to ensure effective communication with inmates with various disabilities:

1. Hearing-impaired residents receive information through visual formats, including videos with captions and written materials.
2. Visually impaired residents receive information through auditory means, including materials read aloud by staff and audio recordings or videos. Braille materials are also available when needed.
3. Cognitively impaired residents are provided information in simplified formats, read aloud by staff, or delivered through recorded messages and videos to enhance understanding.
4. Residents with limited reading skills are supported through auditory formats, including staff-read materials and audio recordings.
5. Additionally, the facility employs an Americans with Disabilities Act (ADA) Coordinator, who is responsible for coordinating training and ensuring educational materials are appropriately adapted and accessible for inmates with disabilities.

The policies that address this provision are:

ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 13, B, 1, items a-d, denote numerous items relative to ensuring each inmate is given information in verbal and written form, and that the inmate understands all information regarding ADOC's PREA policy.

	<p>The ADOC Administrative Regulation (AR) #454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 13, B, 2, items a – d, dictates inmate PREA education information will include: Prevention of sexual abuse and harassment; self-protection; methods of reporting; and treatment and counseling availability.</p> <p>Provision (c)</p> <p>The facility reported in the Pre-Audit Questionnaire (PAQ) that there have been zero instances in the past twelve months where inmate interpreters, readers, or other types of inmate assistants were used to facilitate communication related to PREA matters. This was verified by the Facility Head during the audit.</p> <p>This practice is in compliance with ADOC Administrative Regulation (AR) #454, Operations &amp; Legal: Inmate Sexual Abuse and Harassment, dated January 4, 2016 (page 13, section B.1.c), which explicitly prohibits the use of other inmates for interpretation or translation services.</p> <p>The ADOC mandates that only qualified professional interpreters or approved translation services, including those for sign language, are to be used when assisting inmates in understanding PREA policies, reporting allegations, or participating in investigations related to sexual misconduct. The policy clearly states that inmates are not permitted to use fellow inmates, family members, or friends to provide interpretation or translation services in these matters.</p> <p>CONCLUSION:</p> <p>Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility is in full compliance with all standard provisions concerning inmates with disabilities and those with limited English proficiency.</p>
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<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation.</li> <li>2. Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016</li> <li>3. ADOC Administrative Regulation #216</li> <li>4. Personnel records review for current employees</li> <li>5. Employee background checks</li> <li>6. Application/Pre-Employment Questionnaire</li> </ol>



## INTERVIEWS:

### Administrative (Human Resources) Staff

During the audit, the auditor interviewed the HR Director regarding the Arizona Department of Corrections (ADOC)'s hiring practices. The HR Director provided the following insights:

Background Check Requirements: The ADOC mandates background checks for all new hires, promotions, and existing staff at least once every five years. The Divisional HR Department is responsible for tracking and ensuring that all staff members meet their respective five-year criminal history check deadlines.

A centralized database is in place to monitor the completion of background checks and the due dates for the five-year criminal history checks.

Personnel Documentation and PREA Compliance: All potential hires must complete the necessary personnel documentation, which includes disclosing the standard required information. The HR Director emphasized that the ADOC maintains a proactive approach in meeting the requirements of the Prison Rape Elimination Act (PREA) standards. The ADOC has developed a comprehensive system to track and ensure the timely completion of all required background checks, including those for pre-hires, promotions, and five-year reviews.

Employee Reporting Requirements: The HR Director stated that employment with the ADOC is contingent upon staff members reporting any arrest activities through the appropriate employer reporting structure. Additionally, the ADOC requires that any information concerning substantiated allegations of sexual abuse or harassment involving a former employee be disclosed upon request.

## PROVISIONS

### Provision (a)

The PAQ indicated that the facility has a total of 178 staff members, with 12 new hires in the past twelve months. Additionally, the report listed 2 contractors and 5 volunteers who have contact with inmates.

The Auditor conducted a review of a random sampling of staff records. Each record reviewed contained all required documentation in compliance with the standard, including Criminal History Check information. The Auditor verified that all files reviewed met the standard requirements, incorporating PREA documentation and proof of completed criminal history checks.

The policy which addresses this provision is ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 12, V, A, 4, a, declares that ADOC agency policy prohibits the hiring or promotion of an employee or contractor who may have contact with inmates who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement

facility, juvenile facility, or other institution.

2. 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; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Provision (b)

According to the PAQ, the facility reports that incidents of sexual harassment and sexual abuse are considered when determining whether to hire, promote, or enlist contractors who may have contact with inmates. This practice was confirmed during the interview with HR personnel.

The Auditor was provided with and reviewed an up-to-date list of all facility staff, which included the dates of their most recent criminal background checks as well as the dates for their next scheduled five-year criminal history check. All records reviewed showed that a current criminal background check had been completed within the past five years.

Additionally, ADOC Administrative Regulation #216, titled Background Investigations and dated December 7, 2015, Section V, B, outlines that the agency shall consider any incidents of sexual harassment when determining whether to hire, promote, or enlist the services of contractors who may have contact with inmates.

Provision (c)

According to the PAQ, the facility reports that before hiring any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) makes its best efforts to contact all prior institutional employers to inquire about substantiated allegations of sexual abuse or any resignation during a pending investigation of sexual abuse, in accordance with federal, state, and local laws. In the past twelve months, 29 individuals were hired, and this was verified during the interview process with HR personnel.

The PAQ further indicated that in the preceding twelve months, 29 individuals were hired for positions involving contact with inmates, all of whom underwent criminal background checks. The Auditor reviewed these criminal history checks and confirmed that the records contained all required elements as outlined by the standard, including the necessary PREA documentation and verification of the completed criminal background checks.

The policy that addresses this provision is ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 12, V, 4, b, which indicates that before hiring a new employee or contractor, the ADOC Personnel Division or designee shall:

1. Conduct criminal background records check,
2. Make its best efforts to contact all prior institutional employers regarding substantiated allegations of sexual abuse or any resignation during a period of sexual abuse investigation.
3. Ask potential employees and contractors about previous misconduct described in Paragraph V, A, 4, of this regulation: (refer to AR 216 Background Investigations and ADOC Form 216-B, PREA Compliance).
4. Apprise potential employees and contractors that false information or material omission regarding such misconduct shall be grounds for termination and that they must disclose such conduct.

Provision (d)

The facility reported on the PAQ that prior to engaging any contractor who may have contact with inmates, a criminal background records check is conducted for each contractor. The facility further reported that there are 12 service contracts in which criminal background record checks were performed on all personnel covered by the contract who might have inmate contact. Additionally, the ADOC ensures that criminal background records checks are conducted on each new contractor every five years thereafter.

The policy governing this procedure is outlined in ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, on page 12, under section V, A, 4, b, (1). This regulation specifies that before hiring a new employee or contractor, the ADOC Personnel Division or designee must conduct a criminal background record check.

Provision (e)

The facility reported on the PAQ that criminal background record checks are conducted at least once every five years for all current employees and contractors who may have contact with inmates. This process was confirmed by HR personnel during the interview.

The Auditor conducted a review of the requested personnel records and verified that all records contained the required elements as stipulated by the standard, including the PREA documentation, verification of completed criminal history checks, and the three questions listed under Provision (a).

The policy that governs this provision is ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, on page 13, under section V, A, 4, f. This regulation mandates that the ADOC Personnel Director conduct a criminal background record check every five years on all current employees and contractors.

Provision (f)

The facility reported on the PAQ that all applicants and employees who may have direct contact with inmates are required to answer questions regarding any previous

sexual misconduct on their applications, in interviews, and in written self-evaluations. Additionally, there is a continuing affirmative duty to disclose any such misconduct. This process was verified by HR personnel during the interview process.

Administrative Staff (HR) confirmed that all applicants and employees who may have contact with inmates are directly asked about previous misconduct, as outlined in paragraph (a) of this section, in written applications, self-evaluations, and interviews, both for hiring and promotions. These questions are required to be answered in writing, with employee signatures, on an annual basis.

The Auditor reviewed form ADOC 216-B, which is provided to all applicants to the ADOC. This form is a part of the Prison Rape Elimination Act (PREA) Compliance requirements, and must be completed by all applicants. The form includes questions, as required by Provision (a) of this standard, regarding whether the candidate has ever been accused, charged, or investigated for any sexual misconduct, inappropriate sexual activity, sexual abuse, or sexual harassment.

#### Provision (g)

The facility reported on the PAQ that material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination. This policy was confirmed by HR personnel during the interview process.

The policy governing this provision is outlined in ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, on page 13, under section V, A, 4, b, (2). This regulation requires that, prior to hiring a new employee or contractor, the ADOC Personnel Division or designee must inform the potential employee or contractor that providing false information or making material omissions regarding such misconduct shall result in termination. Furthermore, it is emphasized that the employee or contractor has a continuing duty to disclose any such conduct.

#### Provision (h)

The facility reported on the PAQ that, unless prohibited by law, the agency will 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 the former employee has applied for work. This practice was verified by HR personnel during the interview process.

Administrative Staff (HR) confirmed that, unless prohibited by law, all information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee will be provided upon request from an institutional employer for whom the employee has applied for work.

The policy governing this provision specifies that, unless prohibited by law, the ADOC will provide information regarding substantiated allegations of sexual abuse or sexual harassment involving a former employee when such a request is received from an institutional employer where the employee has applied for employment. The HR

	<p>Director confirmed this procedure.</p> <p>CONCLUSION</p> <p>Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility is in full compliance with every provision of the standard regarding hiring and promotion decisions.</p>
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and Supporting Documentation:</li> <li>2. Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, titled Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016.</li> <li>3. Facility Schematic (Blueprint/Layout of Facility).</li> </ol> <p>OBSERVATIONS:</p> <p>The Auditor conducted a thorough and comprehensive tour of the facility. Notably, since the last audit, there have been no substantial expansions or additions made to the facility.</p> <p>During the on-site tour, the Facility Head demonstrated the strategic placement of cameras and security mirrors throughout the facility. These measures are in place to enhance both physical and sexual safety for inmates and staff, particularly in high-risk areas. The cameras provide crucial oversight, while security mirrors are positioned to eliminate blind spots, further enhancing surveillance capabilities.</p> <p>INTERVIEWS</p> <p>Agency Head or Designee:</p> <p>The Agency Head Designee discussed the facility's efforts regarding camera placement. Specifically, the placement is designed to minimize blind spots and ensure comprehensive coverage, essential for meeting the standards set forth by the PREA (Prison Rape Elimination Act). Moreover, it was emphasized that camera placement avoids cross-gender viewing to safeguard the privacy of both inmates and staff.</p> <p>Facility Head or Designee:</p> <p>During the interview, the Facility Head elaborated on the facility's ongoing efforts to</p>

	<p>improve safety through technology:  The ultimate objective is to ensure that every area of the facility is covered by cameras to enhance safety for all individuals, whether inmates or staff.  Prior to any future camera expansions, identified areas of concern will be addressed as a top priority.  Continuous access to video feeds is maintained, ensuring the system is functional at all times to prevent incidents and provide security oversight.</p> <p>PROVISIONS</p> <p>Provision (a):</p> <p>The PAQ confirms that no new facilities have been acquired, nor have there been substantial modifications or expansions to the existing facility since the last PREA audit.</p> <p>Provision (b):</p> <p>The PAQ indicates that the facility has not updated or installed a new video monitoring system, electronic surveillance system, or other related technologies since the previous PREA audit. Executive staff have acknowledged that the camera systems are integral to facility security and play a significant role in preventing and mitigating instances of sexual abuse and harassment.</p> <p>CONCLUSION:</p> <p>Upon reviewing and analyzing the available documentation, including the PAQ, interviews, and observational data, the Auditor concludes that the agency/facility fully complies with the PREA standard regarding the upgrades to facility infrastructure and technology. The continued use of camera and monitoring systems supports the facility's commitment to ensuring the safety of inmates and staff while adhering to the requirements of the Prison Rape Elimination Act.</p>
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<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>2. Alabama Department of Corrections (ADOC) Administrative Regulation (AR) 454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016</li> <li>3. ADOC Administrative Regulation #300</li> <li>4. Memorandum of Understanding Between ADOC and ACAR</li> </ol>

5. Evidence Protocol/Investigations/Medical National Protocol for Sexual Assault Medical Forensic Examinations
6. Specialized Training Certificates for Investigators
7. SANE Centers/Rape Crisis Centers Regional List

## INTERVIEWS

### Agency PREA Director (PD)

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

### Institutional PREA Compliance Manager (IPCM)

The IPCM shared the following key points:

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

**Forensic Examination Agreement:** The Alabama Department of Corrections (ADOC) has a service agreement with the Alabama Coalition Against Rape (ACAR) for

forensic examinations. This MOU establishes collaboration between the ADOC and twenty-eight rape crisis centers throughout the State of Alabama to provide confidential support services related to sexual abuse at ADOC facilities.

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

**Forensic Exams in the Past Year:** Over the past year, 58 forensic examinations were performed.

### SAFE/SANE Staff

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

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

**Service Agreement with ACAR:** ACAR has a service agreement with the Alabama Department of Corrections (ADOC) to provide SANE services to

residents/inmates/detainees through the Rape Crisis Center in their area.

**SANE Call List:** SANE personnel are notified from a designated contact

list and the inmate to One Place Family Justice Center, 530 S, Lawrence Street, Montgomery, AL 36104, for the SANE exam.

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

#### Random Staff

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

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

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

#### Inmates Who Reported Sexual Abuse

Inmates who reported sexual abuse during the interviews provided the following feedback:

Staff Responsiveness: Inmates reported that facility staff were responsive to them when they made a report of sexual abuse.

Forensic Examination Referral: If appropriate, inmates were referred to forensic examinations immediately after reporting.

Victim Advocate Assistance: Those referred for forensic exams were offered a victim advocate, who accompanied them during the examination and helped them understand the process.

No Financial Obligation: Inmates reported that they were not asked to pay for any medical treatment related to the examination.

No Polygraph Test: All inmates reported that they were not required to take a polygraph test as part of the investigation.

Financial Responsibility: All inmates reported that the medical care related to sexual abuse was provided at no cost to them.

Investigation Results Notification: Inmates confirmed that they were notified in writing of the results of the investigation.

#### Rape Crisis Center

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

Memorandum of Understanding (MOU): ACAR has a service agreement with the Alabama Department of Corrections (ADOC) to provide SANE services to residents/inmates/detainees through the Rape Crisis Center in their area. The MOU includes provisions for victim advocates and emotional support for victims of sexual abuse,



regardless of when or where the abuse occurred. It also covers the provision of a hotline for inmates to call for support.

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

#### PROVISIONS

##### Provision (a)

The PAQ indicated that the facility/agency is responsible for conducting administrative and criminal investigations, including inmate-on-inmate sexual abuse and staff sexual misconduct. According to the IPCM, the ADOC has thirty-seven investigators who have been assigned to address any administrative or criminal investigations. The IPCM provides investigative assistance for inmate-on-inmate sexual harassment administrative cases.

The policy which addresses this provision is ADOC has a uniform evidence protocol, as outlined in ADOC Administrative Regulation #300, dated April 18, 2016, p. 1, Section II, which states the policy of the ADOC is to conduct all investigations in a fair and impartial manner, maintain confidentiality in all investigations, and protect the constitutional rights of all individuals subjected to investigation.

##### Provision (b)

The facility reported on the PAQ that there were no youthful inmates in the facility. When reviewing the inmate roster, the Auditor did not see any inmates whose birth date was later than 2006. However, the facility reported that the protocol they use in investigations is developmentally appropriate for young people. The PC verified this.

One Place Family Justice Center, 530 S, Lawrence Street, Montgomery, AL 36104, indicated they have a Sexual Assault Nurse Examiner facility offering exams 24 hours a day, 7 days a week. The SANE nurse performs the forensic examination, collects all evidence, and does a complete physical examination. Medications are given to help prevent transmission of disease. The exams are free of charge and are paid through the Alabama Crime Victim Compensation Fund. Further each inmate who has a SANE exam is assigned a Rape Response Advocate upon arrival before the forensic examination taking place. The Auditor was advised that, in the past twelve months, there were 58 forensic examinations, all performed by SANE personnel. The IPCM confirmed this information.

##### Provision (c)

The facility reported on the PAQ that all inmates who experience sexual abuse have access to forensic medical examinations. All treatment services are provided to the victim without financial cost. Further, SANE personnel complete all forensic examinations. In the unlikely event, SAFE or SANE personnel are not available, an ER physician will be utilized. On the PAQ, the facility reported 58 forensic examinations during the past twelve months, and each was conducted by a SANE. The IPCM verified this.

The Auditor was able to speak with personnel at One Place Family Justice Center, 530 S, Lawrence Street, Montgomery, AL 36104, 334-262-7378, who advised they have a dedicated area for all SAFE/SANE examinations. They have staff who conduct SAFE/ SANE examinations, and if no one is on duty, they have staff on call who will report in to conduct SAFE/SANE examinations when needed. One Place Family Justice Center has a victim advocate built into the forensic examination process and is available to the victim. The advocate assists the victim before, during, and after the forensic examination to the extent the victim allows.

The Auditor was provided a copy of a Memorandum of Understanding (MOU) between the ADOC and the Alabama Coalition Against Rape (ACAR). This MOU establishes collaboration between the ADOC and twenty-eight rape crisis centers throughout the State of Alabama to provide confidential support services related to sexual abuse at ADOC facilities. The One Place Family Justice Center, located at 530 S. Lawrence Street, Montgomery, AL 36104, and accessible at 334-262-7378, offers treatment services to the facility's inmates. This includes SAFE/SANE exams as well as victim advocacy services.

The PAQ indicates that all treatment services are provided to the victim without financial cost.

The policy that addresses this provision is ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 19, Section G, 3, c, indicated treatment services shall be provided to the victim without financial cost and regardless of if the victim names the abuser or cooperates with an investigation arising out of the incident.

#### Provision (d)

As stated in Provision (c), a victim advocate is provided during the forensic medical examination. In addition, according to the MOU with ACAR, the victim/inmate is also provided advocacy assistance through

The PAQ reflects there were 69 allegations of sexual abuse and 8 allegations of sexual harassment in the past twelve months. The PAQ further reflects that there were 58 forensic medical examinations in the past twelve months.

#### Provision (e)

The facility reported on the PAQ that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member. The victim advocate provides emotional support, crisis intervention, information, and referrals as necessary and/ requested. The IPCM verified this.

#### Provision (f)

As reported in Provision (a), the facility/agency is responsible for conducting administrative and criminal investigations, including inmate-on-inmate sexual abuse and staff sexual misconduct.

	<p>Provision (g)</p> <p>Auditors are not required to audit this provision.</p> <p>Provision (h)</p> <p>As reported in Provision (d), victim advocacy services are offered through contract and are built into the forensic exam process.</p> <p>CONCLUSION:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding evidence protocol and forensic medical examinations.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and Supporting Documentation:</li> <li>2. ADOC Administrative Regulation #454</li> <li>3. ADOC Standard Operating Procedure Investigations &amp; Intelligence #454</li> <li>4. ADOC Administrative Regulations #300</li> <li>5. ADOC Duty Officer Report</li> <li>6. National Institute of Corrections Investigations Course Certificate Completions and Continuing Education Credit</li> </ol> <p>INTERVIEWS:</p> <p>Agency Head or Designee:</p> <p>Through the interview process, the Agency Head Designee emphasized that every allegation of sexual abuse or sexual harassment is treated with utmost seriousness. Every allegation, whether administrative or criminal, is investigated thoroughly and immediately. The ADOC does not depend on outside sources to conduct investigations. The policy regarding the referral of allegations for investigation is publicly available on the agency's website. Additionally, all referrals of sexual abuse or sexual harassment allegations for criminal investigation are properly documented.</p> <p>Investigative Staff:</p> <p>During interviews with investigative staff, it was confirmed that allegations of sexual</p>

abuse or sexual harassment are investigated. Both administrative and criminal allegations are investigated by the agency/facility.

PROVISIONS:

Provision (a):

The agency/facility refers all investigations to the Alabama Department of Corrections (ADOC) Law Enforcement Services Division (LESD). The Pre-Audit Questionnaire (PAQ) indicates that the ADOC has a team of 32 staff investigators. Documentation confirming that the investigators have completed specialized investigative training from the National Institute of Corrections was reviewed. The policy addressing this provision is ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, Section I, 1, b. This regulation mandates that LESD is responsible for conducting thorough, prompt, and objective investigations, both administrative and criminal. Administrative investigations are completed regardless of the outcome of criminal investigations or the subject's continued employment with ADOC. Substantiated criminal cases are referred to the local District Attorney's office, and LESD is available to assist with prosecution as needed.

The PAQ indicates there were 69 allegations of sexual abuse and 8 allegations of sexual harassment in the past 12 months, and 75 forensic exams were completed in the same period. All forensic exams were conducted at the One Place Family Justice Center, located at 530 S Lawrence Street, Montgomery, AL 36104, #334-262-7378, by SAFE/SANE personnel.

Provision (b):

The facility reported that the agency has 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. The ADOC employs trained peace officer staff who have the authority to conduct investigations into sexual abuse/sexual harassment. The Law Enforcement Services Division (LESD) manages all investigations, and all LESD investigators and staff officers are trained peace officers. Substantiated criminal investigations are referred to the district attorney for prosecution, while LESD completes administrative investigations.

The facility documents all allegations in a Duty Officer Report (DOR), which are then followed up through either administrative or criminal investigation processes. The policy and procedures regarding these practices are published on the agency website, as verified by the Auditor.

The policy related to this provision is ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, Section C, 5. LESD is responsible for notifying the inmate whether the allegation has been substantiated, unsubstantiated, or unfounded.

	<p>Provision (c):</p> <p>As noted in Provision (a), the agency/facility refers all investigations to the ADOC Law Enforcement Services Division (LESD).</p> <p>Provision (d):</p> <p>An auditor is not required to audit this provision.</p> <p>Provision (e):</p> <p>An auditor is not required to audit this provision.</p> <p>CONCLUSION:</p> <p>Based on the review and analysis of the available documentation and evidence, the Auditor has determined that the agency/facility meets all standard provisions relating to policies ensuring the referral of allegations for investigations.</p>
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<b>115.31</b>	<b>Employee training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and Supporting Documentation</li> <li>2. ADOC Administrative Regulation #454</li> <li>3. Training Curricula</li> <li>4. What Staff Should Know About Sexual Misconduct with Inmates Pamphlet</li> <li>5. Annual Staff Training Records</li> <li>6. PREA Test</li> <li>7. PREA Information Board</li> <li>8. IPCM Training</li> <li>9. Staff Training Meetings, Signature Page</li> </ol> <p>OBSERVATIONS:</p> <p>During the on-site facility tour, the Auditor observed a bulletin board that depicted various aspects of the PREA standards. It contained multiple items regarding PREA, such as terminology, how to report, zero tolerance, the inmate's right to be free from sexual abuse and sexual harassment, and the number #6611 (which is the number inmates dial to report any incident of sexual abuse).</p> <p>INTERVIEWS:</p> <p>Random Staff:</p>

Through the interview process, facility staff recalled:

1. Participating in initial PREA training upon hiring before being allowed to have contact with inmates.
2. Participating in annual training, in-service PREA training, as well as additional shift turnout training.
3. Being trained in the ten elements of this standard.

PROVISIONS:

Provision (a):

The facility has reported on the PAQ that all employees who may have contact with inmates receive training in the following areas:

1. Zero tolerance policy for sexual abuse and sexual harassment.
2. How to fulfill responsibilities under agency policies and procedures for prevention, detection, reporting, and response to sexual abuse and sexual harassment.
3. Inmates' right to be free from sexual abuse and harassment.
4. The right of both inmates and employees to be free from retaliation for reporting sexual abuse and harassment.
5. The dynamics of sexual abuse and sexual harassment within a confinement setting.
6. Common reactions of victims of sexual abuse and sexual harassment.
7. How to detect and respond to signs of threatened or actual sexual abuse.
8. How to avoid inappropriate relationships with inmates.
9. Effective and professional communication with inmates, including those who are lesbian, gay, bisexual, transgender, intersex, or gender nonconforming.
10. Compliance with relevant laws regarding the mandatory reporting of sexual abuse to outside authorities.

During interviews, all (100%) random staff acknowledged they had received training on the ten items listed in the ADOC policy for this standard.

The PAQ indicates that all employees who may have contact with inmates are trained on these ten items.

The Auditor reviewed the PREA curriculum and training materials. The core training materials cover all ten elements in detail, and they incorporate numbered training elements to facilitate retention. Training complexity depends on employee classification, with specialized curricula based on job responsibilities.

The Auditor reviewed 178 staff training records from various categories. Each record contained the relevant documentation that staff had met their initial PREA requirements. The Auditor also reviewed the signed attendance sheets for the most recent PREA training, confirming that staff had acknowledged receiving the training.

The policy addressing this provision is ADOC Administrative Regulation (AR) #454,

Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 11, V, A, 1. It indicates that employees shall receive training on prevention, detection, response, and reporting of sexual abuse, harassment, and custodial sexual misconduct. This includes initial training, annual in-service training, specialized training, and additional training as needed. Employee training must be documented and verified through signatures, with refresher training conducted every two years.

The Auditor reviewed the agency's curriculum, developed by The Moss Group, which includes all ten required elements. Each element is detailed in the training, and numbered sections aid in retention. Specialized training is provided based on employee roles.

The Auditor reviewed 178 staff training records, verifying that all staff had met their initial PREA requirements. Signed attendance sheets from the past twelve months confirm employee acknowledgment of PREA training.

Provision (b):

The policy regarding ADOC's responsibility to provide training and education about Sexual Abuse and Sexual Harassment is addressed in Provision (a).

The training provided by ADOC addresses both male and female issues but has been tailored specifically to the female inmate population. The Auditor reviewed the training materials and confirmed that they are consistent with this PREA standard. As mentioned in Provision (a), the Auditor verified staff attendance at training through signed-in sheets.

Provision (c):

Of the 178 staff records reviewed, documentation shows that all 178 staff (100%) have received PREA training in the past twelve months.

A pamphlet titled "PREA, Prison Rape Elimination Act: What Staff Should Know About Sexual Misconduct with Inmates" is distributed to staff. This pamphlet outlines the major components of PREA, including definitions of Sexual Abuse and Sexual Harassment.

The ADOC also developed a pocket-sized spiral notebook entitled "Prison Rape Elimination Act (PREA): A Trauma-Informed Guide for First Responders." This laminated guide has seven sections:

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

Provision (d):

	<p>PREA training requirements mandate that attendance at all PREA-required training be documented with employee signatures. In some cases, employees must complete an Acknowledgement of Receipt of Training upon completion. The Auditor reviewed these receipts in every file, noting various training dates.</p> <p>When a receipt was not required, staff signed in on a training sheet to confirm their attendance. The Auditor reviewed copies of these training sheets for the past twelve months to confirm completed training.</p> <p>CONCLUSION:</p> <p>Based on the review and analysis of available evidence, the Auditor has determined that the agency/facility meets every standard provision related to employee training policies</p>
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115.32	Volunteer and contractor training
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>2. ADOC Administrative Regulation #454</li> <li>3. ADOC Administrative Regulation #216</li> <li>4. Contractor Training Records</li> <li>5. Volunteer Training Records</li> <li>6. Training Curricula Volunteer/Contractor Training</li> </ol> <p>INTERVIEWS</p> <p>Volunteer Interview</p> <p>Through the interview process, a volunteer recalled having PREA training before being allowed to work with inmates. The volunteer stated that the training was specific to the volunteer's role and responsibilities in the facility. When the Auditor questioned the volunteer about their knowledge of PREA, they were able to identify what PREA was and, more importantly, what the volunteer's role or responsibility if confronted with a situation of sexual abuse or sexual harassment.</p> <p>Contractor Interview</p> <p>Through the interview process, a contractor recalled having PREA training before being allowed to work with inmates. The contractor stated the training was specific to the contractor's role and responsibilities in the facility. When the Auditor questioned the contractor about knowledge of PREA, the contractor was able to identify what</p>



PREA was and, more importantly, what the contractor's role or responsibility if confronted with a situation of sexual abuse or sexual harassment.

## PROVISIONS

### Provision (a)

The facility reported on the PAQ that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The facility reported 65 contractors and volunteers who have contact with inmates who have been approved to enter the facility. However, the numbers who actually enter the facility and have contact with the inmates are significantly lower. This was confirmed through the interview process with the contractors and volunteers.

The Auditor reviewed training documentation for 14 volunteers and 8 contractors. Each of the records had documentation for completion of PREA training.

The Auditor reviewed the agency's curriculum and training materials. The core training materials were developed by The Moss Group and contain all ten of the elements required for this provision. Each of the elements is covered in detail in the training, and have incorporated numbered training elements to facilitate retention of the required elements. The level or complexity of the training will depend on the responsibilities and role of the contractor or volunteer.

The policies that address this provision are:

ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 11, K, 8, indicates the IPCM is responsible for ensuring all volunteers and contractors at their facility have received appropriate training.

ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 11, Section M specifies that employees, contractors, and volunteers are responsible for adherence to ADOC policies and procedures relating to inmate sexual abuse, sexual harassment, and custodial sexual misconduct.

### Provision (b)

The facility reported on the PAQ that the level and type of training provided to volunteers and contractors are based on the services they provide and the level of contact they have with inmates. All volunteers and contractors have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. This was verified through the interview process with contractors and volunteers.

The Auditor was provided with a four-page handout entitled Prison Rape Elimination Act PREA Training for Volunteers and Contractors. The handout covers items relating

	<p>to PREA starting with an overview, purposes of PREA, objective of PREA, the ADOC procedures for reporting incidents and/or allegations of prison rape, as well as the definition of Sexual Assault, Sexual Harassment, and Custodial Misconduct. The last page is an Acknowledgement page for the contractor or volunteer to sign, with a copy of the acknowledgment being retained in the IPCM training file.</p> <p>At the present time, medical staff are contract staff. These contract staff are provided specific PREA training related to health care providers. Their training is entitled, "Prison Rape Elimination Act and What Healthcare Providers Need to Know. In addition to that specific training, they also provided ADOC-specific PREA training.</p> <p>A tri-fold pamphlet is distributed to volunteers and contractors entitled PREA, Prison Rape Elimination Act, Training for Volunteer and Contractors. This pamphlet addresses the major components of PREA, definitions of Sexual Abuse and Sexual Harassment, as well as other issues for volunteers and contractors to consider.</p> <p>Provision (c)</p> <p>The facility reported on the PAQ that the agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p>As indicated in Provision (b), the facility reported copies of the acknowledgment page from the PREA training are retained in each volunteer and contractor file. This provision requires the facility/agency to maintain documentation confirming that volunteers and contractors received and understood the training they have received.</p> <p>The Auditor reviewed the sign-in sheets from the PREA training sessions for the past twelve months. Each sign-in sheet reflected acknowledgment signatures from contractors and volunteers for the PREA training they received.</p> <p>CONCLUSION:</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the agency/facility meets every provision of the standard that addresses policies regarding volunteer and contractor training.</p>
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<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION:</p> <p>The following documents and materials were reviewed to assess compliance with PREA inmate education requirements:</p>

1. Pre-Audit Questionnaire (PAQ) and supporting documentation
2. ADOC Administrative Regulation #454
3. Inmate PREA Training Curriculum
4. ADOC Male Inmate Handbook, dated 09/25/2017
5. Inmate Orientation Material on Sexual Assault
6. Inmate PREA Receipt/Acknowledgment Forms
7. What You Should Know About Sexual Abuse and Assault Pamphlet
8. PREA Posters throughout the facility
9. Miscellaneous Training Materials
10. Posters and Visual Aides (Spanish/Low-Vision Formats)
11. Outside Confidential Support Services Agency Postings
12. Inmate PREA 30-Day Education Attendance Sheets
13. Inmate PREA Education Chart Spreadsheet with Dates

#### OBSERVATIONS:

During the on-site facility tour, the Auditor observed clearly posted PREA-related informational materials in housing units, common areas, and near inmate telephones. These materials included:

1. Information on sexual abuse and sexual harassment
2. Internal (\*ADOC PREA Unit – Dial 6611) and external (One Place Family Justice Center) reporting options
3. Posters promoting the agency’s zero-tolerance policy
4. Multilingual and accessible formats: English, Spanish, Braille, closed-captioned and ASL videos
5. Visual postings from outside confidential support services
6. The PREA video titled Discussing PREA was also available in English and Spanish with both closed captioning and ASL. The materials were visibly placed and accessible, reflecting the facility’s commitment to PREA education.

#### INTERVIEWS:

##### Intake Staff:

1. Intake staff confirmed that inmates receive an overview of PREA policies upon arrival.
2. Within 15 days, comprehensive education is provided via in-person sessions or video.
3. Inmates are informed about their rights to be free from sexual abuse, harassment, and retaliation.
4. Staff explained how inmates are educated on multiple reporting avenues.
5. Education is tailored for accessibility, including LEP, visually/hearing impaired, and cognitively limited individuals.
6. All inmates receive the Inmate Handbook upon intake and sign an acknowledgment form.

Random Inmates:

1. All inmates interviewed acknowledged receiving PREA materials and education.
2. 100% recalled receiving written PREA materials and the Inmate Handbook upon admission.
3. Inmates reported watching the Discussing PREA orientation video and confirmed understanding of reporting methods.

PROVISIONS

Provision (a)

According to the PAQ, the facility reported that inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is not intended to be comprehensive, but an overview of the PREA standards, addressing important topics to make the inmates safer until they can be given a Comprehensive PREA education by staff. The intake staff verified this.

According to the PAQ, the facility reported that 307 inmates were admitted during the past twelve months, and 100% of them received PREA information at intake. The intake staff verified this.

The Auditor observed the Inmate Handbook, the inmate orientation material, the PREA pamphlet, and the PREA posters during the on-site tour of the facility. The Auditor reviewed written materials in both English and Spanish.

The Auditor reviewed a copy of the Initial Intake Acknowledgement (ADOC Form 454-A) which is completed by each inmate upon arrival. This form is a checklist of eight-line items, which require the inmate to read and sign, and is witnessed by a staff signature. The form is then placed in the inmate file. The checklist includes:

1. The ADOC has a Zero Tolerance Policy toward Prison Rape
2. Sex between inmates is not allowed.
3. Forcing or coercing another inmate into sexual acts is illegal.
4. It is unlawful for a staff member to have sex with an inmate.
5. If you are being harassed or have been sexually assaulted or if you have witnessed sexual harassment or sexual assault you may report it, one of the following ways:
6. Report to any ADOC Employee
7. Report to the Institutional PREA Compliance Manager
8. Dialing \*6611 on any inmate phone system
9. Write a letter to the ADOC I & I Division using a pre-addressed envelope that is available for the drop boxes.
10. Have a family member or friend report it via the ADOC website.  
[www.doc.alabama.gov](http://www.doc.alabama.gov)
11. All claims of sexual harassment and sexual assault will be investigated.

12. A statement of the findings of the investigation will be provided to the victim.
13. Criminal charges will be pursued if applicable.

Of the sixty-one inmate records reviewed, signed, and dated documentation of PREA education was retained in every file with the rest of the inmate information. The date of the signature coincided with the date the inmate arrived at the facility. In addition to the orientation packet, all inmates coming through watched the seventeen-minute ADOC PREA video, produced in English and Spanish. These sixty-one inmate records also reflected they received 30-day comprehensive PREA education.

Forty-eight inmate records were reviewed with regard to risk assessments and reassessments. Each record contained a risk assessment that revealed the inmate had been screened within 72 hours of arrival and were reassessed within 30 days as required by standard

The facility has ample telephones designated for inmate use. Using any of these telephones, an inmate can dial \*6611 and be immediately connected to the PREA hotline. The inmate is then advised that he can make a report anonymously. The call is free of charge and confidential. This was confirmed by the Auditor on the on-site tour.

The policy that addresses this provision is ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p.13, B, 1, a, states all inmates shall be given understandable information, both written and verbal, explaining the ADOC's zero tolerance PREA policy including how to report sexual abuse and harassment upon initial intake into an ADOC institution.

#### Provision (b)

ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 13, B, 1, b, states all inmates shall receive a comprehensive educational orientation by an IPCM on the ADOC's zero tolerance PREA policy and how to report sexual abuse and harassment within 30 days of arrival into an ADOC institution. The facility policy is a replica of the ADOC policy.

The PAQ indicates that during the past twelve months, there were 307 inmates admitted to the facility whose length of stay was more than thirty days. The PAQ also reflected that all inmates were provided the PREA information, which included their right to be free from sexual abuse, as well as the policies and procedures for reporting. Per the PAQ, 100% of the inmates admitted to their facility in the past twelve months received the mandated information.

#### Provision (c)

As indicated in Provision (b) 100% of inmates who entered the facility during the past twelve-month period received the required PREA training. At the time of PREA implementation, all inmates were required to attend PREA training. Inmates arriving after implementation received their training at intake. This training, at intake, is facilitated using viewing videos. The inmate is also provided an inmate handbook,

written material on sexual abuse and sexual harassment, and What You Should Know About Sexual Abuse and Assault pamphlet. At the end of the intake process is a question-and-answer period to reinforce retention of the information presented during intake.

The information was documented with verification of the training retained in the inmate file. The Auditor reviewed a copy of this documented verification.

As indicated in Provision (b), the intake staff provide the PREA information immediately upon arrival at the facility.

#### Provision (d)

According to the PAQ PREA education is available in formats accessible to all inmates, including those who are limited English proficient, visually impaired, hearing impaired or otherwise disabled.

ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 13, B, 1, c, requires that the IPCM provide all inmates accessible educational formats if an inmate has special needs (language barriers, visually impaired, deaf, limited reading skills, or otherwise disabled), not relying on inmates for this service.

The various training elements provided to the inmate population range from PREA orientation video and documents in both English and Spanish, PREA posters in both English and Spanish, to staff members who are fluent in Spanish.

#### Provision (e)

As stated in previous provisions, all inmates are required to sign the ADOC Administrative Regulations #454-A, Inmate Awareness Acknowledgment. A copy of this acknowledgment is scanned and retained in the inmate file as documentation.

As stated in provision (a), a review of inmate records was conducted. The signed acknowledgment was reviewed in every record.

The ADOC has a database to track if an inmate has participated in the mandated PREA training. The database can conduct a query by inmate name and facility to verify whether an inmate has received training.

#### Provision (f)

ADOC, and the facility ensure the inmates receive crucial education about sexual abuse and sexual harassment. Using varying formats, the inmate population receives valuable information in user-friendly, comprehensible ways. The various delivery systems are Inmate handbook, which specifically lays out the prevention of Sexual Violence, zero tolerance policy and includes multiple methods inmates can seek assistance regarding sexual violence.

ADOC created a variety of PREA posters in both English and Spanish. These posters are different throughout the facility so as not to become easy to overlook. They are

	<p>posted in every area of the facility. During the on-site tour, the Auditor observed these posters in every room throughout the facility.</p> <p>CONCLUSION:</p> <p>Based on a comprehensive review of documentation, observations, interviews, and provisions, the Auditor finds that the agency/facility meets all requirements of the PREA standard related to inmate education. The facility has implemented thorough, accessible, and consistent practices to ensure inmates are informed of their rights and avenues for reporting sexual abuse and harassment.</p>
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<b>115.34</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>2. ADOC Administrative Regulation #454</li> <li>3. Specialized Training Curriculum for Investigators</li> <li>4. Training Certificates for Investigators</li> <li>5. Training Materials from The Moss Group, Alabama Department of Corrections, Training Force USA, and National Institute of Justice</li> </ol> <p>INTERVIEWS:</p> <p>Investigative Staff</p> <p>During interviews, investigative staff confirmed they had completed specialized training for conducting sexual abuse investigations in confinement settings. Staff demonstrated familiarity with proper procedures including the use of Miranda and Garrity warnings, techniques for interviewing sexual abuse victims, and methods for collecting evidence in correctional environments.</p> <p>Provision (a):</p> <p>The PAQ and supporting documentation confirm that agency policy mandates all investigators receive specialized training in sexual abuse investigations specific to confinement settings. Investigative staff interviews corroborated this policy.</p> <p>The Auditor reviewed training certificates for forty investigators affiliated with the agency/facility, verifying successful completion of programs led by The Moss Group, ADOC, and Training Force USA.</p> <p>Training topics included:</p>

1. Trauma-Informed Sexual Assault Investigations
2. Human Trafficking Awareness
3. Prison Rape and Sexual Assault Investigation
4. Specialized PREA Investigation Techniques

Additionally, all 52 Institutional PREA Compliance Managers (IPCMs) across the state have also completed this specialized training.

The Auditor also examined portions of the U.S. Department of Justice, National Institute of Justice online training titled Sexual Abuse and the Initial Responder, which includes modules on:

1. PREA Investigations
2. Collaborating with Victims
3. Interviewing Techniques
4. Institutional Culture and Investigations

Provision (b):

The agency reports that investigator training includes the following elements, as confirmed through both documentation and interviews:

1. Interviewing techniques for sexual abuse victims
2. Proper use of Miranda and Garrity warnings
3. Evidence collection in confinement settings
4. Criteria for substantiating cases for administrative action or prosecutorial referral

The Auditor reviewed U.S. Department of Justice/NIC training content and verified completion through training records and interviews with investigative staff.

Provision (c):

According to the PAQ, the agency maintains complete documentation for each investigator's completion of the required training. The Auditor confirmed this through:

Review of signed training certificates for forty PREA investigators currently employed statewide by the ADOC Law Enforcement Services Division

Verification of training from both in-person sessions and online modules

Training was verified through certificates and maintained in personnel files, as required by ADOC Administrative Regulation #454, which mandates that all training be documented, signed, and retained.

The agency has demonstrated a comprehensive and verifiable system for ensuring investigators are trained, prepared, and qualified to conduct effective sexual abuse investigations in confinement settings.

Provision (d):



	<p>This provision is not applicable for audit.</p> <p>CONCLUSION</p> <p>Based on thorough review and analysis of training materials, personnel files, policy documentation, and investigative staff interviews, the Auditor concludes that the agency/facility is in full compliance with all provisions of the PREA standard regarding Specialized Training for Investigators.</p>
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115.35	Specialized training: Medical and mental health care
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>2. ADOC Administrative Regulation #454</li> <li>3. Specialized Training Curricula</li> <li>4. Training Records of Medical and Mental Health Practitioners</li> </ol> <p>INTERVIEWS</p> <p>Facility Head</p> <p>The Facility Head confirmed during the interview process that medical and mental health care practitioners have received both general PREA training and specialized training tailored to their professional roles.</p> <p>Medical Staff</p> <p>Medical personnel interviewed confirmed receipt of general PREA training as well as the additional training specific to their responsibilities in detecting, responding to, and reporting sexual abuse and harassment.</p> <p>Mental Health Staff</p> <p>Mental health professionals interviewed also verified their completion of both general PREA training and specialized training related to identifying and responding to incidents of sexual abuse and harassment in confinement settings.</p> <p>PREA Compliance Manager (PCM)</p> <p>The PCM confirmed that all medical and mental health practitioners employed at the facility have received the general PREA training as required under §115.31, in addition to specialized instruction as outlined in agency policy.</p>

## PROVISIONS

### Provision (a):

The facility reported in the PAQ that ADOC policy mandates specialized training for all medical and mental health practitioners working in its facilities. There are currently 75 medical and mental health practitioners assigned to this facility, all of whom have completed the required training.

The Auditor reviewed:

1. Training curricula
2. Lesson plans
3. Individual training records

This review confirmed full compliance with the training standards.

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

1. Detection and assessment of signs of sexual abuse and harassment
2. Preservation of physical evidence
3. Professional response to victims
4. Reporting protocols for allegations or suspicions of sexual abuse or harassment
5. Understanding of inmates' medical and mental health needs
6. Factors influencing risk of sexual victimization

All training is documented, verified through employee signatures, and maintained in agency records.

### Provision (b):

This provision is not applicable, as ADOC policy prohibits medical staff from conducting forensic medical examinations for sexual abuse victims. Such exams are referred to appropriate outside medical professionals.

### Provision (c):

As stated in the PAQ and confirmed by the Auditor, the agency maintains complete and current documentation verifying that all medical and mental health care practitioners have completed the required training.

1. Training records were reviewed
2. Interviews corroborated compliance
3. Documentation is retained in individual personnel files, in accordance with agency policy

	<p>The training provided is comprehensive, well-documented, and aligned with the expectations set forth in §115.35 of the PREA standards.</p> <p>Provision (d):</p> <p>The facility also confirmed that medical and mental health staff receive the general PREA training required for all ADOC employees, contractors, and volunteers.</p> <p>The Auditor reviewed:</p> <ol style="list-style-type: none"> <li>1. Sign-in sheets</li> <li>2. Training rosters</li> <li>3. General PREA training materials</li> </ol> <p>These confirmed that contracted medical staff received both the specialized and general PREA training as outlined by policy and PREA standards.</p> <p><b>CONCLUSION</b></p> <p>Based on thorough review and analysis of the PAQ, agency policy, training documentation, and staff interviews, the Auditor concludes that the agency/facility is in full compliance with PREA standards related to Specialized Training for Medical and Mental Health Care Practitioners.</p>
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<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>2. ADOC Administrative Regulation #454</li> <li>3. ADOC Administrative Regulation #637</li> <li>4. ADOC Form 454-C, Classification PREA Risk Factors Checklist</li> <li>5. ADOC Form 454-K, PREA Risk Assessment</li> <li>6. Risk Assessment Checklist</li> <li>7. Inmate Initial Risk Assessment Records.</li> <li>8. Inmate Risk 30-Day Reassessment Records.</li> </ol> <p>INTERVIEWS</p> <p>PREA Director (PD)</p> <p>Through the interview process, the PD indicated that medical staff, mental health staff, classification staff, and PCM have access to the screening information collected</p>

during intake. All information is limited to a need-to-know basis for staff, only for the purpose of treatment, security, and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments. The PD also verified that the ADOC does not detain inmates solely for civil immigration purposes.

PREA Compliance Manager (PCM)

Through the interview process the PCM stated the purpose of the risk screening assessment is to make the inmate safer inside the facility. Information is collected through risk screening that, when taken as a whole, can be analyzed by staff to determine if an inmate is at higher-than-average risk for sexual victimization or abusiveness. It assists the staff of the institution in keeping inmates safer by housing potentially abusive inmates in a different area than those who are potential victims.

Risk Screening Staff

Through the interview process risk screening staff indicated the initial risk screening is completed within the first 24 hours after the inmate arrives. This initial screening considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. A second risk screening is completed within 30 days of the first risk screening. Additional screenings are also completed after a PREA allegation if the inmate leaves the facility and returns to the facility or new information becomes known regarding the possible safety of the inmate. Transgender inmates are risk assessed within 24 hours, within the first thirty days, and a minimum of every six months thereafter.

Through the interview process, risk screening staff indicated inmates are not disciplined for refusal to answer questions during an assessment. It was reported they would prod to see the opposition to answering the question, and then another attempt to engage the inmate would follow. However, disciplinary action would not be taken if the inmate chose not to respond.

Random Inmate

Through the interview process, random inmates acknowledged being asked questions relative to their concern for sexual safety and if they felt like they were in danger of being harmed. They remembered being asked questions about their sexual orientation, gender identity, if they had ever been sexually victimized, and if this was their first incarceration. They reported having their initial risk assessment within 24 hours of arriving at the facility and their 30-day risk assessment within a few weeks of arriving at the facility.

PROVISIONS

Provision (a)

On the PAQ, the facility reported there is a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abuse toward other inmates.

During the on-site audit, the facility staff explained the intake screening process, and the Auditor subsequently reviewed intake screening documents. The intake staff explained each of the documents and assessments utilized. The intake staff also modeled each question, providing the Auditor with a clear and thorough understanding of the overall intake and classification process.

The Auditor reviewed 48 inmate records. Those records showed that all 48 inmates completed their initial risk assessment with the required 72 hours.

The policies that address this provision are:

ADOC Administrative Regulation (AR) 454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 15, F, 1, mandates all ADOC facilities to screen all new inmates at initial intake. The intake is to occur no more than 72 hours after arrival and is to screen for potential risk of sexual vulnerability and potential risk of sexual aggression. The intake shall be completed using ADOC Form 454-C, PREA Risk Factors Checklist.

ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 15, F, 2, mandates all ADOC facilities to screen all inmates transferring from another facility at initial intake. The intake is to occur no more than 72 hours after arrival and is to screen for potential risk of sexual vulnerability and potential risk of sexual aggression. The intake shall be completed using ADOC Form 454-C, PREA Risk Factors Checklist.

Provision (b)

The facility reported on the PAQ that policy states inmates are screened for risk of sexual victimization or risk of abusing other inmates within 72 hours of arrival.

As stated in (a), according to the listed policies, all inmates must be screened within 72 hours of arrival.

The Auditor reviewed the PAQ, which indicated that in the past 12 months, 100% or 307 inmates were screened for the risk of sexual victimization or sexual abusiveness within 72 hours of their entry into the facility.

A list of inmates' arrival dates and evaluation dates demonstrates compliance with this standard. Using this list, the Auditor reviewed random inmate files to ensure they received the training and completed it satisfactorily. The files represented inmates from various housing units and diverse ethnic and racial backgrounds. All the records reviewed confirmed that the initial screening occurred within 72 hours of arrival.

As Provision (a) states, the Auditor could specifically question staff about the required questions. The intake staff replied that all the PREA-related questions are asked during initial intake and ongoing classification screenings.

Provision (c)

On the PAQ the facility reported the risk assessment is conducted using an objective

screening instrument. The Auditor reviewed a copy of the intake form and screening assessment form

The Auditor reviewed copies of several intake forms and screening assessments from the intake staff, which were documented on the ADOC Form 454-K, PREA Risk Assessment and ADOC Form 454-C, Classification PREA Risk Factors Checklist. As outlined in the following paragraph, these forms are the foundation for an assessment that provides the intake and classification staff with an independently developed, validated, and objective screening assessment.

Staff members who conduct intake screenings utilize ADOC Form 454-K, PREA Risk Assessment and ADOC Form 454-C, Classification PREA Risk Factors Checklist for guidance in conducting an initial assessment of an inmate's risk of victimization and risk of abusiveness. All inmates are reassessed within thirty days.

The Auditor was able to verify compliance with this provision through the review of inmate records, reflecting copies of the required assessments. A copy of the risk assessment questionnaire was provided to the Auditor. A review of this instrument indicates it is weighted and scored based upon responses to specific questions required in the Standard and Provision.

As stated in (a), the Auditor was able to interview intake staff who were able to explain to the Auditor through the intake screening and classification process, which included an overview of the ADOC Form 454-C, Classification PREA Risk Factors Checklist and ADOC Form 454-K, PREA Risk Assessment.

The policy which addresses this provision is ADOC Administrative Regulation #637, dated May 9, 2018, Gender Dysphoria, p. 2, V, A, 1, states that pursuant to ADOC Administrative Regulation 454 "Prison Rape Elimination ACT" (PREA), all new incoming inmates shall be screened at the reception and diagnostic centers for a history of predatory sexual behavior, sexual abuse and the likelihood/potential of sexual abuse/victimization using the PREA screening checklist and instructions utilizing the PREA screening checklist (Form 454- C).

Provision (d)

The facility reported on the PAQ that their risk screening instrument includes all the elements of this provision.

The Auditor reviewed the ADOC Form 454-C, Classification PREA Risk Factors Checklist, Parts 1 and 2, and compared the questions on Part 1 of the form with the Provision (d) requirements. All items for Provisions (d) have been included in Part 1 of the screening instrument. The included items are:

1. Whether the inmate has a mental, physical, or developmental disability
2. The age of the inmate
3. The physical build of the inmate
4. Whether the inmate was previously incarcerated
5. Whether the inmate's criminal history is exclusively nonviolent

6. Whether the inmate has prior convictions for sex offenses against an adult or child
7. Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming.
8. Whether the inmate has previously experienced sexual victimization
9. The inmate's own perception of vulnerability.
10. Whether the inmate is detained solely for civil immigration purposes.

The assessment scoring is one point for each yes answer given to a question or part of a question. If a question has more than one part, then one point is given for each part of the question that is answered yes. An example would be question 4. If an inmate has a developmental disability and a physical disability, that would be a total of 2 points for the question.

As stated in (a), the screening and intake process was explained to the Auditor, which included the ADOC Form 454-C, Classification PREA Risk Factors Checklist and ADOC Form 454- K, PREA Risk Assessment.

#### Provision (e)

The facility reported on the PAQ that the initial risk screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. This was confirmed by risk screening staff during the interview process. The questions referring to those things were also noted by the Auditor during the document review.

Through the interview process, risk screening staff acknowledged monitoring the inmate population and re-assessing inmates when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that may have a bearing on the inmate's risk of victimization or abusiveness.

The Auditor reviewed the ADOC Form 454-C, Classification PREA Risk Factors Checklist, Parts 1 and 2, and compared the questions on Part 2 of the form with the Provision (e) requirements. All Provision (e) items have been included in the screening instrument, which addresses Possible Sexual Predatory Risk Factors. The items addressed include:

1. Prior acts of sexual abuse
2. Prior convictions for violent offenses
3. History of prior institutional violence or abuse

As stated in (a), the screening and intake process was explained to the Auditor, which included the ADOC Form 454-C, Classification PREA Risk Factors Checklist and ADOC Form 454- K, PREA Risk Assessment.

#### Provision (f)

The facility reported on the PAQ that inmates are reassessed within thirty days of arrival at the facility. Additionally, the inmate will be reassessed for risk of victimization or abusiveness based on any additional relevant information received by the facility after the initial screening. This information was confirmed by the screening staff during the interview process.

The Auditor reviewed the PAQ, which indicated that within the past 12 months, 307 inmates remained in the facility longer than 30 days from arrival. The facility reported that 100% of the 307 inmates were reassessed for the risk of sexual victimization or risk of sexual abuse of other inmates within 30 days of their entry into the facility.

Of the 48 inmate records reviewed by the Auditor, the initial risk assessment was completed within 72 hours of arrival, 100% of the time. Of the 48 inmates, all 48 (100%) were reassessed within thirty days of arrival.

#### Provision (g)

On the PAQ, the facility reported that an inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. This was verified by the risk screening staff through the interview process.

As stated in Provision (a), the Auditor could sit with and interview intake staff who could walk the Auditor through the intake screening and classification process. Intake staff indicated they monitor all the inmate population and will conduct a re-assessment when warranted due to:

1. A referral
2. A request
3. An incident of sexual abuse, or
4. A receipt of additional information that may have some bearing on the inmate's risk of victimization or abusiveness.

The policy that addresses this provision is ADOC Administrative Regulation (AR) 454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 14, F, 5, which specifies that all inmates shall be reassessed for risk of sexual victimization and abusiveness within thirty days of intake. In addition, upon receipt of additional information that bears on an inmate's risk of sexual victimization or abusiveness, additional screening will be conducted.

#### Provision (h)

The facility reported on the PAQ inmates are not disciplined for refusing to answer or for not disclosing complete information in response to questions asked during the assessment. This was verified by the risk screening staff during the interview process.

All individuals who conduct risk screenings acknowledged, during formal interviews and informal conversations, that inmates are not disciplined for not answering questions on the screening instrument. They indicated they were willing to explain



	<p>why the question was important and how the information obtained could help the inmate be safer, but if, after the explanation, the inmate did not want to answer the question, they would move to the next question. It was indicated they would ask the question at another time if the opportunity presented itself.</p> <p>The policy that addresses this provision is ADOC Administrative Regulation (AR) #454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 16, F, 7, indicates during the time of these assessments the ADOC shall take no formal or informal disciplinary action should an inmate refuse to participate or answer any screening questions.</p> <p>These policies are all-encompassing and do not specifically identify the inmates relative to their disabilities, gender preferences, history of sexual victimization, and/or the inmate's own perception of vulnerability. Should the inmate choose not to answer for any reason, they cannot be disciplined. The policy language is broad and applicable to this provision.</p> <p>Provision (i)</p> <p>The facility reported on the PAQ that they control the dissemination within the facility of responses to questions asked during risk screening to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. Through a formal interview and informal conversations, the PREA Director (PD) indicated that medical staff, mental health staff, classification staff, intake staff, and the IPCM have access to the screening information collected during intake. All information is limited to a need-to-know basis for staff, and is only for the purpose of treatment, security, and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments. The risk screening staff echoed this information.</p> <p>As stated in (a), the Auditor interviewed the intake staff. During that interview, the intake staff indicated access to the inmate's classification information is secured, with access controlled by classification staff.</p> <p>The policy that addresses this provision is ADOC Administrative Regulation (AR) #454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 16, F, 8, mandates there will be appropriate controls on the dissemination of screening information as to ensure each inmate's sensitive information is not exploited.</p> <p>CONCLUSION:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard for, Screening for Risk of Sexual Victimization and Abusiveness</p>
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<b>115.42</b>	<b>Use of screening information</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENTATION:**

1. Pre-Audit Questionnaire (PAQ) and supporting documentation
2. ADOC Administrative Regulation #454: Inmate Sexual Abuse and Harassment, dated January 4, 2016
3. ADOC SOP Number 454-5
4. Form 454-C: Classification PREA Risk Factors Checklist
5. Form 454-K: PREA Risk Assessment
6. PREA Director Memo (February 20, 2020): Transgender Reassessment and Housing
7. Inmate Records
8. Intake Risk Assessment Checklist
9. Risk Assessment Checklist
10. Housing Designation Spreadsheet
11. PREA Chart

These materials collectively provide evidence that the Alabama Department of Corrections (ADOC) utilizes risk screening results to inform housing, bed, work, education, and program assignments. These decisions aim to maintain the safety of inmates, particularly those at high risk for sexual victimization or likely to be sexually abusive.

**INTERVIEWS:**

**PREA Director (PD):**

The PD explained that initial inmate gender designation is based on legal sex assignment. However, subsequent assessments and classifications are individualized, focusing on safety for both the inmate and the facility population. Transgender and intersex inmates' own views about their safety are heavily weighed during housing and program assignments. These inmates undergo classification reassessments biannually or after any sexual incident. The PD also described the Inmate Search Preference Form, which allows inmates to identify as transgender or intersex discreetly and express their preference for the gender of staff conducting searches.

**Staff Responsible for Risk Screening:**

These staff members confirmed that each inmate is evaluated individually, using standardized tools such as the PREA Risk Factors Checklist and Risk Assessment Form. Staff also consider information gathered during inmate conversations to inform decisions regarding classification and housing.

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

The IPCM stated that ADOC is not operating under any consent decree or legal

mandate requiring separate housing for LGBTI inmates. All inmates, including transgender and intersex individuals, are housed within the general population unless specific safety concerns arise. Risk screening and classification tools are central to determining safe housing and programming. Personal safety concerns are addressed on an individual basis.

#### Transgender Inmates:

Inmates confirmed they are housed in the general population and are satisfied with their showering accommodations. They reported being offered the opportunity to express a preference for the gender of staff conducting searches. Review of the inmate roster validated these claims.

#### PROVISIONS

##### Provision (a):

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

After reviewing 48 inmate assessment records, the Auditor verified the information from these assessments utilized in the various classification decisions made by staff.

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

##### Provision (b)

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

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

##### Provision (c)

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

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

Provision (d)

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

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

Provision (e)

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

Provision (f)

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

As previously identified, each housing area has bathrooms with single shower stalls that are private and separate. The random staff who were interviewed also indicated that if a transgender or intersex inmate asked to shower separately, they would arrange a separate shower time from the other inmates. It was noted that the alternate shower time would be thirty minutes before or after other inmates can shower.

Provision (g)

The facility reported on the PAQ that unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment to protect lesbian, gay, bisexual, transgender, or intersex inmates, the agency always refrain from placing lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely based on such identification or status. The PC verified this.

	<p>The policy that addresses this provision is ADOC Administrative Regulation (AR) #454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 17, F, 10, c, specifies the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely based on such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment to protect such inmates.</p> <p>CONCLUSION</p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets every provision of the standard requiring screening information.</p>
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115.43	Protective Custody
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>2. ADOC Administrative Regulation 454</li> <li>3. ADOC Administrative Regulation 435</li> <li>4. Housing Designation Spreadsheet</li> <li>5. Segregation Log/Holding Cell/Crisis Cell</li> <li>6. Post Allegation Protective Custody Form</li> </ol> <p>INTERVIEWS</p> <p>Facility Head or Designee</p> <p>Through the interview process, the facility head reported that every placement in segregated housing, regardless of reason, is documented and reviewed at least every thirty days.</p> <p>Staff Who Supervise Inmates in Segregated Housing</p> <p>Through the formal interview process and informal conversations, Segregated Housing Staff reported that they had not observed a victim of sexual abuse or retaliation to be involuntarily placed in the Segregation Unit.</p> <p>Inmates in Segregated Housing</p> <p>At the time of the on-site audit, there were no inmates in segregated housing because they had alleged sexual abuse. At the time of the on-site audit, all inmates in</p>

the segregated unit were either there administratively or due to a disciplinary report.

PREA Compliance Manager (IPCM)

Through the interview process, the IPCM indicated there have not been any inmates placed in protective custody or involuntary administrative/punitive segregation in the past twelve months for risk of sexual victimization or because they were a victim of sexual abuse.

#### PROVISIONS

##### Provision (a):

The facility reported in the Pre-Audit Questionnaire (PAQ) that the agency has a policy strictly prohibiting the placement of inmates at elevated risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been conducted and it is determined that no alternative means of separation from potential abusers is available.

According to the PAQ, the facility confirmed that no inmates have been placed in involuntary administrative or punitive segregation under this standard within the past twelve months. This was further verified during the interview with the Institutional PREA Compliance Manager (IPCM), who indicated that no inmates had been placed in protective custody for reasons related to risk of sexual victimization during the same time period.

As a result, there were no inmate interviews conducted related to this standard. The Facility Head also confirmed that there have been no instances of involuntary segregated housing for inmates at risk of sexual victimization during the audit review period.

The policy which addresses this provision is ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 23, J, 1, specifies that inmates at high risk for sexual victimization or those who report sexual victimization shall not be placed in involuntary administrative or punitive segregation unless there has been an assessment of all other available alternative and a determination made that there are no other alternatives available.

##### Provision (b)

In the Pre-Audit Questionnaire (PAQ), the facility reported that, in the unlikely event an inmate is placed in segregated housing for the purpose of protecting them due to elevated risk of sexual victimization, the inmate will retain access to programs, privileges, education, and work opportunities to the greatest extent possible. This practice is in accordance with agency policy and was verified during the interview with the Facility Head.

As noted in Provision (a), there have been no instances in the past twelve months where an inmate was placed in involuntary administrative or punitive segregation for protective purposes. This information is reflected in the PAQ and was confirmed

during staff interviews.

The policy which addresses this provision is ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 23, J, 2, indicates that inmates placed into segregated housing as the only means of protecting such an inmate shall have access to all programs, privileged, education and work opportunities, to the extent possible. It shall only be until an alternative means of separation from the likely accuser can be arranged, a time period not to ordinarily exceed thirty days. In these cases, the facility shall document the basis for the facility's concerns for the inmate's safety and why no alternative means of separation can be arranged.

#### Provision (c)

The facility reported in the Pre-Audit Questionnaire (PAQ) that the agency maintains a policy prohibiting the placement of inmates at elevated risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been conducted and it is determined that no other means of separation from potential abusers is available. This policy ensures that protective custody is used only as a last resort. The Facility Head verified that this practice is followed at the facility.

The PAQ further stated that, in the unlikely event an inmate is placed in segregated housing for this purpose, they would be provided access to programs, privileges, education, and work opportunities to the greatest extent possible. This was also confirmed during the interview with the Facility Head, who emphasized the agency's commitment to limiting the use of involuntary segregation and mitigating any associated restrictions should such placement be deemed absolutely necessary.

As documented under Provision (a) and verified by both the Institutional PREA Compliance Manager (IPCM) and the Facility Head, there have been no instances in the past twelve months where an inmate was placed in involuntary administrative or punitive segregation for protective purposes. Consequently, no inmate interviews were conducted for this standard.

#### Provision (d)

The facility reported on the PAQ that zero inmates have been placed into protective custody during the past twelve months by this standard. The IPCM confirmed this. Consequently, no inmates were interviewed regarding this provision.

As stated in Provision (a), during the past twelve months, zero inmates have been placed into involuntary administrative or punitive segregation per this standard. The PAQ reflects this information.

#### Provision (e)

The facility reported in the Pre-Audit Questionnaire (PAQ) that no inmates have been placed into protective custody during the past twelve months under this standard. The Institutional PREA Compliance Manager (IPCM) confirmed this information during the audit. Consequently, no inmate interviews were conducted related to this

	<p>provision.</p> <p>As noted in Provision (a), during the past twelve months, there have been zero instances of inmates being placed in involuntary administrative or punitive segregation for protective purposes. This information is also reflected in the PAQ and was verified by staff overseeing segregated housing.</p> <p>The policy which addresses this provision is ADOC Administrative Regulation (AR) #454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 23, J, 3, states inmates placed into segregated housing as the only means to protect such an inmate shall be afforded reviews by the facility every thirty days to determine whether there is a need to continue separation from the general population.</p> <p>CONCLUSION:</p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets every provision of the standard relative to protective custody.</p>
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115.51	Inmate reporting
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>2. ADOC Administrative Regulation #454</li> <li>3. ADOC, Male Inmate Handbook, dated September 25, 2017</li> <li>4. Inmate Legal Mail Envelopes</li> <li>5. MOU with Securus for Hotline services</li> <li>6. NO MEANS NO Poster</li> </ol> <p>OBSERVATIONS</p> <p>During the on-site portion of the audit, the Auditor observed that NO MEANS NO posters were prominently displayed throughout the facility in both English and Spanish. These posters were visible in all housing units, common areas, main hallways, the intake holding area, the dining room, and other strategic locations throughout the facility. Additionally, the Auditor noted the presence of boxes clearly labeled with the word "PREA" in bold lettering placed in various locations across the facility.</p> <p>While interviewing mailroom staff, the Auditor was informed that inmates have the ability to request self-addressed envelopes addressed to the Director of the LESD</p>



(Law Enforcement Services Division). This system enables inmates to confidentially report information related to PREA via the legal mail process, ensuring that communication is kept private and secure.

The Auditor also tested the telephones in the facility to assess access to the 6611 PREA hotline. On every instance tested, the PREA hotline was functional and in compliance with the standards. When the receiver was lifted, a recorded message informed the caller of their option to make an anonymous, free phone call to the PREA Hotline. The message also notified callers that the call would be recorded, maintaining transparency in the process. Inmates are able to leave a message on the PREA hotline, with each message being up to two minutes in length.

## INTERVIEWS

### Institutional PREA Compliance Manager (IPCM)

Throughout the interview process, the IPCM reported that inmates have multiple avenues to report abuse or harassment, both to internal and external entities. Inmates can report to the State Board of Pardons and Paroles, the Office of Victim Services, or other public and private entities outside the facility/agency. The IPCM confirmed that the ADOC has a Memorandum of Understanding (MOU) with an outside agency, which allows the inmate population to contact this agency and leave anonymous messages. These messages are then forwarded directly to the agency's PREA Director via email for appropriate follow-up and resolution.

### Random Staff

Throughout the interviews with staff, it was acknowledged that staff would accept a report or allegation from an inmate and ensure it is submitted to their supervisor for further action. Staff confirmed that inmates have several ways to report incidents, including telling a staff member, calling the PREA hotline number posted throughout the facility, or telling a family member. Inmates can report allegations of sexual abuse and harassment verbally, in writing, anonymously, or through third parties.

Additionally, staff were aware of multiple ways they themselves could report incidents of sexual abuse or harassment involving inmates. All staff confirmed they could report allegations privately to their supervisor, another supervisor, the IPCM, or the PREA Director.

### Random and Targeted Inmates

Through the interview process, both random and targeted inmates reported that they were aware of several methods to report incidents of sexual abuse or harassment. These methods included using the hotline number, contacting the PREA Compliance Manager (PCM), having family members contact the institution on their behalf, or directly reporting to a staff member.

## PROVISIONS

### Provision (a)

The facility reported on the PAQ that the agency provides multiple internal ways for inmates to report privately:

Sexual abuse and sexual harassment

Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment

Staff neglect or violation of responsibilities that may have contributed to such incidents

The PCM verified this during the interview process.

The policy that addresses this provision is ADOC Administrative Regulation (AR) 454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 21, Section H, 2, a, specifies that inmates may report sexual abuse or harassment verbally or in writing, third party or anonymously. Inmates may file a grievance, call the PREA hotline, deposit a complaint in the PREA drop box (a secure receptacle located at each facility), tell the IPCM, contact LESD by using a pre-addressed LESD envelope, or they may say to any staff, contractor or volunteer and expect the information to be reported immediately and thoroughly investigated as indicated in this policy.

Provision (b)

The facility reported in the Pre-Audit Questionnaire (PAQ) that the agency provides at least one method for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The Institutional PREA Compliance Manager (PCM) confirmed this during the interview process.

The Auditor reviewed a copy of the Memorandum of Understanding (MOU) between Securus Technologies and the Alabama Department of Corrections (ADOC), which went into effect on May 15, 2019. The contract establishes a comprehensive correctional communications system statewide. As part of this system, the following hotline numbers are available on every inmate's telephone, operational 24 hours a day, seven days a week:

PREA and Investigations and Intelligence Hotline (\*6611) – This call is recorded and archived because it serves as both the third-party and in-house hotline.

ADOC Crime Tip Hotline: 1-866-293-7799, Option 4.

ACAR Hotline: 1-800-639-4357 – This call is not recorded or monitored, as it serves as a confidential support line for inmates.

The recording feature on these telephones ensures that all calls are stored for at least five years. The vendor is responsible for maintaining these call recordings, which are accessible online to the ADOC at no additional cost. Through the system, authorized users can lock call recordings to ensure their retrieval beyond the online storage period. Once a call recording is closed, it remains available online and can be unlocked if necessary.

Provision (c)

	<p>The facility reported in the Pre-Audit Questionnaire (PAQ) that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to promptly document any verbal reports of sexual abuse and sexual harassment. This practice was verified during the interview process with random staff, all of whom confirmed that they understand their responsibility to document verbal reports of abuse or harassment and ensure they are forwarded to the appropriate authorities for further action.</p> <p>A review of the inmate handbook published September 25, 2017, p. 23, states, "All reports are investigated and are confidential – the ADOC and its staff want to keep you safe!"</p> <p>The policies that address this provision are:</p> <p>ADOC Administrative Regulation (AR) #454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 19, Section H, 1, a, states ADOC employees, can receive information, including verbal, written, third party reports or anonymous complaints, concerning inmate sexual abuse, sexual harassment and custodial sexual misconduct; retaliation against inmates or staff who report such an incident, or any staff neglect or violation of responsibility that may have contributed to an incident or violation shall immediately report the incident through their chain of command.</p> <p>ADOC Administrative Regulation (AR) #454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 19, H, 1, b, stated that any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, and custodial sexual misconduct shall be reported immediately.</p> <p>Provision (d)</p> <p>PAQ indicates the agency provides a method for staff to report sexual abuse and sexual harassment of inmates privately. The PCM verified this during the interview process.</p> <p>As identified in Provision (c), this matter is addressed in ADOC Administrative Regulation (AR) 454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, V. Procedures, Section H.</p> <p>CONCLUSIONS:</p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets every provision of the standard relative to inmate reporting</p>
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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

### DOCUMENTATION:

1. Pre-Audit Questionnaire (PAQ) and Supporting Documentation:
2. ADOC Administrative Regulation #454
3. ADOC AR406, Inmate Grievance Policy, dated August 1, 2023

### INTERVIEWS:

#### Random Staff

Through the interview process, staff reported that allegations of sexual abuse and sexual harassment are considered grievable issues.

#### Random Inmates

Through formal interviews and informal conversations, inmates confirmed that allegations of sexual abuse and sexual harassment are considered grievable issues.

### PROVISIONS:

#### Provision (a):

The agency and facility both report that they have an administrative procedure to address inmate grievances regarding sexual abuse.

The Pre-Audit Questionnaire (PAQ) indicates the agency/facility has a formal procedure for addressing inmate grievances regarding sexual abuse.

According to the PAQ, the facility reported zero grievances filed in the past twelve months regarding sexual abuse, and grievances reached a final decision within 90 days after being filed.

The Auditor reviewed ADOC Administrative Regulation #454 and the Inmate Handbook, both of which confirm the existence of a grievance procedure for addressing sexual abuse.

#### Provision (b):

The PAQ indicates that the facility/agency policy allows an inmate to submit a grievance regarding sexual abuse at any time, regardless of when the incident is alleged to have occurred. The policy does not require inmates to use the informal grievance process or resolve the issue with staff before filing a formal grievance.

The following policies address this provision:

ADOC AR406, Inmate Grievance Policy, dated August 1, 2023, p. 6, F: Staff are expected to resolve inmate complaints at the lowest level possible and assist with informal resolutions.

ADOC AR406, p. 6, G: No time limit is imposed on the submission of grievances

regarding allegations of sexual abuse or harassment.

Provision (c):

The PAQ indicates the agency's policy allows inmates to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

The following policies address this provision:

ADOC AR406, Inmate Grievance Policy, p. 5-6, E: Inmates are not required to handle grievances through staff members who are the subject of the grievance. While inmates are encouraged to address issues at the lowest level, they are not obligated to discuss grievances with staff who are involved.

ADOC AR406, p. 8, R: Grievances alleging sexual abuse or sexual harassment will be logged and forwarded to the IPCM for investigation per AR 454.

Provision (d):

According to the PAQ, the facility reports zero grievances filed in the past 12 months that alleged sexual abuse.

The following policy addresses this provision:

ADOC AR406, p. 9-10, Z, 1, d: The IGO shall provide a response to Step 1 of grievances within ten (10) days of receipt.

Provision (e):

The PAQ indicates that the agency permits third parties (e.g., fellow inmates, staff, family members, attorneys, outside advocates) to assist inmates in filing grievances relating to allegations of sexual abuse, and to file such grievances on behalf of inmates. The policy requires documentation if an inmate declines third-party assistance in filing a grievance.

The following policy addresses this provision:

ADOC AR406, p. 5, D: Inmates may obtain assistance from other inmates, family members, or attorneys in preparing a grievance. However, no individual may submit a grievance on behalf of an inmate.

Provision (f):

The PAQ indicates that the agency has established procedures for filing emergency grievances related to an inmate's substantial risk of imminent sexual abuse, which require an initial response within 48 hours.

According to the PAQ, there were zero emergency grievances filed in the past twelve months alleging a substantial risk of imminent sexual abuse.

The following policies address this provision:

ADOC AR406, p. 10-11, AA, 1: Emergency grievances are logged, expedited, and forwarded to the Warden/Designee. If deemed an emergency, the Warden/Designee must address the issue immediately and document the response.

	<p>ADOC AR406, p. 11, AA, 4: Appeals of emergency grievances must be forwarded to the DGC, who will decide on the appeal within 72 hours.</p> <p>Provision (g):</p> <p>The PAQ indicates that the agency has a written policy limiting the ability to discipline inmates for filing a grievance alleging sexual abuse to cases where the grievance is filed in bad faith. In the past twelve months, the facility had zero instances where inmates were disciplined for filing a grievance in bad faith.</p> <p>The following policy addresses this provision:</p> <p>ADOC AR406, p. 7, L: Reprisals for the use of or participation in the grievance process are prohibited. Retaliation by staff or inmates will result in disciplinary actions and may lead to criminal investigation or prosecution.</p> <p>CONCLUSION:</p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding the exhaustion of administrative remedies.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>2. ADOC Administrative Regulation #454</li> <li>3. MOU with Alabama Coalition Against Rape</li> <li>4. PREA Posters</li> <li>5. Alabama Advocacy Hotline</li> <li>6. MOU with Outside Confidential Support Service Agency Advocacy Centers Contact Information</li> </ol> <p>OBSERVATIONS:</p> <p>During the tour of the facility, the Auditor observed NO MEANS NO posters in both English and Spanish displayed throughout the facility, including in housing units, common areas, and key locations such as the intake holding area and dining room.</p> <p>INTERVIEWS:</p> <p>Inmates:</p>

Through formal interviews and informal conversations with inmates, it was confirmed that inmates were aware of the availability of outside confidential support services related to sexual abuse. Inmates also indicated their familiarity with the PREA Hotline (\*6611), noting that although the calls are recorded and archived, some information shared could be provided to facility staff.

Institutional PREA Compliance Manager (IPCM):

During the interview, the IPCM confirmed that the facility has an active MOU with an outside confidential support services agency to offer emotional support services to inmates related to sexual abuse.

Representative from One Place Family Justice Center:

The Auditor spoke with a representative from the One Place Family Justice Center located at 530 S Lawrence Street, Montgomery, AL 36104, at #334-262-7378. The representative confirmed that victim advocates are available to provide emotional support services, and they accompany the victim before, during, and after the examination. Additionally, they conduct follow-up to ensure aftercare services are arranged.

PROVISIONS:

Provision (a):

According to the PAQ, the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. This was confirmed by the IPCM during the interview. The facility provided the Auditor with a listing of Alabama Coalition Against Rape (ACAR) member crisis centers, including mailing addresses and contact phone numbers. The listing was organized by county for easy access by respective facilities. The representative from One Place Family Justice Center, confirmed that their services are available to inmates at this facility.

Provision (b):

During the facility tour, the Auditor tested several payphones to ensure access to the ADOC PREA hotline. Each time, the PREA hotline functioned properly. The phones are checked at the beginning of each shift by intermediate or higher staff to ensure they are in working order.

The representative from One Place Family Justice Center also confirmed that their staff informs victims that certain information shared with advocates may need to be disclosed to facility staff for purposes related to institutional security, PREA investigations, and medical/mental health services.

Provision (c):

The Auditor reviewed a copy of the MOU between the ADOC and the Alabama Coalition Against Rape (ACAR). The MOU outlines the provision of confidential emotional support services related to sexual abuse. ACAR is required to maintain or

	<p>establish partnerships with community service providers to ensure services are available to inmates within proximity to each facility. The ACAR Hotline (1-800-639-4357) is not recorded or monitored, as it serves as a confidential support line for victims.</p> <p>CONCLUSION:</p> <p>Based on the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard concerning inmate access to outside confidential support services.</p>
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<b>115.54</b>	<b>Third-party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>2. ADOC webpage links</li> <li>3. ADOC Administrative Regulation #454</li> <li>4. Reporting Forms for LESD</li> <li>5. Website Publication Showing DOC PREA Email</li> </ol> <p>INTERVIEWS:</p> <p>Inmates:</p> <p>Through the interview process, inmates confirmed their awareness of third-party reporting options and indicated they would utilize this method if necessary.</p> <p>PROVISIONS:</p> <p>Provision (a):</p> <p>The ADOC has made third-party reporting accessible through its official agency website. An individual wishing to report a PREA-related incident can do so by visiting the PREA link, which is located under the ADOC tab. Under the PREA Director's name, there is a link titled Request an Investigation (<a href="http://www.doc.state.al.us/PREA">http://www.doc.state.al.us/PREA</a>), which allows the initiation of a third-party request.</p> <p>Additionally, ADOC offers another access point for third-party reporting through the "About ADOC" tab on the website. Below the PREA Director's name, a link is provided that asks the individual if they would like to email their report, with the option to send the report to the email address: <a href="mailto:DOC.PREA@doc.alabama.gov">DOC.PREA@doc.alabama.gov</a>.</p> <p>CONCLUSION:</p>



	Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding third-party reporting.
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<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>2. ADOC Administrative Regulation #454</li> <li>3. ADOC Administrative Regulation #302</li> </ol> <p>INTERVIEWS</p> <p>Random Staff</p> <p>During the interview process, staff acknowledged the requirement to immediately report any allegation of sexual abuse in a manner compliant with policy. All staff members articulated that any information related to a sexual abuse report must remain confidential. They are only permitted to notify staff that need to know, such as their supervisor or medical staff. Revealing any information about the report to others is prohibited unless necessary for treatment, investigation, security, or management purposes. All staff (100%) confirmed that PREA-related allegations and reports are forwarded to the IPCM, who subsequently notifies the investigative staff.</p> <p>Medical and Mental Health Practitioners</p> <p>During the interview process, medical and mental health professionals confirmed their understanding of the policy and their obligations under it. They were able to articulate their duty to immediately report an allegation of sexual abuse. They also expressed their responsibility to inform the victim (inmate) of the limitations of confidentiality before providing any services, due to mandatory reporting requirements.</p> <p>Facility Head or Designee</p> <p>During the interview process, the Facility Head acknowledged awareness of the requirement to report any abuse allegations to the appropriate agency as required by law, in addition to the PCM and agency investigators. The Facility Head confirmed that all staff must immediately report any knowledge, suspicion, or information regarding sexual abuse or sexual harassment, regardless of whether it is part of the agency. The same reporting directive applies to retaliation or staff neglect related to sexual abuse or sexual harassment.</p>

PREA Director (PD)

During the interview process, the PD confirmed that the facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigator.

PROVISIONS

Provision (a)

The facility reported on the PAQ that all staff are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, regardless of whether it is part of the agency. The same directive applies to retaliation or staff neglect as it relates to sexual abuse or sexual harassment. The Facility Head confirmed this during the interview process.

The policies that address this provision are:

ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 19, Section H, 1, a, specifies that ADOC employees/staff who receive any information, including verbal, written, third-party reports, and anonymous complaints concerning inmate sexual abuse, sexual harassment, custodial sexual misconduct, retaliation against inmates or staff, or any staff neglect or violation of responsibilities related to such incidents, shall immediately report the incident through their chain of command.

ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 19, Section H, 1, b, states that any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, and custodial sexual misconduct must be reported.

The ADOC provides all first responders with a pocket-size spiral booklet entitled "Prison Rape Elimination Act (PREA). A Trauma-Informed Guide for First Responders," which serves as a quick reference guide for all aspects of the PREA process, including staff responsibilities to preserve evidence and the process for disseminating information.

Provision (b)

The facility reported on the PAQ that apart from reporting to designated supervisors or officials, staff 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 or management decisions. This was verified by random staff during the interview process.

The policy that addresses this provision is ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 19, Section H, 1, c, which specifies that an employee or staff member shall not reveal any information related to a PREA incident to anyone other than to the extent

necessary for investigation, management, or treatment decisions. Initial interviews with potential sexual abuse victims should only include information required to protect the victim from immediate harm until an investigator arrives for a more detailed interview.

The Auditor reviewed a copy of the inmate's Informed Consent for Medical Services before treatment, which releases and permits the medical or mental health care provider to provide pertinent information to individuals who need to know.

#### Provision (c)

The facility reported on the PAQ that medical and mental health practitioners are required to inform inmates of the practitioner's duty to report and the limitations of confidentiality at the initiation of services. This was verified by medical and mental health practitioners during the interview process.

The policy that addresses this provision is ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 20, Section H, 1, f, which states that medical and mental health practitioners must ensure that all inmates are informed, before the initiation of services, of the limits of confidentiality and must report information about sexual victimization to the facility IPCM.

The ADOC provides all first responders with the "Prison Rape Elimination Act (PREA). A Trauma-Informed Guide for First Responders" booklet, which outlines the responsibilities of medical staff to preserve evidence and manage the dissemination of information.

#### Provision (d)

The facility reported on the PAQ that if the alleged victim is under 18 or considered a vulnerable adult under a state or local vulnerable person's statute, the agency will report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The Facility Head verified this during the interview process.

The policy that addresses this provision is ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 20, Section H, 1, g, which mandates that any allegation of sexual abuse or sexual harassment involving a youthful inmate or a vulnerable adult inmate under state statute must additionally be reported to the Alabama Department of Human Resources.

#### Provision (e)

The facility reported on the PAQ that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are reported to the facility's designated investigator. This was verified by the PREA Coordinator during the interview process.

	<p>The policy that addresses this provision is ADOC Administrative Regulation (AR) #454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 19, Section H, 1, b, which specifies that any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, or custodial sexual misconduct must be reported to the IPCM, PREA Director, and I&amp;I investigator immediately, in accordance with AR302, Incident Reporting.</p> <p>CONCLUSION:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding staff and agency reporting duties</p>
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115.62	Agency protection duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>2. ADOC Administrative Regulation #454</li> <li>3. Transfer of Inmate due to Sexual Safety</li> <li>4. Housing Placement (Housing Designation Log)</li> <li>5. Coordinated Response Plan</li> </ol> <p>INTERVIEWS</p> <p>Facility Head or Designee</p> <p>During the interview, the Facility Head confirmed that immediate action would be taken to protect an inmate who is at risk of sexual abuse. Depending on the circumstances and what is needed to ensure the inmate's safety, the victim may be relocated to another housing area or transferred to a different facility. If the perpetrator is known, they would be immediately placed in segregated housing to separate them from the victim.</p> <p>Random Staff Interviews</p> <p>Through interviews with random staff, it was consistently reported that staff are trained and prepared to respond immediately upon receiving an allegation of sexual abuse. Staff stated they would promptly separate the victim and the alleged perpetrator, ensure the safety and well-being of the victim, contact their supervisor without delay, and take steps to preserve any potential evidence. Staff emphasized</p>

	<p>that their first priority would be to protect the inmate.</p> <p><b>PROVISIONS</b></p> <p>Provision (a)</p> <p>The facility reported in the PAQ that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, immediate action is taken to protect the inmate. Within the past twelve months, there were no reported instances where the agency or facility determined that an inmate was at substantial risk of imminent sexual abuse. This information was confirmed through interviews with the Facility Head and informal conversations with staff.</p> <p>Policies Addressing this Provision:</p> <p>ADOC Administrative Regulation (AR) #454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 23, Section J, 1, states that inmates at high risk for sexual victimization or those who report such incidents shall not be placed in involuntary administrative or punitive segregation unless an assessment determines that no other alternatives are available.</p> <p>ADOC Administrative Regulation (AR) #454, p. 10, Section K, 3, specifies that the Institutional PREA Compliance Manager (IPCM) is responsible for recommending the placement and/or transfer of inmates involved in reports of sexual abuse or harassment. The IPCM must take immediate action when an inmate is believed to be at substantial risk of imminent sexual abuse, with final approval from the Warden or designee.</p> <p><b>CONCLUSION:</b></p> <p>Based on a comprehensive review and analysis of documentation, staff interviews, and agency policy, the Auditor concludes that the facility meets the requirements of this standard. The agency demonstrates that it has effective procedures in place to take immediate action to protect inmates from substantial risk of imminent sexual abuse</p>
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<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION REVIEWED:</p> <ol style="list-style-type: none"> <li>1.</li> <li>2. C Form 454-F, Reporting to Other Confinement Facilities</li> <li>3.</li> </ol>

## INTERVIEWS

### Agency Head Designee

The Agency Head Designee confirmed during the interview that any notification received regarding a PREA-related incident—including sexual abuse, sexual harassment, or staff sexual misconduct—that occurred at another facility is thoroughly investigated according to established guidelines. Investigations are conducted in compliance with the agency's standards and applicable PREA requirements.

### Facility Head

The Facility Head indicated that upon receiving an allegation of sexual abuse or harassment that occurred at another facility, the matter is immediately assigned for investigation. Furthermore, when an inmate reports such an incident, the facility where the abuse is alleged to have occurred is notified as soon as possible, but no later than 72 hours after receiving the report.

## PROVISIONS

### Provision (a)

The facility reported in the PAQ that when an allegation is received indicating an inmate was sexually abused while confined at another facility, the head of the facility that receives the allegation notifies the head of the facility or appropriate office where the alleged abuse occurred.

### Policy Reference:

ADOC Administrative Regulation (AR) #454, dated January 4, 2016, p. 20, Section H, 1, d, mandates that the Warden must notify the head of the other facility as soon as possible, but no later than 72 hours from receiving the allegation.

ADOC Form 454-F, Reporting to Other Confinement Facilities, is used to document this notification process.

### Provision (b)

The facility confirmed in the PAQ that the agency's policy requires the Facility Head to notify the other facility within 72 hours of receiving the allegation. This was affirmed by the Facility Head during the interview.

The IPCM provided a completed example of ADOC Form 454-F for the Auditor's review, further demonstrating adherence to this process.

### Provision (c)

The PAQ reported, and the Facility Head confirmed, that the facility documents all notifications to other facilities using ADOC Form 454-F, ensuring compliance with the 72-hour requirement. The facility also reported that no such notifications were

	<p>required in the past twelve months.</p> <p>Provision (d)</p> <p>The PAQ indicated that any allegations of sexual abuse received from another facility or agency are investigated in accordance with PREA standards. The Facility Head confirmed this process. The facility also reported receiving no such allegations during the past twelve months.</p> <p>CONCLUSION</p> <p>Based on a thorough review of documentation, interviews with key staff, and an analysis of agency policy and procedures, the Auditor concludes that the agency/ facility fully meets the requirements of Standard §115.63 – Reporting to Other Confinement Facilities. The agency demonstrates clear procedures for timely notification, documentation, and investigation, even in the absence of applicable cases in the past year.</p>
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115.64	Staff first responder duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation.</li> <li>2. ADOC Administrative Regulation #454</li> <li>3. PREA First Responder Duty Card</li> <li>4. PREA Pocket Guide for First Responders</li> </ol> <p>INTERVIEWS</p> <p>Security Staff - First Responders</p> <p>Through the interview process, security staff first responders acknowledged training in the PREA process through annual in-service training, on-the-job training, and staff meetings.</p> <p>Security First Responders</p> <p>Through the interview process, non-security staff indicated they would notify security staff, separate the victim and the perpetrator, direct the victim and the perpetrator not to do anything to destroy evidence, and keep the scene secure until security staff arrived. They verbalized the importance of, as well as their understanding of the need for confidentiality in all cases.</p> <p>Staff</p>

Through the interview process, staff were consistently able to articulate to the Auditor, step-by-step, how to respond to a PREA incident. All staff were aware of the mandate to separate the perpetrator from the victim, preserve physical evidence, as well as the area the incident occurred, seek medical aid, as needed, and report the incident.

#### Inmates Who Reported Sexual Abuse

Through the interview process, inmates who reported sexual abuse reported:

1. The facility staff was responsive to them when they reported the incident.
2. Being referred for a forensic examination immediately.
3. Those who were referred for a forensic examination reported being offered a victim advocate.
4. The victim advocate was with them during the examination and helped them understand what was going to happen.
5. Not having to pay for any medical treatment.
6. 100% of the inmates reported they were not asked to take a polygraph test.
7. Being notified in writing of the results of the investigation

#### PROVISIONS

##### Provision (a)

The facility reported on the PAQ that the agency has a first responder policy for allegations of sexual abuse. The security and non-security first responders verified this.

All security staff, non-security staff and administrative staff interviewed had a First Responder Duty Card. This card is a pocket size laminated card that provides a step-by-step outline of what staff are required to follow when a PREA incident occurs or is reported. Each card provides bulleted items from the PREA policy mentioned in this provision.

The Auditor was provided a copy of the spiral bound pocket booklet entitled "Prison Rape Elimination Act PREA- A Trauma-Informed Guide for First Responders." This booklet was provided to all staff. The booklet is divided into the following sections:

1. Intro to PREA
2. Definitions
3. PREA Components
4. Prevention
5. Detection
6. Response
7. Summary and Resources.

Each section gives the staff an overview of all aspects of PREA related issues and responsibilities and roles of first responders, as well as other staff.



The PAQ and the PREA Chart indicates there were 69 sexual abuse allegations

All 69 allegations were inmate-on-inmate sexual abuse. These allegations were investigated criminally. After the investigation, 2 allegations were deemed unfounded, 20 were unsubstantiated, and 47 are ongoing. Prosecution was declined in all closed cases. In all sexual abuse cases, the alleged victim was offered medical and mental health services. Retaliation monitoring was conducted until the allegation was deemed unfounded, the victim was left the facility by transfer or release, or the mandatory 90 days of monitoring had elapsed. In every closed case, the inmate was promptly notified in writing of the investigation results. All closed sexual abuse cases, except those deemed unfounded, underwent a sexual abuse incident team review.

In the past 12 months, there were 8 allegations of sexual harassment. Of these, 7 involved inmate-on-inmate incidents and were investigated administratively. After the investigations, 3 were deemed to be unsubstantiated and 4 were ongoing.

One allegation of staff-on-inmate sexual harassment was investigated administratively. This allegation was ongoing at the time of the on-site audit.

In all resolved sexual harassment cases, the inmate received prompt written notification of the investigation results.

The policy which addresses this provision is ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 17, Section G, 1, a-g, states that upon learning of an allegation of a PREA related incident, the first responder shall:

- a. Ensure the victim(s), aggressor(s), and witness(es) are physically separated.
- b. Protect and preserve the crime scene until appropriate steps can be taken to collect evidence.
- c. Request the victim not bathe, wash, brush teeth, eat, drink, smoke, urinate or defecate.
- d. Ensure the alleged aggressor does not bathe, wash, brush teeth, eat, drink, smoke, urinate or defecate.
- e. If the first responder staff is not security staff, the responder should request the alleged victim not take any actions that would destroy evidence and notify security staff.
- f. Do not show the alleged victim(s), aggressor(s), or witness(es) any evidence, such as but not limited to, pictures or video footage of the incident, and do not interview any of these parties on the specifics of the incident.
- g. As soon as possible first responders shall notify the Shift Commander of the incident and draft an Incident Report.

Provision (b)

	<p>Information received regarding the allegations of sexual abuse and sexual harassment indicate that in the past 12 months, there were 69 allegations of sexual abuse and 8 allegations of sexual harassment.</p> <p>The PAQ indicates there were zero times the first responder was not a security staff member.</p> <p>The Auditor's review of the PREA training curriculum all staff, volunteers, and contractors received identifies whoever received the information first, as a First Responder, including staff, volunteers, and contractors. As a First Responder these individuals are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the alleged perpetrator, remove all uninvolved parties, relay any observations to the investigators, IPCM or shift commander.</p> <p>CONCLUSION:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding staff first responder duties.</p>
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<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION REVIEWED:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>2. ADOC Administrative Regulation #454</li> <li>3. PREA First Responder Card</li> <li>4. PREA Pocket Guide for First Responders</li> <li>5. Coordinated Response Standard Operating Procedure (SOP)</li> </ol> <p>INTERVIEWS</p> <p>Facility Head Interview</p> <p>Through the interview process, the Facility Head confirmed that the facility has developed and implemented a Coordinated Response Plan that clearly defines the responsibilities of all staff involved in responding to incidents of sexual abuse. This includes staff first responders, medical and mental health personnel, investigators, and facility leadership.</p>

The Facility Head further explained that training on the coordinated response is regularly provided through annual in-service training, monthly staff meetings, and on-the-job training sessions. Staff are equipped with resources such as the PREA First Responder Card and the PREA Pocket Guide to ensure they are familiar with their duties.

## PROVISIONS

### Provision (a)

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

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

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

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

### Policies and Procedures Supporting This Provision:

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

1. Section G, 1 (p.17) – Responsibilities of the First Responder
2. Section G, 2 (p.18) – Responsibilities of the Shift Commander
3. Section G, 3 (p.18) – Responsibilities of Medical and Mental Health Staff
4. Section H, 1 (p.19) – Responsibilities of Employees and Staff when Reporting Allegations
5. Section H, 2 (p.21) – Inmate Reporting Procedures
6. Section I, 1 (p.22) – Roles of the IPCM and Investigators in Inmate-on-Inmate and Staff-on-Inmate Abuse
7. Section I, 2 (p.22) – Responsibilities in Investigating Inmate-on-Inmate Sexual Harassment

These policies collectively outline a clear, institution-wide response plan that ensures

	<p>coordination among all relevant personnel.</p> <p>CONCLUSION:</p> <p>Based upon the review and analysis of all available documentation and interviews, the Auditor has determined that the agency/facility meets all provisions of Standard §115.65 – Coordinated Response. The institution has implemented a detailed and well-communicated response plan, supported by policy, staff training, and practical resources that guide staff in fulfilling their responsibilities effectively.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION REVIEWED:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>2. ADOC Administrative Regulation #454</li> <li>3. ADOC Memorandum: Collective Bargaining and PREA Standard 115.66, dated March 19, 2019</li> </ol> <p>INTERVIEW</p> <p>Agency Head or Designee Interview</p> <p>Through the interview process, the Personnel Director confirmed that correctional officers and other prison staff employed by the Alabama Department of Corrections (ADOC) are not represented by a labor union. Additionally, the ADOC does not engage in collective bargaining with correctional officers or other facility staff. As a result, there are no union agreements that would interfere with the agency's ability to take immediate action to protect inmates from contact with staff who are alleged to have committed sexual abuse.</p> <p>PROVISIONS</p> <p>Provision (a)</p> <p>The facility reported in the PAQ that the State of Alabama does not participate in collective bargaining. This information was confirmed by the Agency Head Designee during the interview.</p>

	<p>The policy that addresses this provision is outlined in the ADOC Memorandum: Collective Bargaining and PREA Standard 115.66, dated March 19, 2019. The memorandum, issued by the agency Personnel Director, explicitly states that correctional staff employed by the ADOC are not part of any labor union, and that the ADOC does not collectively bargain with facility staff.</p> <p>In accordance with ADOC policy and practice, facility management retains the authority to immediately separate any employee who is the subject of a sexual abuse allegation from contact with inmates. This separation may involve reassignment, redirection of duties, or restriction of access to the facility during the course of an investigation.</p> <p>The facility also reported that during the audit period, there were no PREA-related incidents requiring the removal of a staff member from inmate contact pending the outcome of an investigation.</p> <p>Provision (b)</p> <p>This provision is not applicable. The Auditor is not required to audit this provision.</p> <p>CONCLUSION:</p> <p>Based on the review and analysis of all available documentation and interviews, the Auditor has determined that the agency/facility meets all provisions of Standard §115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers. The agency retains full authority to act in the interest of inmate safety without restriction from collective bargaining agreements.</p>
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115.67	Agency protection against retaliation
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>2. ADOC Administrative Regulation (AR) #454</li> <li>3. ADOC Form 454-D – Sexual Abuse/Harassment Retaliation Monitoring</li> </ol> <p>INTERVIEWS</p> <p>Agency Head or Designee</p> <p>The Personnel Director confirmed that retaliation monitoring begins on the date an</p>

allegation is received and continues for a period of 90 days, unless the allegation is unfounded. In such cases, monitoring may be discontinued. Monitoring is extended to anyone—staff or inmate—who fears retaliation related to a PREA-related allegation or investigation.

#### Facility Head or Designee

The Facility Head reported that various protective measures are employed to guard against retaliation. These include monitoring for changes in housing assignments, work details, and disciplinary reports for inmates, as well as observing for negative performance evaluations or reassignments for staff. The staff responsible for retaliation monitoring confirmed this practice.

#### Retaliation Monitor

The Retaliation Monitor emphasized that retaliation is taken seriously and is proactively addressed with both staff and inmates. The monitor ensures staff and inmates are aware they can report PREA-related issues without fear of retaliation. Retaliation monitoring typically focuses on victims, but anyone expressing a fear of retaliation is also monitored. Monitoring includes monthly status checks for at least 90 days and is documented using ADOC Form 454-D. The facility reported zero instances of retaliation during the past 12 months.

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

At the time of the on-site audit, there were no inmates in segregated housing due to risk of sexual victimization or as a result of reporting sexual abuse.

#### Inmates Who Reported Sexual Abuse

Interviews with inmates who had reported sexual abuse confirmed that:

1. Staff responded promptly to their reports
2. Forensic exams were offered immediately
3. Victim advocates were made available and were present during exams
4. No medical expenses were incurred by the inmate
5. No inmates were asked to submit to a polygraph
6. Inmates received written notification of investigative outcomes

#### PROVISIONS

##### Provision (a)

The facility reported through the PAQ that the agency maintains a formal policy to protect all individuals (staff or inmates) who report or cooperate with sexual abuse or harassment investigations from retaliation. This policy mandates a 90-day monitoring period, extendable as needed.

The Institutional PREA Compliance Manager (IPCM) is designated as the person

primarily responsible for monitoring retaliation.

Relevant policy excerpts:

ADOC AR #454, p. 23, Section K.1, prohibits retaliation in any form Section K.2 assigns the Warden and IPCM responsibility for ensuring protection from retaliation

Provision (b)

The facility reported it utilizes a range of protective measures, including housing changes, work reassignments, separation of abusers, and access to emotional support services. The Facility Head confirmed these strategies.

Policy Reference: ADOC AR #454, pp. 23–24, Section K.2 outlines protection measures and assigns oversight responsibility to the Warden and IPCM.

A review of ADOC Form 454-D showed no documented cases of retaliation among the 69 reported allegations of sexual abuse in the previous 12 months.

Provision (c)

The agency monitors both inmates and staff for changes in treatment or behavior that might indicate retaliation. Monitoring extends for 90 days, with extensions if warranted.

Although the PAQ indicated five instances of retaliation in the past 12 months, the Retaliation Monitor reported zero such incidents, suggesting potential discrepancies to be clarified.

Policy Reference: ADOC AR #454, p. 23, Section K.2.a, mandates regular monitoring by the IPCM for at least 90 days, extendable in 30-day increments.

Provision (d)

Retaliation monitoring includes documented periodic status checks. The Retaliation Monitor demonstrated the use of ADOC Form 454-D, a detailed form covering 13 weeks of monitoring. It includes:

1. Dates of checks
2. Actions taken
3. Monitoring staff comments
4. Final findings and resolution notes
5. Signature of IPCM

Provision (e)

The PAQ confirms and the Retaliation Monitor verified that any individual expressing fear of retaliation—whether a victim, witness, or staff—is eligible for monitoring and protection.

Policy Reference: ADOC AR #454, p. 23, Section K.2.d, instructs staff to take all

	<p>appropriate measures to protect anyone who expresses fear of retaliation.</p> <p>Provision (f)</p> <p>This provision is not subject to audit.</p> <p>CONCLUSION:</p> <p>Based on documentation review, staff and inmate interviews, and direct observation, the Auditor concludes that the agency/facility meets all provisions of Standard §115.67 – Agency Protection Against Retaliation. The facility has policies, procedures, and practices in place to ensure individuals are protected from retaliation in accordance with PREA standards</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>2. ADOC Administrative Regulation #454</li> <li>3. ADOC Form 454-H, Prison Rape Elimination Act (PREA) Post-Allegation Protective Custody, dated January 4, 2016</li> </ol> <p>OBSERVATIONS:</p> <p>During the facility tour, it was observed that there were no inmate victims of sexual abuse placed in restrictive housing as a means of involuntary protection or segregation. Housing assignments for inmates were consistent with standard classification procedures and no inmates were observed or identified as being housed in segregation due to a sexual abuse allegation.</p> <p>INTERVIEWS:</p> <p>Facility Head or Designee:</p> <p>The Facility Head confirmed that the facility strictly adheres to agency policy prohibiting the placement of sexual abuse victims in involuntary segregation unless no other alternative is available. All placement decisions are made after assessing alternative housing options. In such rare cases, inmates receive a formal review every 30 days to assess the continuing need for separation from the general population. Additionally, victims housed in segregation for protective purposes retain access to programming, education, and work, consistent with safety and security requirements.</p>



The Facility Head also noted that, when necessary, inmates may be transferred to another facility for their protection.

#### Staff Who Supervise Inmates in Segregated Housing:

Staff supervising restrictive housing confirmed that segregation is not automatically used for inmate victims of sexual abuse. They stated that multiple alternative housing options are considered first, and segregation is only used as a last resort when no other options exist. When segregation is used, it is temporary, and reviews are conducted every 30 days.

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

At the time of the on-site audit, the facility reported zero inmates in segregated housing due to risk of sexual victimization or post-allegation protective concerns. This was corroborated during interviews with segregation staff and supported by documentation.

#### PROVISIONS:

##### Provision (a):

The PAQ and supporting documentation confirm that the facility follows policy prohibiting the involuntary placement of inmate victims of sexual abuse in segregated housing unless all alternative housing options have been assessed and found unsuitable. In such cases, the facility must document the basis for the concern and the lack of alternative means of separation using ADOC Form 454-H.

In the past twelve months:

1. Zero inmates were held involuntarily in segregated housing for 1-24 hours pending assessment.
2. Zero inmates were held involuntarily in segregated housing for more than 30 days.

If involuntary segregated housing is used, a review is conducted every 30 days to evaluate continued need, and inmates retain access to programs and privileges to the extent possible.

Policies addressing this provision include:

ADOC AR #454, Section J, 1: Inmates at high risk or reporting sexual abuse shall not be placed in involuntary segregation unless all other housing alternatives have been exhausted and documented.

ADOC AR #454, Section J, 2: When segregation is the only available protective measure, it must be limited in duration (not to exceed 30 days), and access to programs and activities must be preserved to the extent possible. The rationale must be documented using Form 454-H.

	<p><b>CONCLUSION:</b></p> <p>Based on a comprehensive review of policy, documentation, facility observations, and interviews, the Auditor has determined that the agency/facility does meet the requirements of PREA Standard §115.68 – Post-Allegation Protective Custody.</p>
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<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENTATION</u></b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment</li> <li>3. ADOC Administrative Regulation #300 – Institutional Management</li> <li>4. ADOC Standard Operating Procedure Investigations &amp; Intelligence #454 – PREA Sexual Assault Investigations</li> <li>5. Alabama Department of Corrections Form #454-C – Investigative Summary Report</li> <li>6. Investigative Outcomes and Dispositions</li> <li>7. Investigative Review Team Meeting Minutes</li> <li>8. Notification to Inmate Forms</li> </ol> <p><b><u>INTERVIEWS</u></b></p> <p><b>Investigative Staff</b></p> <ol style="list-style-type: none"> <li>1. Initiation of Investigations: Investigations begin immediately following notification of an incident, regardless of how it is reported (in-person, telephone, third-party, anonymously, etc.).</li> <li>2. Training: All investigative staff have completed specialized training, verified by the Auditor through review of training records and certificates.</li> <li>3. Process: A standardized investigative format is followed. Victims are interviewed first, followed by witnesses, then the alleged perpetrator.</li> <li>4. Evidence Collection: In cases of sexual abuse, evidence is collected by trained investigators or the SAFE/SANE team. Evidence is properly secured, and investigators receive NIC-certified training in collection.</li> <li>5. Prosecutorial Consultation: Compelled interviews are conducted only after consultation with prosecutors, especially when evidence supports potential criminal prosecution.</li> <li>6. Credibility Assessment: All individuals involved in investigations are treated as credible unless evidence demonstrates otherwise. Polygraphs are not used.</li> </ol>

7. Scope of Investigations: Investigations include examination of staff actions or inactions and whether they contributed to the incident. All findings are summarized in detailed written reports.
8. Continuation Post-Departure: Investigations continue even if the victim or alleged abuser is released or terminated.

#### **PREA Director**

Confirmed that all investigative records are retained for the length of the individual's incarceration/employment, plus five years.

Noted that inmate data is also retained indefinitely in the SCRIBE system.

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

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

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

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

Inmates Who Reported Sexual Abuse

Inmates consistently reported:

1. Timely response by staff.
2. Immediate referral for forensic examinations.
3. Access to and support from victim advocates.
4. No financial burden for medical treatment.
5. No polygraph testing.
6. Written notification of investigation outcomes.

#### **PROVISIONS**

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

The facility indicated on the Pre-Audit Questionnaire (PAQ) that the agency maintains a policy governing both criminal and administrative investigations. This was confirmed through interviews with investigative staff, who demonstrated knowledge of and adherence to the agency's investigative procedures.

The agency follows ADOC AR #454 and SOP I&I #454, requiring all allegations to be investigated promptly and thoroughly. However, the Auditor noted significant delays in initiating some investigations, ranging from 30-60 days post-allegation, which conflicts with PREA timeliness standards.

##### **PAQ Data:**

77 total allegations in past 12 months

69 sexual abuse cases: 2 unfounded, 20 unsubstantiated, 47 open  
8 sexual harassment cases: 0 unfounded, 3 unsubstantiated, 5 open  
All victims received medical/mental health care, retaliation monitoring, and timely notifications

**Provision (b)**

The facility reported on the Pre-Audit Questionnaire (PAQ) that when allegations of sexual abuse arise, the agency assigns investigators who have received specialized training in conducting sexual abuse investigations. This was confirmed during the interview process with investigative staff, who affirmed they had completed the required training and described the application of this training in their investigative practices.

All investigators receive PREA-specific training as mandated by SOP I&I #454 and PREA Standard §115.34. Auditor verified participation via records.

**Provision (c)**

The facility reported on the Pre-Audit Questionnaire (PAQ) that investigators are responsible for gathering and preserving both direct and circumstantial evidence, including physical evidence, DNA samples, and electronic monitoring data when available. Investigators conduct interviews with alleged victims, suspected perpetrators, and witnesses, and also review prior reports and complaints of sexual abuse involving the suspected perpetrator. This practice was confirmed during interviews with investigative staff, who demonstrated a clear understanding of and adherence to these investigative procedures. Investigators gather both direct and circumstantial evidence, including physical, testimonial, and electronic data. Investigative practices include review of previous complaints involving the accused. SAFE/SANE locations are utilized when needed.

**Provision (d)**

The facility reported on the Pre-Audit Questionnaire (PAQ) that when the quality of evidence indicates potential for criminal prosecution, the agency conducts compelled interviews only after consulting with the appropriate prosecutorial authority to determine whether such interviews could compromise the prosecution. This procedure was confirmed during interviews with investigative staff, who described the coordination process with prosecutors in such cases.

Investigative staff confirmed that compelled interviews are only conducted after consultation with the District Attorney to avoid hindering prosecution.

**Provision (e)**

The facility reported on the Pre-Audit Questionnaire (PAQ) that agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis, without regard to their status as an inmate or staff member. Additionally, the agency investigates allegations of sexual abuse without requiring an inmate who alleges such abuse to undergo a polygraph examination or any other truth-telling device as a

condition for proceeding with the investigation. This process was verified during interviews with investigative staff, who confirmed adherence to these practices.

The investigator assesses credibility individually. No use of polygraphs or truth-telling devices was reported or documented.

**Provision (f)**

The facility reported on the Pre-Audit Questionnaire (PAQ) that administrative investigations include an assessment of whether staff actions or inactions contributed to the abuse. These investigations are thoroughly documented in written reports that detail the physical and testimonial evidence, the rationale for credibility assessments, and the investigative facts and findings. This procedure was confirmed by investigative staff during the interview process.

Investigations include an analysis of whether staff actions or failures to act contributed to the incident. Written reports document physical/testimonial evidence, credibility assessments, and findings.

**Provision (g)**

The facility reported on the Pre-Audit Questionnaire (PAQ) that criminal investigations are documented in written reports that include a detailed description of physical, testimonial, and documentary evidence, with all documentary evidence attached when possible. This procedure was confirmed by investigative staff during the interview process.

Criminal investigations are documented with thorough reports, which include physical, testimonial, and documentary evidence. All documentary evidence is attached when feasible.

**Provision (h)**

The facility reported on the Pre-Audit Questionnaire (PAQ) that the agency retains all written reports concerning the administrative or criminal investigation of alleged sexual abuse or sexual harassment for the duration of the alleged abuser's incarceration or employment with the agency, and for an additional five years thereafter. This practice was verified by the PREA Director (PD) during the interview process.

Agency retains all reports related to sexual abuse investigations for the duration of employment/incarceration of the accused plus five years. Confirmed in interviews and through policy.

**Provision (i)**

The facility reported on the Pre-Audit Questionnaire (PAQ) that when outside agencies are involved in investigating allegations of sexual abuse, the agency cooperates fully with those investigators and makes efforts to stay informed about the progress of the investigation. However, as previously noted, the agency does not employ external

investigators specifically assigned to handle PREA-related allegations. All administrative and criminal investigations are conducted within the facility and agency. This process was confirmed by the investigative staff during the interview.

Investigations continue regardless of the alleged abuser's or victim's release or resignation. This is confirmed by the IPCM and reinforced in SOP I&I #454.

#### **Provision (j)**

The facility reported on the Pre-Audit Questionnaire (PAQ) that the agency's assurance regarding the departure of an alleged abuser or victim from employment or control of the agency does not serve as justification for terminating an investigation. This practice was confirmed by the PREA Compliance Manager (PCM) during the interview process.

#### **Provision (k)**

Auditor is not required to audit this provision.

#### **Provision (l)**

The facility reported on the Pre-Audit Questionnaire (PAQ) that when outside agencies investigate allegations of sexual abuse, the agency cooperates with those investigators and makes efforts to stay informed about the investigation's progress. However, as previously noted, the agency does not have external investigators specifically designated to handle PREA allegations. All administrative and criminal investigations are conducted internally by the facility and agency. This was confirmed by the investigative staff during the interview process.

While outside investigations are rare, the agency commits to cooperation should they occur. All investigations are currently conducted internally by LESD.

#### **INTERIM CONCLUSION**

The facility has demonstrated substantial compliance with most of the requirements of Standard §115.71. However, significant concerns remain regarding timeliness. Delays in assigning and initiating investigations do not meet PREA standards for prompt response, resulting in a determination of non-compliance for Provision (a).

#### **Corrective Action Plan (CAP)**

##### **1. Training on Timely Assignment of Investigations**

All relevant staff will be trained to assign PREA-related allegations to investigators within two (2) business days of receipt.

##### **2. Submission of Training Documentation**

Facility will submit:

- Training materials

- Attendance rosters
  - Signed acknowledgments
- Due by June 30, 2025

### **3. Ongoing Review of Completed Investigations**

Facility will submit all completed investigations through June 30, 2025, including:

- Allegation receipt date
- Assignment date
- Investigation completion date

### **FACILITY RESPONSE**

#### **1. Training on Timely Assignment of Investigations**

The facility submitted documentation demonstrating that all relevant staff received formal training on the requirement to assign all PREA-related allegations to an investigator within two (2) business days of the facility's receipt of the allegation. The training emphasized the critical importance of timely assignment in upholding the facility's obligations under PREA, preserving the integrity of investigations, and ensuring that all allegations are responded to promptly and appropriately.

#### **2. Submission of Training Documentation**

As part of the audit process, the facility provided comprehensive documentation verifying the completion of the above training. This included copies of the training materials, staff attendance rosters, and signed training acknowledgments from participating staff. All documentation was submitted to the Auditor no later than June 30, 2025, as requested.

#### **3. Ongoing Review of Completed Investigations**

The facility also submitted a sampling of completed PREA investigative reports for the Auditor's review. Each file included the date the allegation was initially received, the date the case was assigned to an investigator, and the date the investigation was completed. These records were consistent with agency policy and reflected timely and thorough investigative practices, in accordance with PREA requirements.

### **FINAL CONCLUSION**

Based on the review of all submitted materials—including training documentation, investigative records, relevant policies, and interviews with facility investigative staff—the Auditor concludes that the facility demonstrates full compliance with the requirements of PREA Standard §115.71 – Criminal and Administrative Investigations.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

DOCUMENTATION:

1. Pre-Audit Questionnaire (PAQ) and supporting documentation
2. ADOC Administrative Regulation #454 – Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016
3. ADOC Administrative Regulation #300 – Investigations and Intelligence Division, dated April 18, 2016

INTERVIEWS:

Investigative Staff

During the interview process, investigative staff confirmed that in the course of an investigation, all available evidence is collected—including physical evidence, evidence from the victim and alleged perpetrator, and evidence from the scene. Interviews with all relevant parties are conducted. All compiled evidence and investigative findings are submitted to facility administration and the District Attorney's Office for review and potential prosecutorial consideration.

Investigative staff also reported that the standard used to determine whether allegations of sexual abuse or sexual harassment are substantiated is a preponderance of the evidence, or a lower standard of proof when applicable.

PROVISIONS

Provision (a):

ADOC Administrative Regulation #454, p. 22, Section I, explicitly states that the standard of proof in all investigations of sexual abuse and sexual harassment is a preponderance of the evidence. This aligns with the PREA standard, which requires that administrative investigations be judged based on whether the available evidence makes it more likely than not that the incident occurred.

In addition, Administrative Regulation #300, p. 5, outlines the required distribution of investigative reports conducted by the Law Enforcement Services Division (LESD, formerly I & I). Reports are distributed to the following entities:

1. The Commissioner or designee
2. The Inspector General
3. Deputy/Associate Commissioners, Institutional Coordinators, Institutional Wardens, as appropriate
4. The District Attorney of the county with jurisdiction if criminal conduct is identified
5. The ADOC official who requested the investigation



	<p>6. If central office personnel are involved, distribution is limited to the Commissioner of Corrections</p> <p>CONCLUSION:</p> <p>Based on the review of documentation and interviews with investigative staff, the Auditor finds that the agency/facility meets the requirements of PREA Standard §115.72. The agency applies the appropriate evidentiary standard—a preponderance of the evidence—to all administrative investigations of alleged sexual abuse and sexual harassment.</p>
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115.73	Reporting to inmates
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>2. ADOC Administrative Regulation (AR) #454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016</li> <li>3. Investigative Outcome/Disposition Reports</li> <li>4. Notification to Inmate Forms (Signed)</li> <li>5. Investigative Review Team Meeting Documentation</li> </ol> <p>INTERVIEWS</p> <p>Investigative Staff</p> <p>During interviews, investigative staff reported that the final step in the investigative process occurs after all findings are determined. Upon conclusion of any PREA investigation, the Law Enforcement Services Division (LESD) issues a written close-out letter to both the victim and the alleged perpetrator, notifying them of the outcome and findings of the investigation.</p> <p>PROVISIONS</p> <p>Provision (a):</p> <p>According to the PAQ and supporting documentation, in the past 12 months:</p>

- 69 sexual abuse allegations were reported, all involving inmate-on-inmate incidents.
- All 69 allegations were investigated criminally by LESD.
- 2 were deemed unfounded
- 20 were unsubstantiated
- 47 investigations were still ongoing at the time of the audit
- Prosecution was declined in all closed cases.
- All alleged victims were offered medical and mental health services.
- Retaliation monitoring was conducted and continued until:

1. The case was deemed unfounded,
2. The victim transferred or was released, or
3. The 90-day monitoring period expired.

- In all closed sexual abuse cases, inmates received prompt written notification of the outcome.
- All closed cases (except those deemed unfounded) underwent a sexual abuse incident review.

Additionally:

- 8 allegations of sexual harassment were reported:
- 7 inmate-on-inmate, investigated administratively
- 3 unsubstantiated
- 4 ongoing
- 1 staff-on-inmate, investigated administratively and was ongoing at the time of the audit

For all resolved sexual harassment cases, written notification was provided to the involved inmates.

The policy which addresses this provision is ADOC AR #454, p. 22, Section H.2.f, states that following an LESD investigation, the inmate shall be informed whether the allegation was substantiated, unsubstantiated, or unfounded.

Provision (b):

Not Applicable.

Provision (c):

ADOC AR #454, p. 7, Section C.6, states that when an inmate alleges sexual abuse by a staff member, the agency must notify the inmate if:

1. The staff member is no longer employed by ADOC;
2. The staff member is no longer at the facility;
3. The staff member has been indicted or convicted on charges related to sexual abuse.

	<p>4. All such notifications are required to be documented.</p> <p>Provision (d):</p> <p>As outlined in Provision (a), the facility has had no inmate-on-inmate sexual abuse cases resulting in indictment within the past 12 months.</p> <p>Provision (e):</p> <p>The PAQ confirms there were 69 sexual abuse and sexual assault allegations during the past 12 months. Details and outcomes are outlined in Provision (a).</p> <p>Provision (f):</p> <p>This provision is not required to be audited.</p> <p>CONCLUSION</p> <p>Based on the review of documentation, interviews, investigative outcomes, and notifications, the Auditor concludes that the agency/facility meets all provisions of PREA Standard §115.73 – Reporting to Inmates.</p>
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115.76	Disciplinary sanctions for staff
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>2. ADOC Administrative Regulation (AR) #454 – Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016</li> <li>3. ADOC Administrative Regulation (AR) #208 – Personnel, Employee Standards of Conduct and Discipline, dated August 17, 2005</li> <li>4. ADOC memorandum – PREA Compliance Standard 115.76, Disciplinary Sanctions for Staff</li> </ol> <p>INTERVIEWS</p> <p>Facility Head or Designee:</p> <p>The Facility Head Designee confirmed that all staff are subject to disciplinary sanctions up to and including termination for violations of the agency’s sexual abuse, sexual harassment, or sexual misconduct policies. The Designee also confirmed that:</p>

Zero staff have violated these policies in the past twelve months.  
Zero staff have been terminated or resigned in lieu of termination for such violations.  
Termination is the presumptive disciplinary sanction for any staff member found to have engaged in sexual abuse.

#### STANDARD PROVISIONS

##### Provision (a):

Per the PAQ and agency policy, ADOC staff are subject to disciplinary sanctions up to and including termination for violations of the agency's sexual abuse or sexual harassment policies.

Relevant policies include:

AR #454, p. 13, Section V.4.a, which specifies that any staff member who:

1. Engaged in sexual abuse in any correctional or confinement setting,
2. Was convicted of forced or coerced sexual activity in the community,
3. Was civilly or administratively adjudicated for such acts,

may be subject to disciplinary sanctions.

AR #454, p. 13, Section V.4.d explicitly states that employees are subject to disciplinary sanctions up to and including termination for violations of the agency's sexual abuse or sexual harassment policies.

##### Provision (b):

According to the PAQ and interview findings:

1. Zero staff have violated agency sexual abuse or sexual harassment policies in the past 12 months.
2. Zero terminations or resignations have occurred in that period for such violations.
3. Termination remains the presumptive disciplinary sanction for staff who engage in sexual abuse.

The policy supporting this provision is:

AR #208, Employee Standards of Conduct and Discipline, which details the standards of conduct, employee responsibilities, disciplinary procedures, and includes a disciplinary matrix ranging from verbal counseling to dismissal. It also includes forms related to personnel actions such as Pre-Dismissal Conferences and Resignations.

##### Provision (c):

The PAQ and interview with the Facility Head confirm that no staff were disciplined short of termination for violations of agency sexual abuse or harassment policies in

	<p>the last 12 months. However, if such discipline were necessary, the sanctions would be:</p> <ol style="list-style-type: none"> <li>1. Commensurate with the nature and circumstances of the act committed,</li> <li>2. Reflective of the staff member's disciplinary history, and</li> <li>3. Consistent with sanctions imposed on other staff for comparable conduct.</li> </ol> <p>This provision is addressed in AR #208, which mandates proportional and consistent disciplinary action based on the severity of the offense and the staff member's history.</p> <p>Provision (d):</p> <p>The PAQ reports that the facility ensures all terminations or resignations in lieu of termination for violations of sexual abuse or harassment policies are:</p> <ol style="list-style-type: none"> <li>1. Reported to law enforcement, unless the activity was clearly not criminal.</li> <li>2. Reported to relevant licensing bodies, where applicable.</li> <li>3. In the past 12 months, no staff member was reported following a resignation or termination related to such a policy violation.</li> </ol> <p>This was confirmed in the interview with the Facility Head.</p> <p>AR #208 requires such reporting in accordance with Alabama law and ADOC protocol.</p> <p><b>CONCLUSION</b></p> <p>Based on a thorough review of agency policies, the Pre-Audit Questionnaire, supporting documentation, and staff interviews, the Auditor concludes that the agency/facility meets all provisions of PREA Standard §115.76 – Disciplinary Sanctions for Staff.</p>
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<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>2. ADOC Administrative Regulation #454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016</li> <li>3. ADOC Administrative Regulation #216, Personnel, dated December 7, 2015</li> </ol> <p>INTERVIEWS:</p>

Facility Head or Designee

During the interview process, the Facility Head confirmed that, within the previous twelve months, there were zero instances in which a contractor or volunteer was reported to law enforcement and/or relevant licensing bodies for engaging in sexual abuse of inmates. Furthermore, no contractors or volunteers were subject to corrective action due to sexual abuse or harassment violations.

PROVISIONS

Provision (a):

The facility reported on the PAQ that agency policy mandates any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates and be reported to law enforcement agencies—unless the conduct was clearly not criminal—as well as to any relevant licensing bodies. This was confirmed by the Facility Head during the interview.

In the past 12 months, there were zero instances where a contractor or volunteer was reported for engaging in sexual abuse.

This requirement is addressed in ADOC Administrative Regulation #454, page 13, Section V, 4, b, 4. The policy outlines that the ADOC Personnel Division or designee must notify potential employees and contractors that any false information or omission regarding the following misconduct is grounds for termination:

1. Engagement in sexual abuse in a correctional or similar institutional setting.
2. Conviction or adjudication (criminal, civil, or administrative) for engaging in forced or coerced sexual activity, or sexual activity without consent.
3. Additionally, all contractors are advised of their ongoing duty to disclose any such conduct.

Provision (b):

According to the PAQ, the facility takes appropriate remedial measures and evaluates whether to prohibit further inmate contact when a contractor or volunteer violates agency sexual abuse or sexual harassment policies, even if the violation does not constitute criminal sexual abuse. This was affirmed by the Facility Head.

In the past year, there have been no such violations or remedial actions taken.

This provision is supported by ADOC Administrative Regulation #216, Personnel, dated December 7, 2015. Pages 6-11 of this regulation include pre-employment forms which contain required questions ensuring screening for relevant past misconduct, aligned with PREA standards.

CONCLUSION:

Based on a comprehensive review of documentation and interviews, the Auditor finds

	the agency/facility meets all provisions of PREA Standard §115.77 concerning corrective action for contractors and volunteers
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<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>2. ADOC Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, dated January 4, 2016</li> <li>3. ADOC Administrative Regulation (AR) #403, Disciplinary Procedures for Inmates</li> </ol> <p>INTERVIEWS</p> <p>Facility Head or Designee:</p> <p>During the interview process, the Facility Head confirmed that the Alabama Department of Corrections (ADOC) prohibits all sexual activity between inmates. The Facility Head also verified:</p> <ol style="list-style-type: none"> <li>1. In the past twelve months, there were zero administrative findings of inmate-on-inmate sexual abuse.</li> <li>2. In the past twelve months, there were zero criminal findings of guilt for inmate-on-inmate sexual abuse.</li> <li>3. Inmates are only disciplined for sexual contact with staff when there is a finding that the staff member did not consent to the contact.</li> <li>4. The agency prohibits disciplinary action against inmates who report sexual abuse in good faith, even if an investigation does not establish sufficient evidence to substantiate the allegation.</li> </ol> <p>Medical and Mental Health Staff:</p> <p>Medical and mental health staff confirmed that the facility offers therapy, counseling, and other interventions to address and correct underlying reasons or motivations for abuse. Participation in such interventions may be required as a condition of access to programming and other benefits.</p> <p>PROVISIONS</p>

Provision (a):

The PAQ indicates that inmates are subject to disciplinary sanctions only:

1. Following a formal disciplinary process after an administrative finding that they engaged in inmate-on-inmate sexual abuse.
2. Following a criminal finding of guilt for such conduct.

The PAQ reports zero administrative and criminal findings for inmate-on-inmate sexual abuse during the past twelve months. The Facility Head confirmed this information.

Additionally, the facility reported that in the past year there were 69 allegations of sexual abuse and 8 of sexual harassment. All sexual abuse allegations were referred for criminal investigation. Of those, prosecution was declined in 22 cases, while the remaining 47 cases are still open.

Applicable Policy:

AR #454, Section H, outlines that inmates shall be subject to disciplinary sanctions only following a formal process after an administrative or criminal finding of sexual abuse.

Provision (b):

The PAQ states that sanctions are commensurate with the nature and circumstances of the abuse, the inmate's disciplinary history, and comparable sanctions for similar offenses committed by other inmates. The Facility Head confirmed this.

Applicable Policy:

AR #454, p. 22, H.2.e, mandates that each case be evaluated on its merits, taking into account the evidence, circumstances, and comparability to other cases.

Provision (c):

The PAQ states the facility's disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to their behavior. This was verified by the Facility Head.

Applicable Policy:

AR #454, p. 22, H.2.e, instructs careful evaluation of cases including consideration of mental health factors that may have influenced behavior.

Provision (d):

The PAQ confirms the facility offers therapy, counseling, and other interventions to address underlying causes of sexual abuse. These may be required as a condition of access to programming or other benefits. This was verified through interviews with



	<p>the IPCM and medical/mental health staff.</p> <p>Provision (e):</p> <p>The PAQ affirms that the agency disciplines inmates for sexual contact with staff only when there is a finding that the staff member did not consent. This was verified by the Facility Head and IPCM.</p> <p>Applicable Policy:</p> <p>AR #454, p. 22, H.2.e, requires that each case be evaluated carefully to determine consent and circumstances.</p> <p>Provision (f):</p> <p>The PAQ reports that the agency prohibits disciplinary action against inmates who report sexual abuse in good faith based on a reasonable belief that the abuse occurred, even if unsubstantiated. This was confirmed by the Facility Head and IPCM.</p> <p>Applicable Policy:</p> <p>AR #454, p. 22, H.2.c, states that inmates who report abuse shall not be disciplined solely because their allegations are unfounded or withdrawn.</p> <p>Provision (g):</p> <p>The PAQ indicates that the agency prohibits all sexual activity between inmates and only considers such activity as sexual abuse if coercion is determined. This was verified by the Facility Head.</p> <p>Applicable Policy:</p> <p>ADOC Rules Violation Definitions, RV#912, defines non-forcible sexual activity and notes that any inmate sexual contact is prohibited under agency rules.</p> <p>CONCLUSION:</p> <p>Based on the review of the PAQ, supporting documentation, facility policies, and staff interviews, the Auditor has determined that the agency/facility meets all provisions of PREA Standard §115.78 regarding disciplinary sanctions for inmates</p>
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<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

DOCUMENTATION:

1. Pre-Audit Questionnaire (PAQ) and supporting documentation
2. ADOC Administrative Regulation #454
3. ADOC Form 454-C, PREA Risk Factors Checklist
4. Risk Assessment Checklist
5. Mental Health Referral
6. Medical Referral
7. Classification Spreadsheet

INTERVIEWS:

Risk Screening Staff:

Through the interview process, staff responsible for conducting intake screenings confirmed that all medical and mental health records are securely stored in a separate and protected database. This database is accessible only by medical or mental health staff, and the information is shared with classification and high-level staff strictly on a need-to-know basis.

Medical and Mental Health Staff:

During the interview process, medical and mental health staff confirmed that they obtain informed consent prior to disclosing information regarding prior sexual victimization, unless the inmate is under the age of 18. Inmates who disclose prior victimization are offered a follow-up meeting with a mental health professional within 14 days of intake. If the screening indicates that the inmate is at substantial risk for victimization, or has shown aggressiveness or a history of victimization, appropriate mental health or medical referrals are made.

Inmates Who Disclosed Prior Victimization:

One inmate who disclosed prior victimization during intake was interviewed on-site. The inmate confirmed that a mental health referral was made on the day of intake for an appointment the following week; however, the inmate declined the referral.

PROVISIONS:

Provision (a):

The facility reported in the PAQ that inmates who disclose prior sexual victimization during screening are provided timely, unimpeded access to emergency medical treatment and crisis intervention services.

According to the PAQ, all inmates who disclose prior sexual victimization during the screening process are offered follow-up meetings with medical or mental health practitioners. All such encounters are documented.

The policy addressing this provision is ADOC Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 15, F. The regulation specifies that inmates at elevated risk for victimization or those exhibiting sexually

aggressive behavior must meet with a mental health professional to review their screening results. If an inmate has a history of prior sexual victimization or sexual aggression, the mental health professionals offer a follow-up meeting within 14 days of intake.

Provision (b):

The PAQ indicates that inmates undergo reassessment for risk of victimization or abusiveness within 30 days of arrival. ADOC AR #454, p. 16, F, 6, mandates that an inmate's risk level be reassessed within 30 days of arrival, using the risk screening assessment and any additional relevant information. The reassessment must also occur when warranted by a referral, request, sexual abuse incident, or receipt of new information that impacts the inmate's risk.

A review of 61 randomly selected inmate records revealed that all 61 had received PREA-related information at intake, including a signed acknowledgment sheet, an orientation booklet, a PREA brochure, and viewing of the PREA video.

Additionally, a review of 48 randomly selected inmate records revealed that 3 inmates were reassessed within 30 days of arrival. All transgender inmates were reassessed twice in the past 12 months, as required.

Provision (c):

The facility's policy specifies that if a screening indicates that an inmate has previously perpetrated sexual abuse, whether in an institutional setting or the community, the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of intake.

Provision (d):

ADOC AR #454, p. 16, F, 9, specifies that the intake screening and PREA Mental Health Assessment information must be used to make individualized safety determinations. These determinations assist with the initial classification and institutional assignment of inmates, including work, education, and program assignments, in line with the ADOC Classification Manual (AR433 and AR435). The goal is to keep inmates at high risk of sexual victimization separate from those at high risk of being sexually abusive.

Provision (e):

According to the PAQ, medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization, provided the victim is not under the age of 18. The IPCM confirmed this process during the interview and verification.

CONCLUSION:

Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets the standard regarding medical and mental

	<p>health screenings and the management of inmates' history of sexual abuse.</p> <p>Recommendation:</p> <p>The Auditor recommends that 30-day reassessments be completed in a more uniform timeframe. To ensure the reassessments are meaningful and capture the relevant information for which the standard was created, they should be conducted during the third or fourth week of an inmate's residency at the facility. This timing would allow inmates to adjust to the institution and provide more accurate information regarding their needs.</p>
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<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>2. ADOC Administrative Regulation (AR) 454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016.</li> <li>3. ADOC Form MH-008, Referral to Mental Health.</li> <li>4. ADOC MOU with Alabama Coalition Against Rape (ACAR).</li> </ol> <p>INTERVIEWS:</p> <p>Medical and Mental Health Staff:</p> <p>Through the interview process, medical staff reported that upon arrival at medical after a report of sexual assault, an inmate will receive a cursory examination by the physician. This examination will help determine whether the inmate should be referred for use of the Sexual Assault Response Team (SART) or immediately transported to a hospital depending on the nature of their injuries. If the SART is utilized, the nurse will provide treatment recommendations before the inmate is transferred, and the facility physician will complete the necessary orders. As part of the process, the inmate is provided with information about sexually transmitted infection (STI) prophylaxis and other relevant care information.</p> <p>Medical and mental health staff confirmed that treatment is provided immediately, and is based on their professional judgment. Both medical and mental health staff collaborate to ensure the inmate receives appropriate care. Inmates are offered access to emergency contraception and STI prophylaxis when medically appropriate and in line with professional care standards.</p> <p>Inmates Who Reported Sexual Abuse:</p>

Inmates who reported sexual abuse during the interview process reported:

1. Facility staff were responsive when they reported the incident.
2. They were offered referrals for medical and mental health treatment.
3. They were referred for a forensic examination immediately.
4. Inmates referred for a forensic examination reported being offered a victim advocate.
5. Victim advocates accompanied inmates during the examination, ensuring they understood the process.
6. They did not have to pay for any medical treatment.
7. 100% of inmates reported not being asked to take a polygraph test.
8. They were notified in writing of the results of the investigation.
9. First Responders (Security and Non-Security):
10. During interviews, security first responders stated that their primary responsibility is to protect the victim, notify the appropriate medical and mental health practitioners, and preserve evidence.
11. Non-security first responders indicated that their primary responsibility is to protect the victim, notify security first responders, and stay with the victim until security first responders arrive.

**PROVISIONS:**

**Provision (a):**

The facility reported in the PAQ that inmates who are victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. This was verified during the interview process with medical staff.

Additionally, the Auditor reviewed records of inmates who alleged sexual abuse, and in each case, the inmate was offered a referral to medical and mental health within the appropriate time.

The facility reported in the PAQ that medical and mental health practitioners determine the nature and scope of such services according to their professional judgment. Medical and mental health staff document the timeliness of emergency medical treatment and crisis intervention services provided, including the appropriate response by non-health staff if health staff are unavailable at the time of the incident.

The policy addressing this provision is ADOC Administrative Regulation (AR) 454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 18, F, 3, a. It specifies that victims of sexual abuse at the facility must be referred immediately to medical care and receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Additionally, victims are to be referred immediately to ADOC mental health professionals for further treatment and counseling using ADOC Form MH-008, Referral to Mental Health.

The facility has an MOU with the Alabama Coalition Against Rape (ACAR), a community service provider, to provide confidential emotional support services related to sexual abuse within ADOC custody.

Forensic medical exams and SAFE/SANE (Sexual Assault Nurse/Examiner) personnel are available at One Place Family Justice Center in Montgomery, AL. In the rare case a SAFE/SANE practitioner is not on shift, one is always on call 24/7 to conduct rape kit examinations and provide the results to ADOC, among other tasks. The IPCM confirmed that there have been zero inmates transported for SANE examinations in the past 12 months.

Provision (b):

The facility reported in the PAQ that if no qualified medical or mental health practitioners are on duty when a report of recent sexual abuse is made, security first responders will take preliminary steps to protect the victim and immediately notify the appropriate medical and mental health practitioners. This was verified during interviews with first responders.

The policy addressing this provision is ADOC Administrative Regulation (AR) #454, p. 19, G, 3, b. It dictates that if no qualified medical or mental health practitioners are on duty when a report of recent abuse is made, security first responders shall protect the victim and immediately notify the appropriate medical and mental health practitioners.

Provision (c):

Medical and mental health staff reported during interviews that treatment is provided immediately and based on professional judgment. Both medical and mental health staff collaborate to ensure inmates receive the appropriate care. Inmates are offered access to emergency contraception and STI prophylaxis where medically appropriate and in accordance with professionally accepted standards of care.

The policy addressing this provision is ADOC Administrative Regulation (AR) #454, p. 18, G, 3, which mandates that victims of sexual abuse or sexual harassment be offered timely information about access to emergency contraception, pregnancy tests, tests for STIs, and prophylaxis when medically appropriate.

Provision (d):

The facility reported in the PAQ that treatment services are provided to victims without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation. This was verified through interviews with medical staff and inmates who reported abuse.

The policy addressing this provision is ADOC Administrative Regulation (AR) #454, p. 18, G, 3, c. It states that treatment services shall be provided to the victim without charge and regardless of the victim's cooperation with an investigation.

CONCLUSION:

Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding access to emergency medical and mental health services.

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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>2. ADOC Administrative Regulation #454</li> <li>3. ADOC Form MH-008, Referral to Mental Health</li> <li>4. ADOC MOU with ACAR for on-going treatment (Must have inmate signature)</li> </ol> <p>INTERVIEWS:</p> <p>Medical and Mental Health Staff</p> <p>During the interview process, medical and mental health staff indicated that treatment is provided immediately based on their professional judgment. Medical and mental health staff offer evaluation and treatment to all inmates who have been victimized by sexual abuse. Services provided are consistent with the community level of care.</p> <p>Medical and mental health staff confirmed that treatment services are provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. Furthermore, medical and mental health staff work together to ensure the inmate receives appropriate care. In accordance with professionally accepted standards of care and when medically appropriate, emergency contraception and sexually transmitted disease prophylaxis are offered.</p> <p>Additionally, mental health staff reported that an evaluation of all known inmate-on-inmate abusers is attempted within 60 days of learning of such abuse history. Treatment is offered when deemed appropriate and beneficial.</p> <p>Medical staff also reported that inmate victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate.</p> <p>Inmates Who Reported Abuse</p> <p>Through the interview process, inmates who reported sexual abuse confirmed the following:</p> <ol style="list-style-type: none"> <li>1. Facility staff responded promptly to the incident report.</li> </ol>

2. They were offered referrals for medical and mental health treatment.
3. They were referred for forensic examination immediately.
4. Those referred for a forensic examination reported being offered a victim advocate, who accompanied them and provided information about the examination process.
5. They were not required to pay for any medical treatment.
6. 100% of inmates reported that they were not asked to take a polygraph test. Inmates were notified in writing about the results of the investigation.

PROVISIONS:

Provision (a)

The policy addressing this provision is ADOC Administrative Regulation #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, p. 19, G, 3, d, specifying that inmates shall receive medical and mental health evaluations and treatment offered to all inmates who have been victimized by sexual abuse.

A Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR) facilitates services related to the implementation of the Prison Rape Elimination Act (PREA). ACAR is contracted to provide confidential emotional support services to inmates within ADOC custody.

All forensic medical exams and SAFE/SANE (Sexual Assault Nurse/Examiner) personnel are available at the One Place Family Justice Center, 530 S. Lawrence Street, Montgomery, AL 36104. SAFE/SANE practitioners are on staff, with on-call availability 24/7 to conduct rape kit examinations, provide results to ADOC, and address other issues related to the Sexual Assault Response Team (SART) exam.

Records produced by the facility confirmed compliance with the community standard of care for services such as sexually transmitted infection testing, prophylaxis treatment, psychiatric and psychological services, and crisis intervention. These services are free of charge, irrespective of whether the abuser is named or the inmate cooperates with the investigation.

Provision (b)

The policy addressing this provision is ADOC Administrative Regulation #454, p. 19, G, 3, e, which dictates that the evaluation and treatment of victims shall include follow-up services, treatment plans, and referrals for continued care, if necessary, following the inmate's transfer or release from custody.

Provision (c)

Information from medical staff supports compliance with evaluation, follow-up, treatment plans, and referral services. Documentation reviewed confirms the attentiveness of staff to follow-up care, with detailed and professional notes on evaluations and follow-up appointments.



	<p>Provision (d)</p> <p>The policy addressing this provision is ADOC Administrative Regulation #454, p. 19, G, 3, which mandates that inmates who are victims of sexual abuse or harassment are offered timely information about access to emergency contraception, pregnancy tests, sexually transmitted infection testing, and prophylaxis when medically appropriate.</p> <p>Provision (e)</p> <p>The PAQ confirms that if pregnancy results from sexual abuse while incarcerated, victims will receive timely and comprehensive information about and access to all lawful pregnancy-related medical services.</p> <p>Provision (f)</p> <p>The policy addressing this provision is ADOC Administrative Regulation #454, p. 19, G, 3, which mandates the provision of information and access to emergency contraception, pregnancy tests, sexually transmitted infection testing, and prophylaxis, as medically appropriate.</p> <p>Provision (g)</p> <p>The policy addressing this provision is ADOC Administrative Regulation #454, p. 19, G, 3, e, which ensures all ongoing treatment services are provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with the investigation.</p> <p>Provision (h)</p> <p>The policy addressing this provision is ADOC Administrative Regulation #454, p. 19, G, 3, g, which mandates an attempt to conduct a mental health evaluation of known inmate-on-inmate abusers within 60 days of learning of such abuse history, and to offer treatment where appropriate. All referrals for mental health services are made using ADOC Form MH-008, Referral to Mental Health.</p> <p>CONCLUSION:</p> <p>Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding ongoing medical and mental health care for sexual abuse victims.</p>
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<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	DOCUMENTATION

1. Pre-Audit Questionnaire
2. ADOC Administrative Regulation #454
3. ADOC Form 454-E, Sexual Abuse Incident Review
4. Sexual Assault Incident Review Documentation

## INTERVIEWS

### Facility Head

During the interview, the Facility Head confirmed that the Incident Review Team (IRT) is composed of executive and upper-level management staff from various departments. The Facility Head Designee emphasized the facility's commitment to considering and implementing recommendations provided by the review team.

1. PREA Compliance Manager (PCM)
2. The PCM reported that Sexual Abuse Incident Review (SAIR) reports are submitted to both the PCM and the Facility Head. The PCM confirmed
3. Policy states that SAIRs are to typically be conducted within thirty days following the conclusion of a sexual abuse investigation, except when the allegation is "unfounded".

### Incident Review Team (IRT)

IRT members include upper-level management officials and also incorporate input from line supervisors, investigators, and medical or mental health practitioners. Interviewees affirmed that all required criteria outlined in the PREA standard are considered during reviews. Reports are submitted to the Facility Head and PCM following each review.

## PROVISIONS

### Provision (a)

The facility reported via the PAQ that a Sexual Abuse Incident Review (SAIR) is conducted at the conclusion of every criminal or administrative sexual abuse investigation, except when the allegation is determined to be unfounded. According to the PAQ, in the past twelve months, 16 such investigations were completed. This information was corroborated during the Facility Head interview.

Policy reference: ADOC Administrative Regulation (AR) #454, dated January 4, 2016, p. 20, section H.1.k, stipulates that a review team—including upper-level management officials with input from line supervisors, investigators, and medical/mental health practitioners—must conduct a review within 30 days of concluding an investigation involving substantiated or unsubstantiated allegations.

PAQ and PREA chart data indicate the following:

1. 69 inmate-on-inmate sexual abuse allegations were made.
2. 2 allegations were deemed unfounded, 20 unsubstantiated, and 47 remained ongoing at the time of the audit.
3. All allegations were investigated criminally, and prosecution was declined in all closed cases.
4. Medical and mental health services were offered to all alleged victims.
5. Retaliation monitoring was conducted appropriately.
6. Victims were notified in writing of the results in all closed cases.

However, while SAIRs were conducted for all substantiated and unsubstantiated allegations, most were delayed by 30–60 days. One SAIR was conducted 110 days post-investigation, and another was delayed by 10 weeks.

**The facility did not meet the requirements of this provision.**

Provision (b)

According to the PAQ, the Incident Review Team ordinarily conducts SAIRs within 30 days of concluding the investigation. The facility reported 20 completed investigations in the past year, all followed by SAIRs. Nevertheless, most reviews were late by 30–60 days, with some significantly overdue (e.g., 110 days, 10 weeks).

The applicable policy is ADOC AR #454, p. 20, H.1.k, which mandates the 30-day timeframe.

**The facility did not meet this provision due to consistent delays in completing SAIRs.**

Provision (c)

The PAQ stated that the SAIR team includes upper-level management and input from line supervisors, investigators, and medical/mental health professionals. This was confirmed during interviews with the Facility Head and Designee. The multidisciplinary nature of the IRT was further validated through staff interviews.

Policy Reference: ADOC AR #454, p. 20, H.1.k.

Provision (d)

According to the PAQ, the facility prepares a written report after each SAIR, outlining findings and recommendations for improvement. This report is submitted to the Facility Head and the PCM. Interviews with the PCM and other IRT members confirmed this process.

The team reviews and considers:

1. Whether policy or practice changes are warranted.
2. Possible motivations for the incident (e.g., race, gender identity, gang affiliation).

	<ol style="list-style-type: none"> <li>3. Environmental factors and physical plant assessments.</li> <li>4. Staffing adequacy across all shifts.</li> <li>5. Staff training and background check documentation.</li> <li>6. Potential improvements in monitoring technology.</li> </ol> <p>Policy Reference: ADOC AR #454, p. 20, H.1.k.</p> <p>Provision (e)</p> <p>The facility reported that it implements SAIR recommendations or documents justification when not implemented. This was confirmed during the Facility Head interview.</p> <p>INTERIM CONCLUSION</p> <p>Based on the analysis of all available documentation and interview evidence, the facility did not meet the requirements of Provision (a) and Provision (b) due to failure to complete SAIRs within the required timeframe. Consequently, the standard is not met.</p> <p>CORRECTIVE ACTION PLAN</p> <p>Please provide all completed investigation files, including SAIRS, for sexual abuse allegations closed from January 1, 2025 through June 30, 2025 that were deemed substantiated or unsubstantiated.</p> <p>FACILITY RESPONSE</p> <p>The facility provided completed investigation files. All files, except those with unfounded results, had a Sexual Abuse Incident Review within 30-days of the close of the investigation.</p> <p>FINAL CONCLUSION</p> <p>Based on documentation, interviews, and the review of investigation and incident review data, the facility demonstrates compliance with PREA Standard §115.86.</p>
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<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>2. ADOC Administrative Regulation #454</li> </ol>

3. Most Recent Survey of Sexual Victimization (SSV-2)
4. Most Recent Annual Data Report
5. Website Address for ADOC: <http://www.doc.state.al.us/PREA>

#### INTERVIEW

##### Agency Contract Administrator

During the interview process, the Agency Contract Administrator confirmed that all contracts to house Alabama Department of Corrections (ADOC) inmates, without exception, include PREA compliance requirements. In addition, the ADOC obtains both incident-based and aggregated sexual abuse data from each contracted facility.

#### PROVISIONS

##### Provision (a):

ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment (dated January 4, 2016), Section L(1), p. 24, outlines the procedures for data collection and maintenance. The regulation specifies:

1. Data collection for every allegation of sexual abuse and harassment
2. Data sources include: inmate polling, documentation of announced and unannounced rounds, grievances, incident reports, investigative files, and incident reviews
3. Use of standardized definitions and a consistent methodology for data analysis
4. Quality control mechanisms in place to ensure data accuracy

##### Provision (b):

The ADOC aggregates all collected data and submits required information to the U.S. Department of Justice through the Survey of Sexual Victimization (SSV-2). The Auditor reviewed the most recent SSV-2 submission.

##### Provision (c):

AR #454 reiterates the requirement for the ADOC to collect incident-based data that, at a minimum, allows it to answer all questions from the most recent version of the DOJ's Survey of Sexual Violence. The agency maintains this data in compliance with PREA standards. The most recent annual data report, which addressed all required elements, was provided to the Auditor and is publicly accessible via the ADOC website.

##### Provision (d):

PREA policy mandates that the agency maintain, review, and collect data from all relevant incident-based documents, including reports, investigative files, and incident reviews. The Auditor reviewed the most recent annual report, which included findings,

	<p>areas of concern, and corrective action recommendations.</p> <p>Provision (e):</p> <p>Per AR #454 (p. 7, Section D), the ADOC General Counsel ensures that all contracts for inmate confinement include language requiring compliance with PREA standards, and allows for ADOC monitoring.</p> <p>The Alabama Therapeutic Education Facility (ATEF), operated by the GEO Group, Inc., contracts with ADOC under Contract CD170051713. Section 3.39 of the contract mandates GEO's compliance with both state and federal PREA regulations. It also requires:</p> <ol style="list-style-type: none"> <li>1. Immediate reporting of suspected or actual incidents</li> <li>2. Cooperation with the ADOC's PREA Contract Monitor</li> <li>3. Provision of PREA audit reports from DOJ-certified auditors</li> <li>4. Employee and contractor PREA training</li> <li>5. Reasonable access to documentation and facility for monitoring purpose</li> </ol> <p>Provision (f)</p> <p>ADOC submits the required SSV-2 data annually by June 30, covering the prior calendar year. The Auditor reviewed the most recently submitted report and confirmed that all required fields were completed within the specified timeframe.</p> <p>CONCLUSION:</p> <p>Based on the review of documentation, interview findings, and data analysis, the Auditor concludes that the agency/facility is in full compliance with Standard §115.87 – Data Collection</p>
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<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ)</li> <li>2. ADOC Administrative Regulation #454</li> <li>3. 2023 Survey of Sexual Victimization (Form SSV-2)</li> <li>4. 2024 Annual Data Report</li> <li>5. Agency Website: <a href="http://www.doc.state.al.us/PREA">http://www.doc.state.al.us/PREA</a></li> </ol> <p>INTERVIEWS</p>

#### Agency Head or Designee

The Agency Head Designee confirmed the annual report includes a comparison of current year data and corrective actions with those from prior years. These reports are publicly accessible via the ADOC website. The purpose of the report is to ensure the safety of inmates and staff by identifying problem areas and implementing corrective action on an ongoing basis.

#### Facility Head or Designee

The Facility Head stated that the facility's PREA Committee reviews each allegation and submits relevant information to the PREA Coordinator for inclusion in the annual review.

#### PREA Director (PD)

The PREA Director confirmed that the agency reviews data collected pursuant to §115.87 to evaluate the effectiveness of sexual abuse prevention, detection, and response policies, practices, and training. The agency prepares and publicly posts an annual report. The PD noted that only personally identifiable information is redacted from the published reports.

#### PREA Compliance Manager (PCM)

The PCM reported that most PREA-related documentation and data, including annual reports, are accessible on the agency's website.

#### PROVISIONS

##### Provision (a)

The PAQ states the agency reviews data collected and aggregated pursuant to §115.87 to assess and improve the effectiveness of sexual abuse prevention and response efforts. This includes:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis;
3. Preparing an annual report of findings and corrective actions for each facility and the agency as a whole.
4. This was confirmed by the PREA Director.

ADOC Administrative Regulation #454 (dated January 4, 2016), Section L.1.c, specifies that the PREA Director is responsible for reviewing data and preparing reports that identify problem areas, recommend corrective actions, and provide year-to-year comparisons for each institution.

##### Provision (b)

The PAQ indicates that the annual report includes comparisons of the current year's

	<p>data and corrective actions with those from prior years. This was verified through the Agency Head Designee interview.</p> <p>The Auditor reviewed the most recent (2022) annual report and verified it complies with PREA standards, including year-over-year data comparison to assess progress.</p> <p>Provision (c)</p> <p>The PAQ confirms the agency makes the annual report publicly available through its website. The Auditor verified that <a href="http://www.doc.state.al.us/PREA">http://www.doc.state.al.us/PREA</a> hosts all annual PREA reports dating back to 2013.</p> <p>Provision (d)</p> <p>According to the PAQ and verified by the PD, redactions in annual reports are limited to information that could pose a specific threat to facility safety and security. The PREA Director confirmed that redactions are limited strictly to personal identifying information, and all other relevant data is included in the reports.</p> <p>CONCLUSION</p> <p>Based on the review of the PAQ, supporting documentation, annual reports, and interviews with key staff, the Auditor concludes that the agency/facility meets all provisions of PREA Standard §115.88 – Data Review for Corrective Action</p>
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<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ)</li> <li>2. ADOC Administrative Regulation (AR) #454, Operations &amp; Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016</li> <li>3. Alabama Department of Corrections Website: <a href="http://www.doc.state.al.us/PREA">http://www.doc.state.al.us/PREA</a></li> </ol> <p>INTERVIEWS</p> <p>PREA Director (PD)</p> <p>During the interview, the PREA Director explained that the Alabama Department of Corrections (ADOC) retains PREA-related data in multiple locations:</p> <ol style="list-style-type: none"> <li>1. At the local level, data is stored within a Risk Management System with</li> </ol>



access restricted to staff on a need-to-know basis.

2. At the agency level, data is maintained to support federal reporting requirements (e.g., SSV-2) and is also published for public access via the ADOC PREA website.
3. The PREA Director confirmed that the agency reviews data collected pursuant to §115.87, and that redactions from published reports are limited solely to personally identifying information.

## PROVISIONS

### Provision (a):

As reported in the PAQ, the agency securely retains both incident-based and aggregate sexual abuse data.

ADOC policy mandates that aggregate data from all facilities under its direct control and from contracted private facilities be published annually on the agency's website. This is confirmed by the availability of data at: <http://www.doc.state.al.us/PREA>

### Provision (b):

According to the PAQ, the ADOC ensures that aggregated data is made publicly accessible at least annually.

The PREA webpage contains multiple reports consistent with PREA standards, providing comprehensive facility-level sexual abuse data.

### Provision (c):

1. Before publication, the agency removes all personally identifying information from the aggregated data.
2. The agency retains data collected pursuant to §115.87 for a minimum of 10 years, unless otherwise required by federal, state, or local law.
3. Provision (d):
4. ADOC Administrative Regulation #454 (p. 26, L.1.d & e) specifies:
  - All data must be securely retained for at least 10 years.
  - Records of criminal and administrative investigations must be retained for as long as the alleged abuser remains incarcerated or employed by ADOC, plus five (5) years.

The Auditor verified this policy through review of data dating back to August 20, 2012, in accordance with PREA standards.

## CONCLUSION

Based on the review of agency policy, the PAQ, interview responses, and historical

	data, the Auditor has determined that the agency/facility fully meets all provisions of PREA Standard §115.89 – Data Storage, Publication, and Destruction.
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION:</p> <p>Alabama Department of Corrections PREA Webpage - <a href="http://www.doc.state.al.us/PREA">http://www.doc.state.al.us/PREA</a></p> <p>INTERVIEWS</p> <p>Agency Head or Designee</p> <p>During the interview, the Agency Head’s designee confirmed that each facility within the Alabama Department of Corrections (ADOC) had been audited within the previous three-year audit cycle. Furthermore, the designee advised that all final audit reports are publicly available on the ADOC website for public review in accordance with PREA requirements.</p> <p>PREA Director (PD)</p> <p>The PREA Director advised that this audit falls within the second year of the fourth, three-year audit cycle, confirming adherence to the standard audit frequency requirements.</p> <p>PROVISIONS</p> <p>Provision (a):</p> <p>The Agency Head’s designee confirmed that all ADOC facilities were audited within the most recent three-year cycle. This information was verified through the public posting of audit reports on the ADOC PREA webpage. The audit reports and data are accessible for public review, demonstrating the agency’s compliance with audit frequency requirements.</p> <p>Provision (b):</p> <p>The ADOC’s PREA webpage (<a href="http://www.doc.state.al.us/PREA">http://www.doc.state.al.us/PREA</a>) includes:</p> <ol style="list-style-type: none"> <li>1. Final PREA audit reports for each facility</li> <li>2. Annual reports summarizing incidents of sexual abuse</li> <li>3. Other related data, in compliance with PREA transparency standards</li> <li>4. This publicly available information ensures the agency’s accountability and</li> </ol>

	<p>transparency regarding PREA compliance.</p> <p>Provision (c) – (g):</p> <p>Not Applicable</p> <p>Provision (h):</p> <p>During the on-site audit, the Auditor was granted full and unimpeded access to every area of the facility. The Institutional PREA Compliance Manager (IPCM) was present and available throughout the audit to assist and ensure full transparency and cooperation.</p> <p>Provision (i):</p> <p>The Auditor was provided with all requested information promptly and in full, ensuring a thorough and effective audit process.</p> <p>Provision (j) – (l):</p> <p>Not Applicable</p> <p>Provision (m):</p> <p>The facility provided a secure, private space for the Auditor to conduct interviews, allowing for confidential communication with staff and inmates as required.</p> <p>Provision (n):</p> <p>Inmates reported during interviews that they were informed of their right and provided the means to communicate confidentially with the Auditor, including the ability to send correspondence in the same manner as legal mail.</p> <p>Provision (o):</p> <p>Not Applicable</p> <p>CONCLUSION</p> <p>Based on the comprehensive review of documentation, public records, and staff/ inmate interviews, the Auditor has determined that the Alabama Department of Corrections and this facility meet all applicable provisions of the PREA standard §115.401 – Frequency and Scope of Audits.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

## DOCUMENTATION

Alabama Department of Corrections PREA Webpage - <http://www.doc.state.al.us/PREA>

## PROVISIONS

Provision (a):

Not Applicable

Provision (b):

Not Applicable

Provision (c):

Not Applicable

Provision (d):

Not Applicable

Provision (e):

Not Applicable

Provision (f):

The ADOC PREA webpage provides access to multiple reports related to sexual abuse data from facilities across the state, in accordance with the requirements of the PREA standards.

The website includes:

1. Final PREA Audit Reports for each facility
2. Annual PREA Reports
3. Information about PREA compliance efforts

These reports are available to the public and can be accessed at: <http://www.doc.-state.al.us/PREA>

This demonstrates the agency's compliance with requirements for transparency and public access to audit findings.

## CONCLUSION:

Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets the requirements of PREA Standard §115.403 – Audit Contents and Findings.

**Appendix: Provision Findings****115.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

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

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

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

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

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

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

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

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

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

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	no
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	no
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

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



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

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes



	present management or security problems?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d) Protective Custody</b>		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e) Protective Custody</b>		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a) Inmate reporting</b>		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.51 (b) Inmate reporting</b>		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes



<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	no

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes



	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	

	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403</b>	<b>Audit contents and findings</b>	

(f)	
	<div data-bbox="322 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>