TO: WARDENS
DIVISION DIRECTORS
HEADS OF STATE AGENCIES
ADMINISTRATIVE REGULATION MONITORS

CHANGE #1

ADMINISTRATIVE REGULATION 454

INMATE SEXUAL ABUSE AND HARASSMENT
(Prison Rape Elimination Act [PREA])

PURPOSE: To update procedures and to revise ADOC Form 454-G, Log of Unannounced Rounds, to reflect current practices and satisfy PREA standards.

CHANGES TO BE MADE:


Action Required:

IV. Responsibilities, H, 8
Delete this statement: Ensuring that the inmate telephone system is checked daily to ensure PREA hotline is operational and status is recorded in the shift log; and, take appropriate action if maintenance is required.

Replace with this statement: Ensuring that the inmate telephone system is checked daily to ensure PREA hotlines are operational and status of each is recorded in the shift log; and, take appropriate action if maintenance is required.

V. Procedures, G, 2, d
Delete this paragraph: Take alleged victim to the medical unit for a medical evaluation. The Medical Staff shall determine whether a Sexual Assault Kit is needed. The Sexual Assault Kit will be conducted at an authorized SANE or SAFE center.

Replace with this paragraph: When a sexual assault is alleged, take alleged victim to the medical unit for a medical evaluation. The Medical Staff shall determine whether a Sexual Assault Kit is conducted. The Sexual Assault Kit will be conducted at an authorized SART/SANE or SAFE center. Notify the I&I Division and Institutional PREA Compliance Manager (IPCM). In some cases, after Medical staff have made a determination that a sexual assault exam may not be needed; for investigative and prosecutorial reasons, the I&I Director/designee, shall have the authority to order a sexual assault examination of the victim based on the totality of the circumstances.
VII. Forms, G  


File this numbered change at the back of the regulation after annotating both the index and the regulation to indicate changes have been completed.

Advise all personnel in your organization of the change to this regulation.

[Signature]

Jefferson S. Dunn  
Commissioner
Alabama Department of Corrections

Log of Unannounced Rounds

Date: _________ Shift: _________

1. The Warden, IPCM, or shift commander must conduct at least one unannounced facility round on each shift, with a minimum of three checks per week, in order to deter staff sexual abuse and harassment.
2. Each shift must conduct a PREA Hotline check (one for each line) on one phone (per facility) at least once per shift. These rounds should not be done at the same time every day.
3. These rounds must be noted in the shift log and on this form.
4. Any unusual information must be documented and reported immediately.

Unannounced facility round (PREA Standard §115.13d)

Time round started: ___________________ Time round ended: ___________________
Anything unusual noted:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

_________________________________     ____________________________             ___________________
Signature                                      Title                                      Date

PREA Hotline check (66) (PREA Standard §115.51b)

Time check made: _________________ Housing Unit number: ______________
Any discrepancies:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

__________________________________   ____________________________ ________________
Signature                                      Title                                      ________________

PREA Hotline check (91) (PREA Standard §115.51a)

Time check made: _________________ Housing Unit number: ______________
Any discrepancies:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

__________________________________   ____________________________ ________________
Signature                                      Title                                      ________________

Video Monitor Check (Equipment operating properly, camera position, clarity, audio (if available) incidents) (PREA Standard §115.13a)

Time check made: _________________
Any Discrepancies (list submitted work orders):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

__________________________________   ____________________________ ________________
Signature                                      Title                                      ________________

Distribution: Original-attach to shift log (copy) 
Copy-IPCM (original)