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JEFFERSON S. DUNN
COMMISSIONER

August 1, 2016

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

CHANGE # 2
ADMINISTRATIVE REGULATION 454

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

PURPOSE: To modify Form ADOC Form 454-C, *PREA Risk Factors Checklist* and to add ADOC Form 454-K, *Reassessment Form*.

CHANGES TO BE MADE:

Reference:

Action Required:

AR 454, *Inmate Sexual Abuse and Harassment (Prison Rape Elimination Act [PREA])*, dated January 4, 2016.

VII. Forms, C

Replace ADOC Form 454-C, *PREA Risk Factors Checklist*, dated January 4, 2016 with revised ADOC Form 454-C, *PREA Risk Factors Checklist* dated August 1, 2016.

VII. Forms, K

Add ADOC Form 454-K, *Reassessment Form* dated August 1, 2016.

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.


Jefferson S. Dunn
Commissioner

ADOC Classification PREA RISK FACTORS Part 1 of 2

Inmate Name: _____ **AIS#:** _____ **DOB:** _____

Date of Screening _____

Reason for Screening: New Admission Institutional Transfer
 Regular Review Special Referral

I. Possible Victimization Risk Factors: Part I of II Complete Both Sections

Mode		Modes of obtaining information	YES	NO	Refuse
		Q=Question, O=Visual Observation, FR=Transcript or File Review			
Q	1	Have you ever experienced sexual victimization?			
Q/O	2	Have you ever been told you have a mental disorder, learning disability, physical or a developmental disability? Does the offender have difficulty verbalizing or do they require a medically assistive device such as a cane, wheelchair, walker or crutches? <i>Consider: Hearing impairment; Speech impediment ; Legally blind; Frail</i>			
Q/FR	3-a	Do you consider yourself to be (circle one)? Lesbian (L)/Gay (G)/Bisexual (B)/ Transgender (T)/Intersex Orientation (I) / or Gender Nonconforming (GN)?			
O	3-b	Inmate is perceived to be L G B T I GN (answer only if ‘No’ or ‘Refuse’ was the response to 3-a.)?			
Q	4	Do you feel unsafe or vulnerable in a prison setting?			
FR	5	Youthful age (21 or younger) – <i>Confirm date of Birth Above</i>			
FR	6	Elderly age (55 or older) - <i>Confirm date of Birth Above</i>			
FR	7	Physical build: a. Male (Less than 5’6” and 140 pounds)			
		b. Female (Less than 4’10” and 100 pounds)			
FR	8	First incarceration <i>Consider prior Juvenile History</i>			
FR	9	Current or prior conviction for sexual offenses against an adult or child			
FR	10	Exclusively non-violent criminal history			
FR	11	Detained solely on civil immigration charges			
		Victim Designation			
		Potential Victim: (Male) If “Yes” to <u>three</u> or more questions in Section I. (Female) If “Yes” to <u>four</u> or more questions in Section I.			

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ADOC Classification PREA RISK FACTORS Part 2 of 2

Inmate Name: _____ **AIS#:** _____ **DOB:** _____

Reason for Screening: ___ New Admission ___ Institutional Transfer
 ___ Regular Review ___ Special Referral

II. Possible Sexual Predatory Risk Factors: Part II of II Complete Both Sections

Mode		Modes of obtaining information	YES	NO	Refuse
		FR=Transcript or File Review			
FR	1	Prior acts of sexual abuse			
FR	2	Prior convictions for violent offenses (excluding sexual offenses)			
FR	3	History of institutional violence or sexual abuse: <i>History, Disciplinary</i>			
FR	4	History of engaging in domestic violence			
FR	5	Gang affiliation			
		Predator Designation			
		Potential Predator (male and female): If “Yes” to <u>three</u> or more questions in Section II			

If a Potential Victim or Potential Predator Designation has been assigned, inmate is to be referred to Mental Health Personnel for further evaluation.

	Determination / Designation (victim, predator, none)	Date	Signature
Referral to Mental Health Professional			
Mental Health Referral Form MH008 Completed			
Reviewed by ADOC Mental Health Professional			
Notation of Review in Mental Health Section of Health Record			
Referred to Vendor Psychologist or Psychiatrist			

Referring Classification Specialist/IPCM

Signature: _____

Reviewing ADOC Mental Health Professional

Signature: _____

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PREA Risk Reassessment

Name of Inmate: _____ AIS# _____ Date: _____

Facility: _____ Bed Assignment: _____

Gender: _____ Race: _____ DOB: _____ Age: _____

Date of Arrival to Facility: _____

Current Designation Level:

- Victim
- Predator
- No designation

Reason for Reassessment:

- 30 Day Review Request Incident of Sexual Abuse Receipt of Additional Information
- Six Month Review of Housing and Program Assignments for Transgender or Intersex Inmates

Explain Determining Factors for Reassessment:

- Check this box if no changes have been noted and no further action is needed

90 day monitoring recommended Yes No

If yes, please describe what is being monitored: (special alerts, retaliation, serious self-injurious behavior, escape risk, risk to others, etc.):

- Referral to Classification Specialist for re-evaluation of designation level
- Referral to Mental Health Personnel for follow-up

IPCM Signature _____ Date _____

ADOC Form 454-K-August 1, 2016