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GOVERNOR

# State of Alabama Department of Corrections

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JEFFERSON S. DUNN,  
COMMISSIONER

May 15, 2017

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

CHANGE # 5  
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*.

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 August 1, 2016 with revised ADOC Form 454-C, *PREA Risk Factors Checklist* dated May 15, 2017.

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? ( <i>Note to Interviewer: If an inmate answers "Yes" to this question, the inmate must be referred to a medical and/or mental health practitioner within 14 days.</i> )			
Q	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			
		<b>Victim Designation</b>			
		<b>Potential Victim:</b>			
		(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- <i>(Note to Interviewer: If an inmate answers yes to this question, the inmate must be referred to a mental health practitioner within 14 days.)</i>			
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			
		<b>Predator Designation</b>			
		<b>Potential Predator (male and female):</b>  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 (potential victim, potential predator, 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

Signature: \_\_\_\_\_

Reviewing ADOC Mental Health Professional

Signature: \_\_\_\_\_

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