

PREA Facility Audit Report: Final

Name of Facility: Bibb Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/28/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Darla P. O'Connor	Date of Signature: 04/28/2026

AUDITOR INFORMATION	
Auditor name:	OConnor, Darla
Email:	doconnor@strategicjusticesolutions.com
Start Date of On-Site Audit:	03/19/2026
End Date of On-Site Audit:	03/21/2026

FACILITY INFORMATION	
Facility name:	Bibb Correctional Facility
Facility physical address:	565 Bibb Lane, Brent, Alabama - 35034
Facility mailing address:	

Primary Contact

Name:	Chedeonna Montgomery
Email Address:	chedeonna.montgomery@doc.alabama.gov
Telephone Number:	2053081022

Warden/Jail Administrator/Sheriff/Director	
Name:	C.L Gordy
Email Address:	christopher.gordy@doc.alabama.gov
Telephone Number:	2059265252 *101

Facility PREA Compliance Manager	
Name:	Robert McClure
Email Address:	robert.mcclure@doc.alabama.gov
Telephone Number:	(334) 239-5076

Facility Health Service Administrator On-site	
Name:	Tyran Perkins
Email Address:	tyran.perkins@yescarecorp.com
Telephone Number:	2059265252 *406

Facility Characteristics	
Designed facility capacity:	1826
Current population of facility:	1789
Average daily population for the past 12 months:	1750
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

Age range of population:	18 years and above
Facility security levels/inmate custody levels:	medium (IV)
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	189
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	6
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	126

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

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Christy Vincent	Email Address:	christy.vincent@doc.alabama.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

1

- 115.67 - Agency protection against retaliation

Number of standards met:

44

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-03-19
2. End date of the onsite portion of the audit:	2026-03-21

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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a. Identify the community-based organization(s) or victim advocates with whom you communicated:

As part of the PREA audit verification process, several community-based advocacy and support organizations were contacted to assess the facility's compliance with victim support services and external reporting access for incarcerated individuals.

Just Detention International (JDI), a national organization dedicated to ending sexual abuse in detention settings, was contacted to determine whether any inmates or facility staff had initiated contact within the past year. A representative from JDI confirmed that JDI's records showed no direct contact or communication from anyone associated with the facility during the past 12 months. This information suggests that, if any inmate sought support through JDI, it did not generate a recorded inbound contact to JDI from the facility within the reporting period.

Turning Point was contacted to confirm any recent involvement or outreach related to the facility. The organization confirmed that it provides victim advocates and SANE (Sexual Assault Nurse Examiner) personnel for sexual abuse allegations. Their records reflected three SANE examination requests connected to the facility in the past 12 months.

The Turning Point program trains advocates in specialized sexual assault response, including rape-crisis intervention, District Attorney trial preparation, and collaborative training with law enforcement and pediatricians. Forensic SANE exams are conducted at Tuscaloosa SAFE Center.

Victim advocates, contracted through Turning Point, accompany victims before, during, and after forensic examinations. They also help arrange follow-up services in coordination with the facility's mental health staff. The program provides a confidential mailing address, a dedicated hotline at 1-205-758-0808 (or *661 from an inmate telephone), and in-person counseling in a private setting. Follow-up counseling is continued through the Victim Service Center in partnership with facility-based mental health services. All services are provided at

no cost to the inmate.

Forensic medical examinations are conducted at the Tuscaloosa Safe Center in Tuscaloosa, Alabama, which serves as the designated SANE site. During the previous 12 months, three forensic examinations connected to the facility were completed, all performed by SANE-certified professionals.

SAFE/SANE Medical Personnel

Interviews with SAFE/SANE personnel confirmed that all forensic examinations are conducted at the Tuscaloosa Safe Center, which operates as a dedicated SANE facility. SANE staff are contacted through an established on-call roster, and inmates are transported to the local hospital where SANE personnel meet them to perform the examination. These services are provided at no cost to the inmate, and under no circumstances is financial responsibility for the exam or related care shifted to the victim.

Alabama Coalition Against Rape (ACAR)

Alabama Coalition Against Rape (ACAR) was contacted to confirm any recent involvement or outreach related to the facility. ACAR confirmed that the rape crisis center linked to the Alabama Coalition Against Rape for Bibb County is Turning Point Alabama in Tuscaloosa, Alabama. This relationship supports statewide coordination and access to advocacy services for inmates at Bibb Correctional Facility.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1826
15. Average daily population for the past 12 months:	1750
16. Number of inmate/resident/detainee housing units:	18

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

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

<p>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>1798</p>
<p>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>24</p>
<p>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>6</p>
<p>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>8</p>

29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	7
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2
31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	4
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	3
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	15
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):

As part of the facility's comprehensive Prison Rape Elimination Act (PREA) compliance audit, the Auditor conducted a detailed and systematic evaluation of the institution's processes for identifying, documenting, monitoring, and responding to inmates who may be at increased risk for sexual abuse or sexual victimization. This assessment was intentionally structured to capture both policy-level compliance and operational effectiveness. It included an extensive review of institutional records, an analysis of classification and population tracking systems, and targeted interviews with staff responsible for intake, screening, and classification functions.

Particular attention was given to populations identified under PREA standards as requiring heightened awareness and protective measures. These populations include inmates who identify as transgender, intersex, gay, or bisexual; inmates with physical, cognitive, or developmental disabilities; those with visual or hearing impairments; inmates with limited English proficiency; individuals detained for civil immigration purposes; and inmates with a prior history of sexual victimization. The Auditor assessed not only whether individuals from these populations were present, but also whether facility practices ensured appropriate identification, documentation, and safeguards were consistently applied.

During the onsite portion of the audit, the Auditor confirmed the presence of inmates across nearly all identified categories, with the exception of youthful inmates and those assigned to involuntary segregation specifically due to risk of sexual victimization. A representative sample of inmates from the identified populations was selected for private, confidential interviews. These interviews were conducted early in the onsite process to inform and guide subsequent record reviews and staff discussions. In total, twenty inmates were interviewed.

The inmates interviewed consistently reported feeling safe within the facility. They

indicated that their identified needs were being addressed appropriately by both staff and contracted service providers. Importantly, inmates did not report feeling targeted, disadvantaged, or neglected due to any personal characteristics or vulnerabilities. Interviewees also confirmed that they received PREA education in formats they could understand, including accommodations when necessary, and were given meaningful opportunities to ask questions and seek clarification.

The information obtained through inmate interviews was corroborated through a thorough review of documentation, including intake screening instruments, classification records, housing assignments, and population tracking data. These records demonstrated a high level of consistency and accuracy across systems. Documentation was complete, well-maintained, and readily accessible, allowing the Auditor to efficiently verify compliance.

Follow-up discussions with intake and classification staff further confirmed that screening processes were conducted in accordance with policy and that identified risk factors were appropriately considered in housing and supervision decisions.

Policy provides clear, detailed guidance regarding the management and protection of vulnerable inmate populations. The procedure outlines requirements for timely PREA risk screenings, individualized housing determinations that prioritize safety and dignity, and access to necessary medical and mental health services. It also emphasizes ongoing staff training to ensure awareness of diverse inmate needs and appropriate responses to disclosures of abuse or vulnerability. Observations during the audit confirmed that these procedures are actively implemented in daily operations and are not merely theoretical or policy-driven.

Overall, the facility demonstrated strong alignment between written policy and actual practice. Staff exhibited a clear understanding of PREA requirements and applied them

consistently. Documentation practices were reliable, and responses to identified risks reflected a trauma-informed and safety-focused approach. The institution's operational culture supports accountability, respect, and equitable treatment for all inmates.

No significant issues were identified with tracking or identifying vulnerable populations. Systems currently in place appear effective in capturing relevant characteristics and ensuring appropriate follow-up. The facility is well-positioned to continue maintaining compliance with PREA standards while providing a safe and supportive environment for all individuals in custody.

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

<p>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>189</p>
<p>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>126</p>
<p>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>60</p>

<p>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>The facility reported that it currently maintains approval for six non-medical contractors, fifty-four medical contractors, and one hundred twenty-six volunteers to enter the facility and interact with inmates. Facility leadership clarified that while all contractors are actively engaged in providing services, not all approved volunteers are currently active. However, all individuals—regardless of current activity status—have been properly vetted, approved, and trained in accordance with facility requirements prior to being authorized to enter the institution and have contact with inmates.</p> <p>To assess compliance with PREA training requirements, the Auditor conducted a targeted review of training documentation. This review included a sample of records for fifty volunteers, six non-medical contractors, and thirty medical contractors. Each file contained appropriate documentation, including signed acknowledgments verifying completion of required annual PREA training. The records were well-organized, consistently maintained, and readily accessible for review. The documentation demonstrated that the facility has established and implemented a reliable process to ensure that all contractors and volunteers receive PREA education prior to engaging with inmates, as well as ongoing annual training to reinforce expectations. This process supports the facility’s commitment to maintaining a safe environment by ensuring that all individuals entering the institution are informed of their responsibilities related to the prevention, detection, and reporting of sexual abuse and sexual harassment.</p>
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INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>20</p>
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41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)

- Age
- Race
- Ethnicity (e.g., Hispanic, Non-Hispanic)
- Length of time in the facility
- Housing assignment
- Gender
- Other
- None

<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>On the first day of the onsite audit, the facility reported a total institutional population of 1,798 inmates. In accordance with guidance outlined in the PREA Auditor Handbook, this population size required the Auditor to conduct a minimum of forty inmate interviews. This total includes twenty randomly selected inmates and twenty targeted inmates identified as potentially vulnerable or at an elevated risk for sexual abuse or victimization. During the audit, the Auditor completed interviews with twenty randomly selected inmates.</p> <p>To preserve the integrity and objectivity of the selection process, the Auditor utilized alphabetical housing unit rosters to identify interview participants. Inmates were selected from a variety of housing units to ensure representation across the facility. The selection process also took into account key demographic factors, including age, race, and ethnicity, to better reflect the diversity of the inmate population.</p> <p>This structured approach allowed the Auditor to gather a broad and balanced range of perspectives, capturing experiences from inmates housed in different areas and representing varied backgrounds. As a result, the information obtained through these interviews contributed to a more comprehensive and reliable assessment of facility conditions and practices.</p> <p>Overall, the selection and interview process demonstrated a commitment to fairness, inclusivity, and adherence to PREA standards. It ensured that inmate voices were meaningfully incorporated into the audit process and that the resulting findings were grounded in a representative sample of the population.</p>
<p>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The selection and interview process for randomly chosen inmates was conducted efficiently and without significant barriers, allowing for meaningful participation across the facility. The Auditor was granted appropriate access to multiple housing areas and was able to conduct interviews in settings that ensured privacy, confidentiality, and open communication.</p> <p>To support a comprehensive assessment, the Auditor intentionally included inmates from a range of housing units, custody levels, and program assignments. While the selection process remained fundamentally random, there was a purposeful effort to include a slightly higher proportion of inmates from specialized housing areas and those with increased day-to-day interaction with staff, such as individuals assigned to institutional work details or programming. This approach provided additional perspective on facility operations and staff-inmate engagement. No significant barriers were identified that would limit participation. There were no issues related to language access, cognitive ability, or physical accessibility that interfered with the interview process. All selected inmates agreed to participate, and each interview was conducted in a confidential environment, which encouraged candid and thoughtful responses.</p> <p>Overall, the process resulted in appropriate representation of the inmate population. No limitations were identified that would impact the reliability, depth, or completeness of the information collected during the interviews.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>20</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>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>

<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>4</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>3</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported that no inmates were placed in segregated housing/isolation for risk of sexual victimization during the past 12 months. Staff who work in segregated housing verified this report.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The targeted interview selection was completed without difficulty, and no barriers were encountered that prevented the Auditor from completing the interviews. The sample included all relevant targeted populations that were present, and no oversampling was necessary beyond the standard PREA audit requirements.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>15</p>
<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

During the selection and interview process for random staff, the Auditor made a deliberate effort to ensure representation across a broad cross-section of personnel, including various shifts, departments, and functional roles within the facility. This approach was intended to capture a diverse range of perspectives regarding PREA-related practices and the institution's overall culture of safety. Staff selected for interviews reflected varying levels of experience, job responsibilities—including custody, medical, and support roles—and differing degrees of direct interaction with inmates, ensuring that the feedback obtained was both balanced and representative of the workforce.

Throughout the interview process, staff consistently demonstrated a clear understanding of PREA policies, reporting requirements, and their individual responsibilities in preventing, detecting, and responding to sexual abuse and sexual harassment. The scheduling and coordination of interviews proceeded without difficulty, and there were no notable barriers to staff participation. Staff were cooperative, engaged, and willing to provide thoughtful and candid responses, offering meaningful insight into daily operations and institutional practices.

The information gathered through these interviews reflected a workforce that is knowledgeable, accountable, and attentive to PREA expectations. Staff responses indicated that PREA principles are actively reinforced in routine operations and that maintaining a safe and respectful environment for inmates is a shared priority. Overall, the random staff interviews contributed significantly to the assessment process by providing a comprehensive and authentic understanding of how PREA standards are implemented in practice across the facility.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	21
63. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

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

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

During the selection and interview process for specialized staff, the Auditor focused on individuals whose responsibilities are directly connected to PREA compliance and the prevention, detection, and response to sexual abuse and sexual harassment. This group included key personnel such as the PREA Coordinator, facility investigators, medical and mental health professionals, case management staff, and individuals responsible for staff training and supervision related to PREA standards.

The selection process was purposeful and designed to obtain detailed, role-specific information regarding specialized procedures, documentation practices, investigative protocols, and interdisciplinary coordination. These interviews provided valuable insight into how PREA policies are implemented in practice, including how allegations are managed, how victims are supported, and how ongoing staff education and compliance efforts are sustained.

Specialized staff demonstrated a strong level of knowledge, professionalism, and commitment to their respective roles. Interviewees were able to clearly explain their responsibilities, applicable procedures, and the resources available to support inmates. The interviews were conducted without difficulty, and staff were forthcoming and engaged throughout the process, contributing to a transparent and informative exchange. Overall, the targeted interviews with specialized staff played a critical role in validating the facility's comprehensive approach to PREA compliance. The consistency of responses, depth of knowledge, and collaborative approach observed among staff reinforced confidence in the facility's ability to effectively manage PREA-related responsibilities and maintain a safe and accountable environment.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

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

Yes

No

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

Bibb Correctional Facility is an all-male institution located at 565 Bibb Lane in Brent, Alabama. The facility operates across a broad range of security levels, from community custody through Level 5. It does not house youthful inmates, and according to the Pre-Audit Questionnaire (PAQ), all individuals in custody are age 18 or older.

The facility is situated on approximately 250 acres and has a rated capacity of 1,826 inmates. On the first morning of the onsite audit, the population was reported as 1,798 inmates, reflecting a population level near capacity and indicative of a fully utilized institution.

As reported in the PAQ, the facility consists of eighteen housing units, all designed as open bay dormitories. Most dormitories contain double-stacked beds, while some include single-stacked beds arranged within cubicle-style partitions that provide a degree of personal space. Bathroom and shower areas throughout the facility are equipped with appropriate privacy measures, including properly maintained shower curtains, to prevent viewing by staff of the opposite sex while still allowing for adequate supervision. During the onsite phase of the PREA audit, the Auditor conducted a comprehensive and unrestricted tour of the entire facility. This tour allowed for a detailed evaluation of the physical environment, operational practices, and overall institutional climate. From the outset, staff demonstrated professionalism, transparency, and a high level of cooperation. They provided clear explanations, answered questions thoroughly, and ensured that the Auditor had full access to all areas, which supported accurate observations and a complete assessment.

The tour included all major functional areas of the institution. In addition to general population housing units, the Auditor reviewed specialized housing areas such as segregation, medical observation, and protective custody. Other areas toured included intake and classification, medical

and mental health clinics, educational classrooms, vocational and programming spaces, food service and dining areas, visitation, laundry operations, recreation yards, central control, administrative offices, the chapel, canteen, hobby and crafts areas, the barber shop, the law library, maintenance areas, and designated strip search locations. Movement throughout the facility was orderly and efficient, allowing the Auditor to observe operations without disruption and to engage meaningfully with both staff and inmates. Particular attention was given to the facility's physical layout and how it supports compliance with PREA standards. PREA-related signage, including the required Pre-Audit Notice, was prominently displayed throughout housing units and common areas. These materials clearly communicated the facility's zero-tolerance policy and provided straightforward instructions on reporting sexual abuse and sexual harassment. Signage was accessible and presented in a manner intended to be easily understood by the inmate population.

The Auditor also evaluated reporting mechanisms and found them to be clearly identified, accessible, and operational. Designated reporting telephones were functional and appropriately labeled. Posted instructions outlined multiple reporting options, including anonymous and third-party reporting avenues. Grievance forms and secure drop boxes were placed in accessible locations, allowing inmates to submit concerns privately. Hotline information was widely posted in high-traffic areas, including near telephones, housing units, restrooms, and recreation spaces, ensuring consistent and visible access.

In addition, the Auditor assessed environmental factors such as cleanliness, lighting, and privacy safeguards. Housing units and common areas were clean, orderly, and well maintained. Lighting levels were adequate throughout the facility, supporting both safety and visibility. Shower and

restroom areas included appropriate privacy features designed to prevent cross-gender viewing while maintaining necessary supervision. The strategic placement of cameras, combined with the use of security mirrors, enhanced visibility and minimized blind spots, contributing to effective monitoring of inmate movement and activity. Throughout the tour, the Auditor engaged in informal interactions with both staff and inmates. These exchanges provided valuable insight into daily operations and overall PREA awareness. Staff demonstrated a clear understanding of their responsibilities, including reporting requirements and appropriate response procedures. Inmates also exhibited awareness of their rights, were able to identify multiple reporting options, and expressed confidence in their ability to report concerns without fear of retaliation. Overall, the facility presented as secure, well-maintained, and effectively managed. The condition of the physical plant, combined with appropriate supervision practices, privacy considerations, and accessible reporting mechanisms, reflects a strong institutional commitment to safety, dignity, and respect. Observations made during the tour indicate that PREA standards are actively integrated into daily operations and supported by knowledgeable staff, informed inmates, and full transparency. These factors collectively demonstrate the facility's ongoing commitment to maintaining compliance with PREA and fostering a safe environment for all individuals in custody.

Documentation Sampling

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

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

Yes

No

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

Personnel and Training Records

As part of the audit process, the Auditor conducted a thorough and methodical review of fifty staff personnel files to verify compliance with PREA hiring and employment standards. Each file was complete, well-organized, and contained the required documentation, including initial criminal background checks, verification of employment eligibility, and administrative adjudication forms when applicable. The review confirmed that the facility follows a consistent and structured approach to staff screening and hiring practices.

In addition to pre-employment screening, the facility demonstrated compliance with ongoing monitoring requirements. Annual background checks are conducted for staff and are routinely aligned with annual firearm qualification requirements for applicable personnel. This coordinated process reflects a proactive and consistent approach to ensuring staff suitability and maintaining compliance with PREA standards over time.

The Auditor also reviewed fifty staff training records to assess adherence to PREA training requirements. Each record included clear documentation of completed training, along with a signed PREA acknowledgment form verifying annual training completion. The records confirmed that staff receive comprehensive instruction on the facility's zero-tolerance policy, reporting obligations, maintaining professional boundaries, and conducting cross-gender searches in a respectful and appropriate manner. Overall, the documentation demonstrates that staff are adequately trained and prepared to support a safe and respectful environment for inmates.

Volunteer Training

The Auditor reviewed one hundred twenty-six volunteer training records to evaluate compliance with PREA training standards. Each record contained documentation of completed training as well as a signed PREA acknowledgment form. The records were

consistent, complete, and well-maintained, confirming that volunteers receive appropriate PREA education prior to interacting with inmates. This training ensures that volunteers understand their responsibilities and are equipped to engage with inmates in a safe, respectful, and informed manner.

Contractor Training

Contractor training records were also examined as part of the audit. The Auditor reviewed all six non-medical contractor files, each of which contained clear documentation of PREA training completion and signed acknowledgment forms. These records confirm that contractors are properly trained and informed of PREA requirements before being authorized to work within the facility. In addition, thirty medical contractor training records were reviewed. Each file included documentation verifying completion of PREA training along with signed acknowledgment forms. The records were organized and consistent, demonstrating that medical contractors are appropriately trained to support a safe, professional, and compliant environment for inmates.

Specialized Training

The Auditor reviewed twenty training records for investigators responsible for handling PREA-related cases. Each file included documentation confirming successful completion of required specialized training. This training prepares investigators to conduct thorough, objective, and professional investigations in accordance with PREA standards.

Additionally, thirty training records for medical and mental health practitioners were reviewed. Each file contained documentation verifying completion of specialized PREA training relevant to their roles. These records confirm that clinical staff are equipped to provide appropriate, trauma-informed care and to respond effectively to allegations of sexual abuse and sexual harassment.

Inmate Records

A random sample of fifty inmate files, representing admissions over the previous twelve months, was reviewed to assess compliance with PREA education requirements. Each file included a signed acknowledgment confirming receipt of PREA education. Documentation also indicated that inmates were provided with the facility orientation handbook, PREA informational materials, and access to the PREA education video during intake.

Interviews and record reviews confirmed that all fifty inmates received PREA education as part of the intake process, consistent with agency policy and PREA standards.

Risk Assessments and Reassessments

To evaluate compliance with PREA screening requirements, the Auditor reviewed forty-two inmate files for risk assessment documentation. Each record demonstrated that an initial risk screening was completed within 72 hours of arrival. Additionally, all files included a reassessment conducted within 30 days of intake.

The consistency and completeness of these records indicate that the facility maintains a structured and reliable process for identifying inmates who may be at risk of victimization or who may pose a risk to others, as well as for reassessing those risks within required timeframes.

Grievances

According to the Pre-Audit Questionnaire (PAQ), and as confirmed through interviews with the PREA Compliance Manager, there were no grievances filed specifically related to sexual abuse or sexual harassment during the audit period. Documentation reflects that when concerns were raised, they were addressed through the PREA reporting and investigative process rather than the formal grievance system.

Record reviews confirmed that allegations were documented appropriately, statements were obtained, and all matters were handled in accordance with established PREA procedures and timelines.

Incident Reports

Documentation and staff interviews confirmed that the facility recorded thirteen allegations of sexual abuse and sexual harassment during the previous twelve months. The Auditor reviewed all thirteen incident reports, each of which was complete, well-organized, and consistent with established reporting requirements.

Investigation Records

The Auditor reviewed thirteen PREA investigative files corresponding to the reported allegations during the same twelve-month period. Each file contained the required documentation, including investigative reports, supporting evidence, and final determinations. All investigations were completed within established timelines. Overall, the review of investigative records demonstrates a consistent, structured, and compliant approach to handling allegations. Documentation was thorough and clearly reflected adherence to PREA standards, reinforcing the facility's commitment to accountability and effective response practices.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	8	8	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	8	8	0	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	4	0	4	0
Staff-on-inmate sexual harassment	1	1	0	0
Total	5	1	4	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	4	4	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	4	4	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	3	1	0
Staff-on-inmate sexual harassment	0	0	1	0
Total	0	3	2	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

8

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>8</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>5</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files

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

1

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

Yes

No

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

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

Yes

No

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

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

The auditor reviewed all PREA allegation and investigation files from the previous 12 months.

A total of eight sexual abuse allegations were identified, all involving inmate-on-inmate incidents. Each allegation was investigated criminally. Upon completion of the investigations, four cases were determined to be unfounded and four were determined to be unsubstantiated. All eight inmates were offered medical and mental health services, as well as access to victim advocates. Three inmates were referred for forensic examinations conducted by SANE practitioners. All eight inmates were placed on retaliation monitoring, which concluded when one of the following conditions was met: the allegation was determined to be unfounded, the involved parties were no longer housed in the same facility, or the 90-day monitoring period with weekly status checks was completed. Four sexual abuse incident reviews were conducted.

Additionally, five sexual harassment allegations were reviewed. Four of these involved inmate-on-inmate incidents and were investigated administratively. Of these, three were determined to be unfounded and one was determined to be unsubstantiated. The inmates involved were offered mental health services, and all four were notified of the investigation outcomes in a timely manner. The fifth sexual harassment allegation involved staff-on-inmate conduct and was investigated criminally. The allegation was determined to be unsubstantiated. The inmate was offered mental health services and was notified of the investigation outcome in a timely manner.

SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
<p>102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
Non-certified Support Staff	
<p>103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
AUDITING ARRANGEMENTS AND COMPENSATION	
<p>108. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p>Identify the name of the third-party auditing entity</p>	<p>Corrections Consulting Service</p>

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>In preparation for and throughout the on-site audit process, the Auditor conducted a thorough and deliberate examination of extensive documentation to evaluate compliance with Standard §115.11. This review began with the Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by the Alabama Department of Corrections (ADOC), which together established a strong foundation for understanding agency-wide PREA implementation.</p> <p>A central and guiding document in this review was Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated May 29, 2025. This comprehensive and well-structured policy serves as the cornerstone of ADOC’s PREA framework, clearly outlining expectations and operational standards across all facilities.</p> <p>Additional materials contributed to a well-rounded and insightful understanding of institutional practices. These included the ADOC Inmate Awareness pamphlet</p>

(available in both English and Spanish), the Inmate Handbook dated September 25, 2017, and a detailed organizational chart reflecting clear, logical, and effective lines of authority. The Auditor also reviewed documentation highlighting the professional qualifications, specialized training, and extensive experience of both the PREA Director and Institutional PREA Compliance Managers (IPCMs). Collectively, these materials reflect a cohesive, forward-thinking administrative structure designed to promote consistency, accountability, and proactive PREA compliance throughout all ADOC facilities.

INTERVIEWS

Interviews conducted across multiple levels of the organization provided valuable insight into how PREA responsibilities are actively implemented in daily operations. Participants consistently demonstrated professionalism, strong subject matter knowledge, and a unified commitment to the Department's Zero Tolerance philosophy.

Agency PREA Director

The Agency PREA Director offered a comprehensive and strategic perspective on PREA oversight across the entire system. Serving in a high-level leadership role, the Director is positioned within the organizational hierarchy to maintain direct access to executive leadership, ensuring efficient communication and resource allocation. The Director described a dynamic and highly engaged approach to leadership, emphasizing regular interaction with facility staff through scheduled calls, consistent email communication, and frequent on-site visits.

The Director also highlighted the importance of mentorship and standardization, noting that each IPCM across the state is carefully selected, thoroughly trained, and continually supported. This structured approach fosters consistency, reinforces accountability, and ensures that each facility operates in alignment with ADOC's established PREA standards. The Director underscored that the Zero Tolerance policy is not only a guiding principle but an actively reinforced expectation embedded in every level of the organization.

Institutional PREA Compliance Manager (IPCM)

The IPCM described their role as both focused and impactful, with PREA responsibilities receiving dedicated attention and priority. The position is intentionally designed to allow concentrated effort on PREA-related duties without competing obligations, enabling timely responses and thorough oversight of compliance activities.

The IPCM conveyed strong support from facility leadership, noting that adequate resources, clear communication channels, and operational autonomy are consistently provided. This supportive environment allows the IPCM to effectively coordinate prevention efforts, monitor compliance, and address concerns as they arise. The IPCM's description reflected a well-defined role supported by a collaborative and responsive leadership structure.

Together, these interviews illustrate a well-coordinated and empowered PREA leadership framework in which both agency-level and facility-level personnel operate with clarity, authority, and shared purpose.

PROVISIONS

Provision (a)

ADOC exhibits a clear, comprehensive, and firmly established commitment to a Zero Tolerance policy regarding all forms of sexual abuse and sexual harassment. This commitment is thoughtfully integrated into every aspect of operations through well-developed policies that address prevention, detection, reporting, and response in a consistent and effective manner.

Administrative Regulation (AR) #454 (Section II, Policy) explicitly prohibits sexual abuse, sexual harassment, and sexual misconduct within all ADOC facilities. This prohibition applies universally—covering staff-on-inmate and inmate-on-inmate conduct, regardless of coercion or perceived consent. The policy is written with clarity and precision, ensuring that expectations are well understood at every level.

Further strengthening this framework, Section III of AR #454, along with the Inmate Handbook, provides detailed definitions, outlines behavioral expectations, and establishes clear investigative classifications, including substantiated, unsubstantiated, and unfounded findings. These thoughtfully developed provisions reflect a proactive, structured, and prevention-oriented approach that promotes safety, accountability, and respect within the correctional environment.

Relevant Policies

1. AR #454, Section II, Policy, p. 1
2. AR #454, Section III, Definitions and Acronyms, pp. 1-5
3. Inmate Handbook (2017 Edition)

Provision (b)

The organizational structure outlined in the PAQ and supported by the ADOC organizational chart confirms that the PREA Director holds a prominent Director-level position, ensuring meaningful authority, visibility, and influence over all PREA-related activities. This elevated positioning allows the Director to effectively guide compliance efforts and maintain alignment across all facilities.

Supporting this role is a well-designed and robust network consisting of twenty-six Institutional PREA Compliance Managers (IPCMs) and an equal number of trained alternates. This thoughtfully layered system ensures continuous coverage, operational resilience, and consistency in PREA implementation statewide.

Administrative Regulation #454 clearly defines the PREA Director's responsibilities and authority. Appointed by the ADOC Commissioner, the Director is empowered to coordinate, oversee, and enhance all procedures related to the prevention, detection,

and tracking of sexual abuse and harassment involving inmates. The Director also maintains statewide data, conducts periodic audits, and works collaboratively with Wardens, Associate Commissioners, and the Legal Division. This level of coordination fosters transparency, strengthens accountability, and supports continuous improvement.

The structure further delineates responsibilities across all levels of leadership and staff, creating a clear and effective chain of accountability. Each role contributes meaningfully to maintaining a safe, respectful, and compliant environment, demonstrating a well-organized and strategically aligned system.

Relevant Policies

1. AR #454, Section III, item K, pp. 1-2
2. AR #454, Section VI, Responsibilities, pp. 5-12
3. AR #454, Section E, PREA Director Functions, pp. 7-8

Provision (c)

The PAQ confirms that every ADOC facility designates an Institutional PREA Compliance Manager (IPCM), reflecting a consistent and standardized approach to PREA oversight across the state. At Bibb, the IPCM also serves in the capacity of Special Investigator, bringing a high level of expertise, objectivity, and investigative proficiency to the role.

Importantly, IPCMs operate under the supervision of the ADOC Investigation Division or the Office of the Inspector General (OIG), rather than reporting directly to facility administration. This thoughtful reporting structure enhances impartiality, promotes integrity, and ensures consistent enforcement of PREA standards across all facilities.

Administrative Regulation #454 clearly defines the authority and responsibilities of IPCMs, granting them the ability to coordinate prevention efforts, oversee detection and monitoring activities, and maintain accurate tracking of PREA-related incidents. IPCMs also conduct periodic internal audits and actively contribute to identifying and implementing corrective actions. This structured and ethically grounded approach reflects ADOC's strong commitment to sustained compliance, transparency, and the protection of inmate safety.

Relevant Policies

1. AR #454, Section III, item H, pp. 1-2
2. AR #454, Section VI, Responsibilities for Special Investigators/IPCMs, pp. 10-12

CONCLUSION

Based on a comprehensive review of documentation, policies, and interviews, the Auditor determined that the Alabama Department of Corrections fully meets the

	<p>requirements of Standard §115.11. The PREA Director maintains appropriate authority, strategic positioning, and access to resources necessary to ensure effective statewide oversight. At the facility level, Institutional PREA Compliance Managers demonstrate strong professionalism, specialized knowledge, and consistent engagement in carrying out PREA responsibilities.</p> <p>This well-coordinated and thoughtfully structured system reflects ADOC’s ongoing commitment to its Zero Tolerance philosophy and its mission to uphold safety, dignity, and respect for every inmate within its care.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>DOCUMENT REVIEW</u></p> <p>To evaluate compliance with PREA Standard §115.12, the Auditor conducted a comprehensive and carefully structured review of documentation provided by the Alabama Department of Corrections (ADOC). This review was designed to assess how effectively PREA requirements are integrated into contractual agreements governing the confinement of ADOC inmates by external entities, as well as how those requirements are sustained through ongoing oversight.</p> <p>The review began with the Pre-Audit Questionnaire (PAQ) and its supporting documentation, which offered a clear and organized overview of ADOC’s contracting practices. A key document within this review was Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment (May 29, 2025). This well-developed regulation establishes agency-wide expectations and clearly defines responsibilities for maintaining PREA compliance across both internal operations and contracted services.</p> <p>Particular attention was given to Contract C210052136 with GEO Reentry, Inc., most recently renewed on December 1, 2025. This agreement, representing its third renewal, reflects ADOC’s consistent, thoughtful, and proactive approach to ensuring that contracted confinement services align with PREA standards. The contract is structured with clarity and precision, embedding compliance expectations directly into its operational framework.</p> <p>Collectively, the reviewed materials present a cohesive and transparent system in which PREA compliance is not only explicitly required but also actively monitored and enforceable. ADOC’s contracting practices demonstrate a strong commitment to accountability, consistency, and the protection of inmate safety across all custodial environments, including Bibb and other facilities supported through contractual partnerships.</p>

INTERVIEWS

An interview with the Agency Contract Administrator provided valuable insight into the practical application of ADOC's contracting and oversight processes. The discussion highlighted both the rigorous standards required for contract approval and the continuous monitoring that follows execution.

Agency Contract Administrator

The Administrator first emphasized that PREA compliance is a foundational and non-negotiable requirement for any entity seeking to enter into a contract with ADOC. Prospective contractors must demonstrate full alignment with PREA standards prior to approval, ensuring that only qualified and compliant organizations are considered.

The Administrator then described the contract development process as deliberate, collaborative, and detail-oriented. Each agreement incorporates clearly defined PREA provisions addressing prevention, detection, reporting, and response. These provisions are carefully reviewed by the ADOC Legal Division and relevant operational leadership to ensure clarity, enforceability, and alignment with both federal and state standards.

Expanding further, the Administrator explained that oversight extends well beyond the execution of the contract. ADOC maintains the authority to conduct audits, perform site visits, and review records at any time throughout the contract period. Regular evaluations, documentation reviews, and ongoing communication with contractors create a dynamic and responsive oversight system. This structured approach ensures that PREA compliance remains active, measurable, and continuously reinforced.

Throughout the interview, it was evident that ADOC approaches contractual partnerships with a strong sense of responsibility and integrity, prioritizing inmate safety and maintaining high expectations for all contracted entities.

PROVISIONS

Provision (a)

ADOC has established a clear, comprehensive, and highly structured requirement that all contracts for the confinement of inmates include explicit and enforceable PREA compliance language. These provisions are thoughtfully crafted to ensure that contractors fully understand and adhere to all standards outlined in the Prison Rape Elimination Act.

Administrative Regulation #454 assigns this responsibility to the ADOC General Counsel, who ensures that all contractual agreements contain detailed PREA requirements. These provisions clearly outline expectations related to prevention strategies, detection measures, reporting obligations, and appropriate response protocols. The language used is precise, directive, and designed to promote full accountability.

A detailed review of Contract C210052136 with GEO Reentry, Inc. revealed particularly robust and well-integrated safeguards. Section 3.39 incorporates Alabama Code §14-11-31 and references 28 C.F.R. Part 115, effectively embedding both state and federal PREA requirements into the contractual framework. The contract establishes a firm Zero Tolerance stance and requires full compliance across all operational areas.

Additionally, the contract includes clearly defined reporting requirements, mandating immediate notification of any PREA-related allegations or incidents to designated ADOC officials, including facility leadership and the PREA Director or Contract Monitor. Contractors are also required to provide PREA-specific training to staff and subcontractors, allow unrestricted access to PREA monitors, and submit audit documentation from certified Department of Justice auditors. These well-developed provisions reflect a proactive, prevention-focused, and accountability-driven approach to inmate safety.

Relevant Policies

1. AR #454, Section IV, Responsibilities, D, p. 6
2. Contract C210052136, GEO Reentry, Inc., Section 3.39
3. Alabama Code §14-11-31
4. 28 C.F.R. Part 115

Provision (b)

ADOC further demonstrates a strong and effective system of continuous oversight by incorporating active monitoring provisions into all confinement contracts. These provisions are clearly designed to ensure that PREA compliance remains an ongoing, dynamic process rather than a one-time contractual obligation.

Contractual language authorizes ADOC to conduct regular and systematic reviews of contractor policies, training records, and incident documentation. Contractors are required to promptly report any allegations of sexual abuse or harassment and to provide detailed information regarding investigative outcomes and corrective actions. This timely exchange of information supports transparency and allows for immediate and informed responses when necessary.

The oversight structure functions as a comprehensive accountability network, connecting ADOC with its contracted entities through consistent communication, periodic audits, and performance evaluations. Monitoring activities may include document analysis, remote oversight, and on-site assessments, all of which contribute to maintaining uniform standards across facilities, including Bibb.

These provisions reflect a well-coordinated, responsive, and transparent system that allows ADOC to maintain continuous visibility into contractor operations. By emphasizing proactive monitoring and timely intervention, ADOC ensures that PREA compliance is sustained, measurable, and aligned with established standards.

Relevant Policies

1. AR #454, Section IV, Responsibilities, D, p. 6
2. Contract C210052136, GEO Reentry, Inc., Section 3.39
3. PREA Monitoring Protocols (ADOC Legal and Contract Monitoring Division)

CONCLUSION

Following a detailed review of documentation and an informative interview process, the Auditor determined that the Alabama Department of Corrections fully complies with PREA Standard §115.12. ADOC has successfully embedded clear, enforceable, and comprehensive PREA requirements into all contracts governing the confinement of inmates.

Through a well-integrated approach that combines precise contractual language, proactive monitoring, and responsive oversight, ADOC maintains a system defined by transparency, accountability, and consistency. These practices demonstrate the Department’s strong and ongoing commitment to ensuring safety, dignity, and respect for every inmate, regardless of whether they are housed within ADOC facilities or under the supervision of contracted entities.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>Prior to the on-site audit, the facility submitted a comprehensive, well-organized, and highly informative collection of materials through the Pre-Audit Questionnaire (PAQ). These documents provided a clear and transparent view of the facility’s staffing structure, supervision practices, and monitoring systems—each serving as a critical component in the prevention and detection of sexual abuse and sexual harassment.</p> <p>The Auditor conducted an in-depth review of Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment (effective May 29, 2025), along with an array of facility-specific documentation. These materials included the Annual PREA Staffing Plan Review (Form 454-J), Log of Unannounced Rounds (Form 454-K), staffing deviation records, facility blueprints and detailed physical plant diagrams, as well as documentation related to the Facility Vulnerability Assessment, Staffing Plan Checklist, and Staffing Plan Review. The current staffing plan, dated January 21, 2026, reflected updated and relevant data aligned with operational demands and inmate population needs.</p> <p>When viewed collectively, these materials presented a cohesive, structured, and forward-thinking framework for supervision and monitoring at Bibb. The documentation demonstrated a well-coordinated system characterized by</p>

accountability, consistency, and a proactive approach to maintaining safe and secure conditions for inmates.

OBSERVATIONS

During the on-site portion of the audit, the Auditor conducted multiple unannounced reviews of housing unit logbooks, supervisory records, and operational documentation. These reviews confirmed that intermediate and upper-level supervisors consistently conducted unannounced rounds with regularity, attention to detail, and adherence to established protocols. Entries were timely, accurate, and reflective of a high level of professionalism.

In addition to documentation review, the Auditor directly observed supervisory staff conducting rounds throughout housing units, program areas, and common spaces. Supervisors demonstrated a strong, visible presence, engaging actively with both staff and inmates in a professional, respectful, and approachable manner. They reviewed logs, discussed operational matters, and maintained awareness of daily activities within their assigned areas.

This level of engagement fostered a culture of transparency, accountability, and proactive prevention. The environment reflected strong communication, effective leadership, and a consistent emphasis on safety through attentive supervision and responsive oversight.

INTERVIEWS

Interviews conducted across multiple staff levels and with inmates provided a well-rounded and insightful perspective on the facility's supervision and monitoring practices. Responses consistently reflected a shared understanding of expectations and a strong commitment to maintaining a safe environment.

Random Inmates

Inmates interviewed described supervisory staff as visible, accessible, and responsive. Many noted that supervisors regularly circulate through housing areas and are approachable when concerns arise. Inmates expressed confidence in the facility's responsiveness, indicating that issues are addressed in a timely and professional manner. This consistent presence was described as reassuring and contributed to a sense of safety and order within the facility.

Random Line Staff

Line staff demonstrated a clear and confident understanding of supervision protocols under PREA. They confirmed that unannounced rounds are conducted on every shift and emphasized that the timing of these rounds is never disclosed in advance. Staff described supervisors as engaged and supportive, frequently reviewing logs, offering guidance, and reinforcing expectations. Their responses reflected trust in the system and a shared commitment to maintaining compliance and safety.

Intermediate- or Higher-Level Supervisory Staff

Supervisory staff described unannounced rounds as a vital and dynamic component of their responsibilities. These rounds are intentionally unpredictable and serve as opportunities for direct observation, real-time feedback, and immediate corrective action when necessary. Supervisors emphasized their role in reinforcing policy, mentoring staff, and maintaining open communication with inmates. Their approach reflects a balance of leadership visibility, accountability, and practical oversight.

Facility Head

The Facility Head provided a strategic overview of staffing and monitoring practices at Bibb, highlighting a thoughtful balance between operational efficiency and inmate safety. Staffing decisions are aligned with daily schedules, programming needs, and facility demands. The Facility Head emphasized the positive impact of an expanded and well-maintained video monitoring system, noting enhanced visibility and improved response capabilities. With a staffing complement of 321 uniformed officers, 49 support staff, and 54 contractors, the facility demonstrates a strong commitment to maintaining adequate coverage. Staffing plans are regularly reviewed and adjusted based on feedback and operational trends, ensuring adaptability and continuous improvement.

PREA Compliance Manager (PCM)

The PREA Compliance Manager described an active and detail-oriented role in overseeing supervision and monitoring systems. The PCM participates directly in staffing plan reviews, analyzing factors such as camera coverage, supervision patterns, and identified vulnerabilities. They also monitor the video surveillance system to ensure functionality and coordinate timely repairs when needed. The PCM emphasized that staffing levels are carefully evaluated to ensure they support inmate access to programs, services, and visitation without compromise. Their involvement reflects a proactive and informed approach to maintaining PREA compliance.

Collectively, these interviews reflect a cohesive, well-informed, and professionally aligned team committed to maintaining effective supervision and ensuring inmate safety through consistent and visible practices.

PROVISIONS

Provision (a)

Bibb maintains a comprehensive, well-structured, and proactively managed staffing plan designed to ensure adequate supervision and monitoring for the protection of inmates from sexual abuse and sexual harassment. This plan is formally documented, regularly reviewed, and aligned with PREA Standard §115.13 requirements.

The current staffing plan reflects a projected average daily population of approximately 1,750 inmates and incorporates all required components outlined in the standard. The staffing plan includes detailed consideration of staffing levels, post assignments, video monitoring coverage, and facility layout. The plan is both thorough and adaptable, allowing for adjustments based on operational changes and

identified needs. The staffing plan is predicted on a facility population of 1,826.

Administrative Regulation #454 directs Facility Wardens to develop and maintain staffing plans in collaboration with the PREA Director, with annual reviews conducted using Form 454-J. This review process includes analysis of incident data, population trends, programming requirements, and physical plant considerations. Bibb's implementation of SOP Procedure C-67 further strengthens this framework by providing clear guidance for staffing plan development and execution.

Relevant Policies

1. ADOC Administrative Regulation #454, Section IV, H, 10, p. 9
2. ADOC Administrative Regulation #454, Section V, E, 3, p. 19
3. SOP Procedure C-67, Staffing Plan (November 12, 2025)

Provision (b)

Bibb demonstrates a responsive, flexible, and well-managed approach to staffing plan deviations, ensuring that safety and operational continuity are consistently maintained. The staffing plan is based on a carefully calculated inmate population and ensures that all critical posts remain staffed at all times.

When deviations occur, the facility utilizes strategies such as overtime and temporary reassignment to maintain coverage. Documentation reviewed by the Auditor indicated that deviations over the past twelve months were effectively managed and primarily related to inmates in the hospital; office call in; officer holiday; annual leave; officer training. Importantly, these adjustments did not disrupt inmate access to programs, services, or education.

This adaptive approach reflects a strong commitment to maintaining consistent supervision while responding effectively to workforce fluctuations.

Relevant Policies

1. ADOC Administrative Regulation #454, Section IV, H, 11, p. 9
2. ADOC Administrative Regulation #454, Section V, E, 3, p. 19

Provision (c)

Bibb conducts a thorough, collaborative, and well-documented annual review of its staffing plan, ensuring continued alignment with PREA requirements and operational needs. The most recent review, completed on January 21, 2026, included detailed analysis of staffing patterns, supervision practices, camera placement, and facility vulnerabilities.

The review process involves key leadership, including the Warden, PREA Director, PREA Compliance Manager, and supervisory staff, ensuring a comprehensive and multidisciplinary approach. Enhancements such as additional camera installations and strategic placement of mirrors in blind spots demonstrate a proactive

commitment to improving visibility and reducing risk.

The facility's video monitoring system is fully operational and supported by a continuously staffed control center, providing consistent oversight. Documentation, including Form 454-J, confirmed that the review process is thorough, structured, and focused on continuous improvement.

Relevant Policies

1. ADOC Administrative Regulation #454, Section IV, H, 1-13, pp. 8-10
2. ADOC Administrative Regulation #454, Section V, E, 2, p. 19

Provision (d)

Bibb maintains a consistent, well-documented, and effective practice of conducting unannounced supervisory rounds across all shifts and facility areas. These rounds are a key component of the facility's monitoring strategy and are carried out by intermediate and upper-level supervisors.

Administrative Regulation #454 requires that all unannounced rounds be documented, including the supervisor's name, date, and time, and recorded in shift reports and on designated forms. The policy also reinforces the requirement that staff must not be alerted in advance, preserving the integrity and effectiveness of the process.

The Auditor reviewed multiple logs and directly observed rounds being conducted, confirming that practices are consistent, professional, and aligned with policy expectations. Supervisors demonstrated strong awareness of their responsibilities and a clear commitment to maintaining accountability and transparency.

Relevant Policies

1. ADOC Administrative Regulation #454, Section IV, H, 1-13, pp. 8-10
2. ADOC Administrative Regulation #454, Section V, E, 4, p. 20

CONCLUSION

Following a thorough review of documentation, direct observations, and comprehensive interviews, the Auditor determined that Bibb Correctional Facility fully complies with PREA Standard §115.13. The facility demonstrates a well-developed and effectively implemented system of supervision and monitoring, supported by a detailed staffing plan, responsive deviation management, and consistent supervisory practices.

This integrated and thoughtfully executed framework reflects Bibb's strong commitment to maintaining a safe, respectful, and accountable environment. Through visible leadership, engaged staff, and proactive oversight, the facility continues to uphold high standards of professionalism and ensures the safety and dignity of every inmate.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>Prior to the on-site audit, Bibb Correctional Facility submitted a comprehensive, well-organized, and highly detailed collection of materials through the Pre-Audit Questionnaire (PAQ). The documentation reflected a high level of diligence, clarity, and transparency, offering a thorough view of the facility’s classification processes and population management practices.</p> <p>Among the key materials reviewed was Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations & Legal: Inmate Sexual Abuse and Harassment (effective May 29, 2025). This well-structured and authoritative regulation establishes the Department’s firm Zero Tolerance policy regarding sexual abuse and sexual harassment and outlines the procedural framework for PREA compliance across all facilities. It further provides clear guidance on classification protocols, intake procedures, and safeguards related to inmate age and housing assignments, all of which are directly relevant to PREA Standard §115.14.</p> <p>The documentation consistently demonstrated that Bibb operates exclusively as an adult correctional facility. Established systems, verification processes, and classification controls collectively ensure that youthful inmates are not admitted, housed, or processed at any stage of facility operations.</p> <p>OBSERVATIONS</p> <p>During the on-site audit, the Auditor conducted a thorough inspection of housing units, intake and classification areas, and reviewed daily population records to verify the facility’s inmate demographics. These observations confirmed that no youthful inmates were present at Bibb.</p> <p>Facility rosters and official inmate records were carefully examined, including verification of dates of birth. No individuals meeting the definition of a youthful inmate were identified. The physical environment further supported this finding, as all housing units, program areas, and operational spaces were clearly configured for adult inmate populations.</p> <p>There were no designated youthful housing units, no structural accommodations for younger individuals, and no operational indicators suggesting the presence or management of youthful inmates. These observations aligned fully with the documentation reviewed and reinforced the conclusion that Bibb maintains a strictly adult population in accordance with PREA requirements.</p> <p>INTERVIEWS</p> <p>Interviews conducted with facility leadership and PREA personnel provided additional</p>

confirmation of classification practices and reinforced the facility's commitment to maintaining compliance with youthful inmate standards.

Institutional PREA Compliance Manager (IPCM)

The IPCM provided a detailed explanation of the facility's ongoing monitoring and verification processes related to inmate classification. The IPCM referenced the facility's memorandum of non-occurrence, which formally documents that youthful inmates are not housed at Bibb. The IPCM described how classification data is routinely reviewed across multiple systems to ensure accuracy and consistency.

The IPCM emphasized that, in the unlikely event a youthful inmate were mistakenly received, immediate action would be taken to notify ADOC central office and arrange for prompt reassignment to an appropriate facility. This proactive approach reflects a strong understanding of PREA requirements and a commitment to maintaining strict compliance through continuous oversight and interdepartmental coordination.

Facility Head

The Facility Head provided a strategic and policy-focused perspective, affirming that Bibb is designated exclusively for adult inmates. Intake procedures include multiple verification steps, including confirmation of date of birth and classification review, ensuring that no youthful inmates are admitted into the facility.

The Facility Head further explained that internal systems are designed to quickly identify and correct any discrepancies. In the rare event of a classification error, immediate coordination with ADOC central office ensures swift resolution. The Facility Head emphasized that adherence to AR #454 supports the facility's ability to prevent any commingling of youthful inmates with adult populations, reinforcing safety, compliance, and operational integrity.

Youthful Inmates

As confirmed through documentation, observation, and staff interviews, no youthful inmates were present at Bibb Correctional Facility at the time of the audit; therefore, interviews with youthful inmates were not applicable.

Collectively, the interviews reflect a well-coordinated, vigilant, and highly reliable classification system supported by knowledgeable staff and strong procedural safeguards.

PROVISIONS

Provision (a)

Bibb Correctional Facility demonstrates a clear, consistent, and well-validated practice of not housing youthful inmates. This determination is supported by comprehensive documentation, direct observation, and multiple levels of verification throughout the audit process.

The facility utilizes a structured and reliable classification system that includes

verification of inmate age at intake and throughout custody. Records reviewed by the Auditor, including inmate rosters and intake documentation, confirmed that all individuals housed at the facility meet the criteria for adult classification.

This process is supported by strong communication and coordination among intake staff, classification personnel, and facility leadership. The system reflects a proactive and detail-oriented approach that ensures accuracy, accountability, and sustained compliance with PREA standards.

Relevant Policies

ADOC Administrative Regulation #454, Section V, D, 2, p. 19

Provision (b)

This provision is not applicable at Bibb Correctional Facility, as the facility does not house youthful inmates. Requirements related to sight and sound separation are therefore not operationally necessary within this setting.

However, staff interviews and documentation reflect a strong awareness of this requirement and a demonstrated readiness to implement appropriate separation measures should circumstances ever require it. This level of preparedness highlights the facility's commitment to maintaining compliance under all potential conditions.

Relevant Policies

ADOC Administrative Regulation #454, Section V, D, 2, p. 19

Provision (c)

Provision (c) is likewise not applicable, as Bibb does not house youthful inmates and therefore does not require specialized housing or supervision for this population.

Despite this, the facility maintains proactive safeguards within its intake and classification procedures to immediately identify and address any potential errors. These safeguards include multiple verification checkpoints and established protocols for rapid corrective action, ensuring that PREA compliance would be immediately achieved if circumstances were to change.

This forward-thinking and preventative approach reflects a strong commitment to operational readiness and adherence to PREA standards.

Relevant Policies

ADOC Administrative Regulation #454, Section V, D, 2, p. 19

CONCLUSION

Following a thorough review of documentation, direct observation, and staff interviews, the Auditor determined that Bibb Correctional Facility fully complies with PREA Standard §115.14. The facility does not house youthful inmates, and robust

	<p>classification and verification systems ensure that this status is consistently maintained.</p> <p>Facility leadership and PREA staff demonstrated a clear, informed, and proactive understanding of policies governing youthful inmate separation and classification. The facility’s structured intake procedures, ongoing monitoring practices, and strong internal controls reflect a high level of operational excellence.</p> <p>Bibb’s practices exemplify consistent compliance with PREA requirements, ensuring that youthful inmates are never placed in an adult correctional setting. The facility’s diligence, professionalism, and commitment to safety collectively support a secure, respectful, and well-managed environment for all inmates.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with PREA Standard §115.15, Bibb Correctional Facility submitted a comprehensive, well-organized, and thoughtfully prepared set of materials through its Pre-Audit Questionnaire (PAQ). The documentation reflected a strong institutional commitment to ensuring that all search and observation practices are conducted with professionalism, respect, and full adherence to PREA requirements.</p> <p>The Auditor conducted a detailed review of Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment (effective May 29, 2025), Administrative Regulation #336, Searches (effective February 8, 2016), and the facility’s Standard Operating Procedure (SOP) C-2, Searches (effective February 9, 2022). These policies collectively establish clear, directive, and well-defined limitations, explicitly prohibiting cross-gender strip searches and visual body cavity searches except under narrowly defined exigent circumstances or when performed by qualified medical personnel.</p> <p>Additional materials reviewed included ADOC Form 302-A (Incident Report) and staff training records, which confirmed that personnel receive comprehensive instruction in conducting cross-gender, transgender, and intersex searches. The training curriculum reflects a trauma-informed, respectful, and gender-sensitive approach, emphasizing the importance of preserving inmate dignity and privacy during all interactions. Overall, the documentation demonstrated a cohesive, policy-driven framework grounded in professionalism, accountability, and respect.</p> <p><u>OBSERVATIONS</u></p>

During the on-site audit, the Auditor observed facility operations across multiple housing units and program areas. These observations confirmed consistent adherence to established policies and PREA standards. Staff of the opposite gender were routinely observed announcing their presence prior to entering housing areas, restrooms, and shower spaces, allowing inmates the opportunity to maintain privacy.

The inmate population primarily consisted of male inmates, including a small number of transgender individuals. Staff interactions were consistently professional, respectful, and attentive. Observations of shower areas, privacy barriers, and staff movement throughout the facility reflected a structured and respectful environment where privacy considerations are actively upheld. The overall operational climate demonstrated attentiveness, discretion, and a strong commitment to maintaining dignity for all inmates.

INTERVIEWS

Interviews conducted with staff and inmates at multiple levels provided a comprehensive and well-rounded understanding of how cross-gender viewing and search limitations are implemented in daily practice.

Random Inmates

Inmates interviewed consistently reported that they are able to shower, change clothing, and use restroom facilities with appropriate privacy. They confirmed that staff of the opposite gender routinely announce their presence before entering housing areas, which allows them to take necessary steps to preserve personal privacy. Inmates also reported that they had not experienced or observed any cross-gender strip or visual body cavity searches. Their responses reflected a general sense of respect, predictability, and safety within the facility.

Transgender Inmates

Transgender inmates shared that staff interactions during searches are conducted respectfully and professionally. They confirmed that searches are not performed for the purpose of determining anatomical status and that accommodations are made to support privacy and dignity, including individualized shower arrangements when appropriate. Their feedback reflected confidence in staff professionalism and satisfaction with the facility's approach to respectful treatment and privacy protection.

Random Line Staff

Line staff demonstrated a clear, confident, and detailed understanding of PREA requirements related to cross-gender searches and viewing. Staff consistently stated that cross-gender strip and visual body cavity searches are prohibited except under exigent circumstances and that such situations are extremely rare. They emphasized that same-gender staff are always available to conduct searches, eliminating the need for cross-gender procedures. Staff also demonstrated knowledge of appropriate practices for interacting with transgender and intersex inmates, including privacy

considerations and respectful communication.

Security Staff

Security staff further reinforced these expectations, describing established procedures and safeguards that guide all search activities. They emphasized that any allowable searches are conducted with professionalism, awareness, and respect for inmate dignity. Staff also noted that exigent circumstances would involve medical personnel and supervisory authorization, ensuring strict oversight and accountability.

Facility Leadership and Specialized Staff

Facility leadership provided a clear and structured overview of policy enforcement and administrative oversight. The Facility Head and supervisory staff emphasized that cross-gender strip and visual body cavity searches are strictly prohibited except in emergency situations or when conducted by qualified medical personnel. Any such occurrence would require prior authorization and thorough documentation using ADOC Form 302-A. Leadership described ongoing training, routine communication, and documentation review processes that reinforce compliance and ensure consistency across all levels of staff.

Collectively, these interviews reflect a well-coordinated, professional, and respectful operational culture in which staff consistently uphold PREA standards and inmates experience privacy protections as an integrated part of daily life.

PROVISIONS

Provision (a)

Bibb Correctional Facility demonstrates a clear, consistent, and well-enforced prohibition against cross-gender strip searches and visual body cavity searches. This standard is firmly embedded within policy, training, and daily operations, ensuring that such searches do not occur except under narrowly defined exigent circumstances or when performed by qualified medical personnel.

Interviews with staff and inmates, along with documentation review, confirmed that these types of searches are not conducted within the facility. Policies establish strict procedural safeguards, ensuring that any exception would require appropriate authorization, medical involvement, and detailed documentation.

This structured and policy-driven approach reflects a strong commitment to protecting inmate dignity, maintaining accountability, and ensuring compliance with PREA standards.

Relevant Policies

1. ADOC Administrative Regulation #454, Section V.F., p. 20
2. ADOC Administrative Regulation #336, Sections F.3 and F.4, p. 20
3. SOP C-2, Section V.F., pp. 5-6

Provision (b)

Bibb Correctional Facility does not house female inmates; therefore, provisions specific to cross-gender searches involving female inmates are not applicable within the facility's current operational context.

Despite this, staff demonstrated a clear understanding of these requirements and expressed readiness to comply fully should the inmate population or facility designation change in the future. This awareness reflects a proactive and well-informed approach to PREA compliance.

Relevant Policies

ADOC Administrative Regulation #454, Section V.F., p. 20

Provision (c)

Policies governing exigent circumstances are clearly defined, structured, and reinforced through training and practice. In the rare event that a cross-gender strip or visual body cavity search becomes necessary, policy requires that the search be conducted by qualified medical personnel and authorized by facility leadership.

All such incidents must be thoroughly documented using ADOC Form 302-A, ensuring transparency, accountability, and proper oversight. Staff demonstrated familiarity with these procedures and expressed confidence in their ability to respond appropriately should such a situation arise.

This well-defined protocol ensures that even rare exceptions are handled with professionalism, care, and strict adherence to policy.

Relevant Policies

ADOC Administrative Regulation #336, p. 5, No. 4; p. 6, No. 11

Provision (d)

Bibb maintains a respectful, structured, and consistently applied approach to protecting inmate privacy during routine activities such as showering, dressing, and restroom use. Inmates are not viewed by staff of the opposite gender except in incidental or emergency situations.

Opposite-gender staff consistently announce their presence prior to entering areas where inmates may be undressed, allowing individuals time to maintain privacy. Observations during the audit confirmed that this practice is routine, reliable, and well understood by staff.

This provision reflects a strong culture of professionalism, awareness, and respect, ensuring that privacy protections are actively maintained throughout daily operations.

Relevant Policies

	<p>ADOC Administrative Regulation #454, Section V.F., p. 20</p> <p>Provision (e)</p> <p>This provision is no longer applicable to current PREA compliance operations.</p> <p>Provision (f)</p> <p>This provision is no longer applicable to current PREA compliance operations.</p> <p><u>CONCLUSION</u></p> <p>Following a comprehensive review of documentation, detailed interviews with staff and inmates, and direct on-site observations, the Auditor determined that Bibb Correctional Facility fully complies with PREA Standard §115.15 – Limits to Cross-Gender Viewing and Searches.</p> <p>The facility demonstrates a well-structured, policy-driven, and consistently applied approach to protecting inmate privacy and dignity. Staff exhibit strong knowledge, professionalism, and accountability, while inmates report positive experiences and confidence in the facility’s practices. Bibb’s operations reflect a culture of respect, consistency, and proactive compliance, ensuring that PREA standards are not only met but actively upheld in daily practice.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>Prior to the on-site audit, Bibb Correctional Facility submitted a comprehensive, well-organized, and thoughtfully developed documentation package through the Pre-Audit Questionnaire (PAQ). The materials reflected a strong, intentional, and well-coordinated approach to meeting the requirements of PREA Standard §115.16, ensuring that all inmates—regardless of disability or language proficiency—receive equal and meaningful access to PREA-related information and reporting mechanisms.</p> <p>A central component of the review was Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations & Legal: Inmate Sexual Abuse and Harassment (effective May 29, 2025). This regulation clearly establishes ADOC’s Zero Tolerance policy while also outlining expectations for inclusive, accessible communication practices across all facilities.</p> <p>Additional documentation highlighted innovative, adaptive, and technology-supported strategies designed to eliminate communication barriers. These included a</p>

Memorandum of Understanding (MOU) with the Alabama Institute for the Deaf and Blind to provide certified interpreter services; specialized PREA acknowledgment forms tailored for individuals with visual, hearing, or cognitive impairments; simplified educational materials for inmates with limited literacy or intellectual functioning; and the structured use of Google Translate at designated facility points to assist inmates with limited English proficiency (LEP).

Collectively, these materials demonstrate Bibb's comprehensive, compassionate, and forward-thinking approach to accessibility, ensuring that every inmate is equipped with the knowledge and tools necessary to understand their rights and access PREA protections.

OBSERVATIONS

During the on-site audit, the Auditor observed a wide range of visual and communication tools designed to promote accessibility and inclusivity. PREA informational materials were prominently displayed throughout the facility in both English and Spanish, including housing units, corridors, program areas, visitation spaces, and work locations. These materials clearly outlined reporting methods, hotline access, and zero-tolerance messaging.

The Institutional PREA Compliance Manager (IPCM) maintains well-organized PREA bulletin boards in high-traffic areas. These boards included clear, visually accessible information such as reporting instructions, hotline numbers, and safety messaging presented in multiple formats and languages. The displays were current, easy to understand, and strategically positioned for maximum visibility.

Additional resources—including bilingual handouts, visual aids, and simplified instructional materials—were readily available and actively utilized. The overall environment reflected a facility culture that prioritizes accessibility, transparency, and equal access to information for all inmates.

INTERVIEWS

Interviews conducted with staff and inmates provided meaningful insight into how inclusive communication practices are implemented and experienced within the facility.

Random Staff

Staff members consistently demonstrated a strong and informed understanding of communication accessibility requirements. They emphasized that inmate interpreters, readers, or aides are strictly prohibited for any PREA-related communication, including reporting and investigations. Staff described immediate access to professional interpretation services and translation tools when needed, and highlighted ongoing training focused on recognizing and responding to communication barriers. Their responses reflected a shared commitment to professionalism, confidentiality, and equitable access.

Limited English Proficient (LEP) Inmates

LEP inmates reported that PREA information and facility rules are made available in languages other than English, including Spanish. They confirmed that translation services, including language line support and translation technology, are accessible when needed. Inmates expressed understanding of reporting procedures and indicated that they felt supported in communicating effectively with staff. Their feedback demonstrated confidence in the facility's ability to provide clear and accessible communication.

Inmates with Disabilities

Inmates with sensory or cognitive disabilities reported that PREA information is presented in formats tailored to their individual needs. They described receiving information through visual aids, simplified materials, or verbal explanations, depending on their abilities. These inmates expressed that staff were attentive, respectful, and responsive in ensuring their understanding. They reported feeling equally informed and protected, with no identified barriers to accessing PREA-related information.

Facility Head

The Facility Head provided a comprehensive overview of the facility's structured approach to accessibility. Intake and classification processes include screening for disabilities and language needs, ensuring that appropriate accommodations are identified and implemented immediately. The Facility Head emphasized the availability of certified interpreters, adaptive communication tools, and staff training designed to support inclusive communication. These systems ensure that all inmates receive consistent, equitable access to PREA education and reporting resources.

Together, these interviews reflect a cohesive, informed, and inclusive environment in which staff actively support communication access and inmates experience fairness, respect, and understanding.

PROVISIONS

Provision (a) - Equal PREA Access for All Inmates

Bibb Correctional Facility demonstrates a strong, comprehensive, and well-implemented commitment to ensuring equitable and barrier-free access to PREA information, education, and reporting mechanisms for all inmates, including those with disabilities and limited English proficiency.

The facility's Memorandum of Understanding with the Alabama Institute for the Deaf and Blind ensures access to certified interpreters and specialized services for inmates with hearing or visual impairments. Additionally, translation tools such as Google Translate are available to facilitate real-time communication, while bilingual materials and simplified resources support inmates with varying levels of comprehension.

Administrative Regulation #454 reinforces these practices by requiring that PREA information be delivered through multiple accessible formats, including verbal, written, visual, and adaptive methods. This multi-layered and inclusive approach

ensures that all inmates receive consistent and meaningful access to critical information.

Relevant Policies

1. ADOC Administrative Regulation #454, Section V.A.5.a-e, pp. 14-15

Provision (b) - Effective Communication Methods

Bibb utilizes a diverse, well-integrated, and thoughtfully designed range of communication methods to ensure PREA information is effectively conveyed to all inmates, regardless of ability or language proficiency. These methods include bilingual written materials, closed-captioned video content, large-print and visual resources, and simplified instructional formats for individuals with cognitive or literacy challenges.

The facility's ADA Coordinator plays a key role in overseeing the implementation and effectiveness of these communication strategies, ensuring that accommodations are consistently applied and continuously improved. Documentation confirmed that these methods are actively used and fully integrated into daily operations.

Administrative Regulation #454 requires that all PREA-related communication be delivered in a manner that ensures comprehension, covering prevention, reporting, and response procedures. Bibb's approach reflects a proactive and well-coordinated effort to meet these expectations.

Relevant Policies

1. ADOC Administrative Regulation #454, Section V.A.5.a-e, pp. 14-15
2. ADOC Administrative Regulation #454, Section V.A.5.b.1-6, p. 15

Provision (c) - Prohibition on Inmate Interpreters

Bibb strictly enforces a clear and well-defined prohibition against the use of inmate interpreters, readers, or aides for any PREA-related communication. This policy is designed to protect confidentiality, prevent coercion, and maintain the integrity of all reporting and investigative processes.

Staff interviews and documentation confirmed full compliance with this requirement, with no reported instances of inmate interpreters being used. Staff consistently emphasized reliance on professional interpretation services and approved communication tools.

This provision reflects a strong commitment to ethical practices, professionalism, and the protection of all inmates involved in PREA-related matters.

Relevant Policies

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

CONCLUSION

Following a thorough review of documentation, on-site observations, and comprehensive interviews, the Auditor determined that Bibb Correctional Facility fully complies with PREA Standard §115.16.

The facility demonstrates a well-developed, inclusive, and forward-thinking approach to communication accessibility. Through the use of adaptive materials, professional interpretation services, and supportive technology, Bibb ensures that all inmates—regardless of disability or language proficiency—have equal access to PREA information and reporting mechanisms.

Staff knowledge, consistent implementation, and positive inmate feedback reflect a facility culture grounded in respect, inclusivity, and professionalism. Bibb’s practices effectively remove communication barriers and support a safe, informed, and equitable environment for every inmate.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate the facility’s compliance with PREA Standard §115.17, the Auditor conducted a comprehensive review of documentation submitted by the facility and the Alabama Department of Corrections (ADOC). Central to this review was the Pre-Audit Questionnaire (PAQ), which outlined staffing levels, hiring practices, and background screening procedures relevant to PREA compliance.</p> <p>The Auditor closely examined Administrative Regulation (AR) #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes agency-wide expectations governing hiring, promotion, contracting, and ongoing employment decisions as they relate to the prevention of sexual abuse and sexual harassment. This regulation clearly defines disqualifying criteria and reinforces the Department’s zero-tolerance posture toward sexual misconduct.</p> <p>Additional governing authority reviewed included Administrative Regulation (AR) #216 - Background Checks (dated January 31, 2025). This policy details the scope, frequency, and documentation requirements for criminal background investigations for employees, contractors, and volunteers.</p> <p>The Auditor also reviewed a representative sampling of employee personnel files,</p>

background investigation records, and contractor documentation. Included in this review were completed Application and Pre-Employment Questionnaires (ADOC Form 216-B), which require applicants to disclose any history of sexual misconduct, criminal convictions, disciplinary actions, or civil or administrative findings related to sexual abuse or harassment.

Collectively, the reviewed materials demonstrated that ADOC has implemented structured, consistent, and well-documented screening mechanisms designed to prevent individuals with disqualifying histories from being hired, promoted, or assigned duties involving inmate contact.

INTERVIEWS

Human Resources Administrative Staff

Interviews with Human Resources administrative staff provided detailed insight into how ADOC operationalizes its hiring and promotion standards in alignment with PREA requirements. Human Resources personnel described a comprehensive, multi-tiered screening process that applies uniformly to new hires, promotions, current employees, contractors, and volunteers.

Staff explained that all employment and promotion decisions are contingent upon the successful completion of a criminal background investigation. These checks are conducted prior to hire or promotion and are systematically renewed at least every five years. A centralized Divisional Human Resources tracking system is used to monitor completion dates, renewal cycles, and PREA-related disclosures, ensuring no individual remains in a position of inmate contact without current clearance.

Interviewees further explained that personnel files are thoroughly reviewed before any hiring or promotional action occurs. Mandatory disclosure statements addressing prior sexual misconduct, criminal convictions, and disciplinary history are required and permanently maintained in the employee's official personnel record. Human Resources staff confirmed that no employment offer or promotion may be extended unless documentation confirms the absence of disqualifying conduct.

Human Resources staff also described ongoing reporting expectations for current employees, noting that staff are required to disclose any arrest activity that occurs during employment. When legally permissible, ADOC responds to inquiries from other correctional or institutional employers by sharing information related to substantiated findings of sexual abuse or sexual harassment. This practice was described as an important safeguard to prevent individuals who violate PREA standards from being rehired elsewhere in the correctional system.

PROVISIONS

Provision (a):

According to the PAQ, the facility employs a total of 5 executive staff; 87 uniformed officers; 34 support staff; 52 medical staff; 25 mental health staff; 6 contractors and 126 volunteers have direct or routine contact with inmates. This information was

verified through Human Resources records and interviews.

The Auditor reviewed a random selection of personnel files and confirmed that each contained completed criminal background checks and signed PREA-related disclosure forms. Administrative Regulation #454 explicitly prohibits the hiring or promotion of any individual who has engaged in sexual abuse in a custodial setting, been convicted of a sex-related offense involving force or coercion or been the subject of a civil or administrative finding of such conduct.

Relevant Policy:

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

Provision (b):

Employment, promotion, and contracting decisions incorporate a review of both substantiated and credible allegations of sexual harassment. Documentation review and staff interviews confirmed that this assessment is a routine and required component of the screening process.

Administrative Regulation #216 mandates that these factors be evaluated prior to placing any individual in a position involving inmate contact. Human Resources staff verified that this requirement is consistently applied across all hiring and contracting decisions.

Relevant Policy:

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

Provision (c):

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

The Auditor verified that all 58 individuals hired within the past 12 months completed the required background checks before beginning employment. Corresponding documentation was present in each reviewed personnel file, and this practice was confirmed during interviews with Human Resources staff.

Relevant Policy:

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

Provision (d):

During the previous 12-month period, two service contracts were active at the facility. All contractors whose duties involved inmate contact were required to complete criminal background investigations prior to the commencement of services. These

background checks are subject to renewal every five years.

Documentation review and interviews confirmed that contractor screening requirements were consistently met and that active monitoring systems are in place to track compliance and renewal timelines.

Relevant Policy:

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

Provision (e):

ADOC policy requires that all current employees and contractors undergo criminal background rechecks at least every five years. This requirement, governed by AR #454, was verified through documentation review and interviews.

Human Resources personnel demonstrated the use of an organized tracking system designed to ensure all background investigations are completed and renewed within required timeframes, minimizing the risk of lapses in compliance.

Relevant Policy:

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

Provision (f):

Applicants and employees are required to disclose any history of sexual misconduct, disciplinary action, or criminal conviction during the hiring and promotion process. These disclosures occur through written questionnaires and structured interviews and are reaffirmed periodically through training and recertification processes.

The Auditor reviewed multiple completed ADOC Form 216-B questionnaires, each of which included direct inquiries regarding past sexual abuse, criminal convictions, or civil and administrative findings. All reviewed forms were properly signed and securely maintained within personnel files. Human Resources staff confirmed that these disclosure requirements are revisited on an ongoing basis to reinforce accountability.

Provision (g):

The facility enforces a strict zero-tolerance policy regarding falsification, misrepresentation, or omission of information related to prior sexual misconduct. Providing false information or failing to disclose relevant history constitutes grounds for immediate disqualification or termination.

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

Relevant Policy:

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

	<p>Provision (h):</p> <p>ADOC maintains transparency and accountability when responding to employment-related inquiries from other institutional employers. When permitted by law, the Department provides information concerning substantiated allegations of sexual abuse or sexual harassment involving former employees.</p> <p>Human Resources staff confirmed that such requests are handled routinely and in accordance with legal requirements, reinforcing interagency cooperation and helping to prevent the rehiring of individuals who have violated PREA standards.</p> <p>Relevant Policy:</p> <p>AR #454, V.A.6.b, p. 16</p> <p>CONCLUSION</p> <p>Based on a thorough review of documentation, personnel records, and detailed interviews with Human Resources staff, the Auditor finds the facility to be in full compliance with PREA Standard §115.17 – Hiring and Promotion Decisions.</p> <p>The facility’s screening, hiring, promotion, and contracting practices reflect a strong institutional commitment to integrity, accountability, and the prevention of sexual abuse and sexual harassment. Policies are comprehensive, clearly articulated, and consistently implemented. Human Resources staff demonstrated a strong working knowledge of PREA requirements and described procedures that effectively safeguard against the placement of unqualified or disqualified individuals in positions of inmate contact.</p> <p>No deviations from policy or deficiencies in documentation were identified. The Auditor concludes that the facility’s employment practices fully align with both the intent and the explicit requirements of PREA Standard §115.17.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION REVIEWED</p> <p>To evaluate compliance with PREA Standard §115.18, Bibb Correctional Facility submitted a clear, organized, and detailed set of materials through its Pre-Audit Questionnaire (PAQ). These materials showed how the facility uses its physical layout and technology to support inmate safety and prevent sexual abuse and sexual harassment.</p> <p>A key document reviewed was Alabama Department of Corrections (ADOC)</p>

Administrative Regulation (AR) #454 - Operations & Legal: Inmate Sexual Abuse and Harassment (effective January 4, 2016). This regulation provides the overall structure for how ADOC facilities prevent, detect, and respond to sexual abuse and harassment. It also outlines expectations for using facility design and monitoring tools to support safety.

The Auditor also reviewed facility schematics that clearly showed housing layouts, camera locations, and lines of sight throughout the facility. These diagrams helped assess how well different areas are covered and whether any blind spots could affect supervision.

Together, these materials provided a solid and practical understanding of how Bibb considers safety when maintaining its physical space and monitoring systems. The documentation also showed that the facility remains aware that safety practices must continue to improve as needs and technology change.

OBSERVATIONS

During the on-site audit, the Auditor toured all major areas of Bibb Correctional Facility, including housing units, program areas, corridors, recreation spaces, and intake locations. The tour confirmed that the facility has not undergone major renovations, expansions, or new construction since the last PREA audit cycle.

Even without recent upgrades, the facility showed a steady and effective approach to maintaining safety. Surveillance cameras are placed in key areas to support supervision while still respecting inmate privacy, especially in showers and restrooms.

The Auditor observed the use of convex mirrors in hallways and transition areas. These mirrors help staff see around corners and reduce blind spots. This simple but effective tool improves visibility and supports safer movement throughout the facility. Overall, the layout, camera placement, and use of mirrors reflect a practical and well-maintained system.

INTERVIEWS

Facility Head

The Facility Head explained how the facility maintains its current systems and ensures they continue to support safety. Although no recent upgrades have taken place, the Facility Head confirmed that camera systems are fully operational and regularly monitored. Staff have access to both live and recorded footage, which supports real-time awareness and allows for review during investigations.

The Facility Head also described routine checks of camera placement and coverage. These checks consider inmate movement, staff duties, and privacy needs. This ongoing review helps identify areas where visibility can be improved and ensures that current systems remain effective.

Agency Head Designee

The Agency Head's designee provided a broader view of how ADOC approaches facility design and technology across all institutions. They explained that when changes or upgrades do occur, planning includes careful attention to visibility, supervision, and privacy. This includes reducing blind spots, improving lines of sight, and placing cameras in a way that supports safety without compromising dignity.

The designee emphasized that this approach applies to all facilities, including those like Bibb that have not recently undergone changes. ADOC continues to review new technologies and design strategies to improve safety over time.

Together, these interviews show a consistent understanding at both the facility and agency level. Even without recent upgrades, there is a clear focus on maintaining effective systems and planning for future improvements.

PROVISIONS

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

Documentation and interviews confirmed that Bibb Correctional Facility has not had major structural changes, expansions, or new construction during the audit period. This was verified by both facility leadership and agency representatives.

Even so, leadership showed a clear and practical understanding of how safety would be addressed if changes were made. Planning for any future modification would include reviewing blind spots, improving visibility, and ensuring proper supervision areas. Privacy considerations would also be included to protect inmate dignity.

This approach is important because it shows that safety is not only considered after changes are made but is built into planning from the start. It ensures that any future updates will support both supervision and respect for inmates.

Relevant Policies

1. ADOC Administrative Regulation #454, Section IV, Environmental and Safety Considerations, pp. 6-7

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

Bibb Correctional Facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology during the audit period. The camera and video system is active, reliable, and regularly reviewed. Cameras provide coverage in key areas, supporting supervision and helping staff respond to incidents.

Staff use camera footage to review incidents, confirm reports, and support investigations. This helps maintain accountability and ensures that information is accurate and available when needed.

	<p>Leadership described a regular process for checking camera function, placement, and image quality. These checks help confirm that the system continues to meet operational needs and allows the facility to identify areas for future improvement.</p> <p>This ongoing evaluation is important because it shows that even without new equipment, the facility is actively working to maintain effective monitoring and prepare for future upgrades.</p> <p>Relevant Policies</p> <ol style="list-style-type: none"> 1. ADOC Administrative Regulation #454, Section V.D., Technology Use and Oversight, pp. 16-17 2. ADOC Information Technology Division Procedures, Surveillance System Operations Guidelines, 2024 Edition <p>CONCLUSION</p> <p>After reviewing documentation, facility diagrams, interviews, and on-site observations, the Auditor determined that Bibb Correctional Facility fully complies with PREA Standard §115.18 – Upgrades to Facilities and Technologies.</p> <p>The facility maintains a stable and effective system of supervision through working cameras, clear sight lines, and the use of mirrors to reduce blind spots. Leadership at both the facility and agency level showed a clear understanding of how safety must be considered in both current operations and future planning.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.21, the Auditor reviewed a detailed and well-organized set of materials submitted by Bibb Correctional Facility and the Alabama Department of Corrections (ADOC). The documentation showed a clear and coordinated approach focused on proper evidence handling, medical care, and support for inmates.</p> <p>The review began with the Pre-Audit Questionnaire (PAQ), which outlined step-by-step procedures for responding to sexual abuse allegations. These procedures included evidence preservation, access to medical care, and the use of trained professionals. The Auditor also reviewed ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which defines responsibilities for investigations, medical response, and coordination with outside partners.</p>

Administrative Regulation #300 was also examined, as it provides clear direction on investigative practices, evidence handling, and protection of inmate rights. In addition, the Auditor reviewed the Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR), which ensures access to advocacy services and certified forensic examiners across the state.

Additional materials included the National Protocol for Sexual Assault Medical Forensic Examinations, staff training records, a list of SANE hospitals and advocacy centers, and an agreement with Tuscaloosa Safe Center. This agreement confirms that inmates are transported to a qualified location where exams are completed by trained professionals.

Together, these documents show a clear and complete system that supports timely medical care, proper evidence collection, and consistent support for inmates.

OBSERVATIONS

During the on-site audit, the Auditor reviewed procedures related to reporting, medical response, and transport for forensic exams. Staff explained each step in a clear and consistent way, showing familiarity with required actions.

The Auditor confirmed that inmates who require forensic exams are transported to Tuscaloosa Safe Center, a designated SANE location. The process includes safe transport, medical care, and access to advocacy services. Staff described these steps as routine and well understood.

The overall system observed was organized, practical, and focused on timely response. Each part of the process—from report to exam—supports both safety and proper documentation.

INTERVIEWS

Random Staff

Staff interviews showed a strong and consistent understanding of responsibilities after a report of sexual abuse. Staff clearly explained steps such as protecting the inmate, preserving evidence, and notifying supervisors. They described actions like limiting movement, avoiding contamination of evidence, and contacting appropriate personnel. Their responses showed confidence and clear training.

Inmates Who Reported Sexual Abuse

Inmates who reported sexual abuse described the response they received as prompt and respectful. They stated that they were referred for medical exams quickly and were offered support services. Inmates confirmed that exams were provided at no cost and that they were treated in a professional manner. They also stated they received updates about their case and were not asked to take polygraph tests. Their feedback showed trust in the process.

SAFE/SANE Medical Personnel

SANE staff confirmed that forensic exams are completed at Tuscaloosa Safe Center by trained professionals. They explained that services are available through an on-call system and that inmates are seen without delay. Exams are provided at no cost, and care includes both medical treatment and support. This confirms that services are accessible and consistent.

Institutional PREA Compliance Manager (IPCM)

The IPCM described how the facility coordinates response efforts. They explained that once a report is made, staff ensure immediate safety, begin notifications, and arrange for transport if needed. The IPCM confirmed that Bibb uses Tuscaloosa Safe Center for all forensic exams and works with ACAR to provide advocacy services. Over the past 12 months, twenty-five exams were completed by trained SANE staff.

Agency PREA Director

The Agency PREA Director explained that ADOC follows a standard evidence protocol based on national guidelines. Every allegation is reviewed for both administrative and possible criminal investigation. This approach ensures consistency and accountability across all facilities.

Rape Crisis Center Personnel

Advocacy partners confirmed that they provide support services through a statewide network. These services include crisis support, hotline access, and in-person advocacy. They stated that services are available at all times and are offered to every inmate who reports abuse. Turning Point Domestic Violence and Sexual Assault Services reported they would provide services to regardless of when the abuse occurred. Turning point confirmed they provide counseling, victim advocacy, court advocacy, 24/7 crisis line (205-758-0808). Services can be requested by calling the hotline, the office or by email at (info@turnpointservices.org).

Together, these interviews show a clear and connected system where staff, medical providers, and advocates work together to support inmates and maintain proper procedures.

PROVISIONS

Provision (a): Dual Administrative and Criminal Investigations

ADOC conducts both administrative and criminal investigations for all sexual abuse allegations. This ensures that each case is reviewed fully and fairly. Administrative Regulation #300 and AR #454 provide clear guidance on evidence handling, documentation, and investigative steps.

This dual process is important because it supports both internal review and possible legal action. It ensures that all facts are examined and that accountability is maintained at every level.

Relevant Policies

1. ADOC Administrative Regulation #454, Section V.G. d-e, i, pp. 21-22
2. ADOC Administrative Regulation #300, Investigative Procedures and Evidence Handling Standards

Provision (b): Developmentally Appropriate Evidence Protocols and Cost-Free Services

Although Bibb does not house youthful inmates, ADOC uses an evidence protocol that can apply to all populations. Forensic exams are completed by trained SANE staff through partnerships with Tuscaloosa Safe Center and ACAR.

All services are provided at no cost through the Alabama Crime Victims Compensation Fund. This is important because it removes financial barriers and ensures that every inmate can receive care when needed.

Relevant Policies

1. ADOC Administrative Regulation #454, Section V.G.1.a-i, pp. 20-22

Provision (c): Free and Timely Forensic Medical Examinations

Inmates who report sexual abuse receive timely access to forensic medical exams. These exams are conducted by qualified professionals and are provided without cost.

Care is offered whether or not the inmate chooses to take part in an investigation. This ensures that medical needs are met first and that inmates feel safe seeking help. The facility reports that in the past 12 months there were 3 forensic examinations. Each Forensic examination was conducted by a certified SANE practitioner.

Relevant Policies

1. ADOC Administrative Regulation #454, Section V.G.1.a-i, pp. 20-22
2. ADOC Administrative Regulation #454, Section G, c, p. 28

Provision (d): Victim Advocacy During Forensic Response

Victim advocates are included as part of the response process. In the past year, twenty-five forensic exams were completed, and each included support from advocacy services.

This is important because it provides emotional support during a difficult time and helps inmates understand the process. It also supports a more complete and respectful response.

Relevant Policies

1. ADOC Administrative Regulation #454, Section V.G.1.a-i, pp. 20-22

Provision (e): Access to Qualified Advocacy Services Upon Request

Inmates may request advocacy services at any time. These services are provided by trained staff or community partners such as ACAR.

Support includes crisis help, emotional support, and referrals. This ensures that inmates have access to help beyond the initial report.

Relevant Policies

1. ADOC Administrative Regulation #454, Section V.G.1.a-i, pp. 20-22

Provision (f): Investigative Accountability

ADOC maintains responsibility for all investigations. This ensures that each case is handled in a consistent and documented way.

This approach is important because it supports transparency, fairness, and proper tracking of all allegations.

Relevant Policies

ADOC Administrative Regulation #454, Section V.G. d-e, pp. 21-22

Provision (g): Auditor Exemption

This provision does not require review during the audit process.

Provision (h): Integration of Advocacy Services

Advocacy services are fully integrated into the response system through partnerships with ACAR and Tuscaloosa Safe Center. These partnerships ensure that inmates receive support from the time of report through recovery.

This is important because it creates a complete system of care that includes both medical and emotional support.

Relevant Policies

1. ADOC Administrative Regulation #454, Section V.G.1.a-i, pp. 20-22

CONCLUSION

After reviewing documentation, observing procedures, and conducting interviews with staff, inmates, medical providers, and advocacy partners, the Auditor determined that Bibb Correctional Facility fully complies with PREA Standard §115.21.

The facility demonstrates a clear and organized system that supports proper evidence handling, timely medical care, and access to advocacy services. Staff are knowledgeable, procedures are consistent, and inmates report positive experiences.

Bibb's approach shows a steady and practical commitment to safety, fairness, and

	respectful care for every inmate.
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>DOCUMENT REVIEW</u></p> <p>To evaluate compliance with PREA Standard §115.22, the Auditor reviewed a clear and well-organized set of materials submitted by Bibb Correctional Facility and the Alabama Department of Corrections (ADOC). The documentation showed a straightforward and consistent system for handling allegations of sexual abuse and sexual harassment.</p> <p>The primary document examined was ADOC Administrative Regulation (AR) #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025). This regulation outlines who is responsible for starting investigations, how referrals are made, and how information is recorded and shared. The Auditor also reviewed the ADOC Standard Operating Procedure - Investigations & Intelligence #454 and Administrative Regulation #300 - Operations, which explain investigative authority, evidence handling, and reporting steps.</p> <p>Supporting materials included ADOC Duty Officer Reports (DORs), which showed how alleged incidents are recorded and sent to investigators. The Auditor also reviewed investigator training records, including certificates from the National Institute of Corrections (NIC) Investigations Course, confirming that staff have specific training for handling PREA-related cases.</p> <p>Together, these documents showed that ADOC has a clear, centralized system where every allegation is written down, referred to the right staff, and tracked in a consistent way. The system is designed to be accurate, fair, and easy to review.</p> <p><u>OBSERVATIONS</u></p> <p>During the on-site audit, the Auditor reviewed how allegations are recorded and passed between staff. The process was described in a clear and consistent way by multiple staff members. Allegations are entered into the Duty Officer Report system, which creates a formal record and starts the investigation process.</p> <p>The Auditor also observed that staff follow agreed-upon steps when an allegation is reported. These steps include protecting the inmate, preserving evidence, and notifying the proper investigative staff. The system appeared simple but well understood by those who use it.</p> <p>The overall process observed was organized, practical, and focused on prompt response and clear documentation.</p>

INTERVIEWS

Investigative Staff

Investigative staff described how they receive and manage cases. The Law Enforcement Services Division (LESD) is made up of trained officers who handle both administrative and criminal investigations. These staff are sworn peace officers and have completed special training in investigations, including the NIC Investigations Course.

Investigators explained that they begin work on a case as soon as it is referred. They preserve evidence, talk to those involved, and write full reports. These reports are used for internal review and, when needed, are shared with prosecutors. Investigators emphasized that each case is treated in a fair and unbiased way, and that all actions are written down and documented.

Agency Head or Designee

The Agency Head's designee explained that ADOC does not send investigations to outside agencies. All investigations are handled internally by the Law Enforcement Services Division. This approach allows ADOC to keep a consistent standard and clear control over who is investigating each case.

The designee also described how allegations are recorded and tracked. Each case is logged in the Duty Officer Report system, which creates a clear record. The designee emphasized that ADOC publishes its policies on its website so that staff and the public can see how investigations are handled. This supports transparency and understanding.

PROVISIONS

Provision (a): Referral to the Law Enforcement Services Division

All allegations of sexual abuse and sexual harassment are referred to the Law Enforcement Services Division (LESD) for investigation. The PAQ showed that LESD has forty-one trained investigators, each with proper training in investigations.

Over the past year, thirteen allegations of sexual abuse or sexual harassment were recorded. Eight were inmate-on-inmate sexual abuse allegations. These were reviewed by the facility and then referred for criminal investigation when needed. After review, four were found to be unfounded, four were unsubstantiated, and none remained open. There were no staff-on-inmate sexual abuse allegations.

For each case, the alleged victim was offered support, including access to a victim advocate, medical care, and mental health services within 24 hours. The outcome of each investigation was explained in writing to the inmate, and a review of the incident was completed within 30 days of case closure (for sexual abuse cases) to identify ways to improve policies or practices.

There were also five sexual harassment allegations in the past 12 months. Four were

inmate-on-inmate and one was staff-on-inmate. After review, three were unfounded, two were unsubstantiated, and all cases were closed. Written notification of outcomes was provided to each inmate.

This step is important because it ensures that every allegation is taken seriously, recorded, and reviewed by trained staff. It also supports the inmate's right to know what happened with their case.

Relevant Policies

1. ADOC Administrative Regulation #454, Section IV.C, p. 5
2. ADOC Administrative Regulation #454, Section G.d, p. 21

Provision (b): Referral and Notification Procedures

Allegations are referred to staff who are legally authorized to conduct investigations. Each case is recorded in the Duty Officer Report system, which starts the formal process and creates a clear record. The Law Enforcement Services Division then handles the full investigation.

At the end of the investigation, each alleged victim receives written notification of the outcome. The document explains whether the allegation was substantiated, unsubstantiated, or unfounded. This helps ensure that inmates understand the result and feel informed.

This process is important because it shows that cases are properly documented and that victims are kept informed in a clear and respectful way.

Relevant Policies

1. ADOC Administrative Regulation #454, Section IV.H.1.b, p. 23
2. ADOC Administrative Regulation #454, Section V.G.1.h, p. 26

Provision (c): Internal Investigative Authority

All PREA-related investigations are handled by the ADOC Law Enforcement Services Division. ADOC does not send these investigations to outside agencies. This keeps the process in-house and supports consistent standards and clear responsibility.

This approach is important because it helps maintain uniform practices, protects confidentiality, and ensures that all facilities follow the same rules.

Relevant Policy

ADOC Administrative Regulation #454, Section IV.C, p. 5

Provisions (d) and (e): Not Applicable

These provisions were not required for the current audit and were not reviewed.

	<p>CONCLUSION</p> <p>After reviewing documentation, observing procedures, and speaking with leadership and investigative staff, the Auditor concluded that Bibb Correctional Facility and the Alabama Department of Corrections fully comply with PREA Standard §115.22.</p> <p>The facility uses a clear, simple, and consistent system to receive and refer allegations. Investigators are trained, authorized, and follow written procedures. Victims receive written notification of results, and staff appear to understand their responsibilities.</p> <p>Bibb’s approach reflects a steady and fair system that supports timely response, clear records, and respect for inmate rights.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.31, the Auditor reviewed a clear and well-organized set of materials submitted by Bibb Correctional Facility. The review focused on how staff are trained about sexual abuse and sexual harassment, including how training is planned, delivered, and documented.</p> <p>The Auditor examined Alabama Department of Corrections Administrative Regulation (AR) #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which explains that all staff with inmate contact must receive PREA training. The training program uses a curriculum developed by The Moss Group, which serves as the main foundation for all trainings.</p> <p>Additional materials reviewed included training handouts, assessment forms, PREA Compliance Manager resources, and notes from staff meetings and shift briefings used to repeat key PREA topics. The Auditor also reviewed 50 staff training files to confirm that training was completed, signed, and current.</p> <p>These documents showed that Bibb uses a clear, consistent, and organized training system that supports staff understanding and compliance.</p> <p>OBSERVATIONS</p> <p>During the on-site audit, the Auditor saw PREA information boards placed in visible areas for both staff and inmates. The boards were simple, easy to read, and stayed up in common spaces.</p>

The boards listed basic definitions of sexual abuse and sexual harassment, the agency's zero-tolerance policy, and clear instructions for reporting. The internal reporting number (*661) was clearly posted, along with a reminder that inmates have the right to be free from sexual abuse and harassment.

The boards help keep PREA concepts in front of staff and inmates on a regular basis, even outside of formal training sessions.

INTERVIEWS

Random Staff

The Auditor spoke with staff chosen at random from different shifts and job types. Staff reported that they completed PREA training before working with inmates and also took annual refresher training. They stated that PREA topics are repeated during shift briefings and staff meetings, which helps them stay aware of expectations.

When asked, staff could clearly explain key parts of the training, including the zero-tolerance policy, reporting duties, professional boundaries, and how to respond to allegations. Their responses showed that they understand the material and apply it in daily practice.

PROVISIONS

Provision (a) - Required Training for All Staff with Inmate Contact

All staff who have contact with inmates receive full PREA training that covers all required topics. The training includes the zero-tolerance policy, ways to prevent abuse, how to notice warning signs, what to report, and how to respond when something is reported. Staff also learn about inmate rights, protection from retaliation, basic facts about sexual abuse in confinement, and how victims may react.

The training explains how to recognize professional boundaries and communicate respectfully with LGBTI and gender-nonconforming individuals. Staff are also informed of their legal reporting responsibilities. The Moss Group curriculum uses clear language and real-life examples to help staff understand the material.

Review of 50 staff training files confirmed that all staff completed the required training and signed acknowledgment forms. Attendance records were also kept in each file.

This provision is important because it ensures that every staff member with inmate contact understands their role in preventing abuse and protecting inmates.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section V.A.1.a-b, p. 12

Provision (b) - Training Aligned with Facility Operations

The training is adapted to fit Bibb's daily operations while still meeting PREA requirements. Gender-based topics are presented in a clear, neutral, and professional way that matches the facility setting.

Training records, including attendance sheets, showed that staff took part in required sessions. The Auditor did not find any gaps in participation within the sample reviewed.

This step is important because it helps staff connect the training to their actual work and supports consistent application of PREA standards.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section V.A.1.a-b, p. 12

Provision (c) - Timely and Complete Training Completion

The Auditor checked that all 50 staff members in the sample completed PREA training within the past 12 months. This shows that Bibb meets the annual training requirement for all staff with inmate contact.

Staff also receive simple support materials, including a pamphlet titled "PREA: What Staff Should Know About Sexual Misconduct with Inmates," which explains key concepts in plain language. Staff also have a compact guide, "Prison Rape Elimination Act (PREA): A Trauma-Informed Guide for First Responders," which they can use as a quick reference during work.

These tools are important because they help staff remember what to do and support ongoing learning between formal training sessions.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section V.A.1.a-b, p. 12

Provision (d) - Consistent Training Documentation

PREA training is consistently documented at Bibb. Staff must sign attendance sheets or acknowledgment forms after each training session. The Auditor reviewed these documents and confirmed that all required signatures and dates were present.

Training logs and signed records were neatly kept and easy to follow. This supports a clear and reliable record of who was trained, when, and what was covered.

This provision is important because it shows that training is taken seriously and tracked in a simple but effective way.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section V.A.1.a-b, p. 12

	<p>CONCLUSION</p> <p>After reviewing documentation, observing PREA boards, and interviewing staff, the Auditor concluded that Bibb Correctional Facility fully complies with PREA Standard §115.31.</p> <p>The facility uses a clear, practical, and well-documented training program that supports staff understanding and consistent application of PREA standards. Staff are trained on time, know their responsibilities, and have tools to support ongoing learning. This supports effective prevention, detection, reporting, and response to sexual abuse and sexual harassment.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.32, the Auditor reviewed the Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by Bibb Correctional Facility. The review focused on how the facility provides, tracks, and maintains PREA training for volunteers and contractors who may have contact with inmates.</p> <p>The Auditor examined Alabama Department of Corrections Administrative Regulation (AR) #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines the training expectations for individuals who are not direct employees. The Auditor also reviewed Administrative Regulation #216 - Background Checks (effective January 31, 2025), which supports the screening and approval process for external personnel.</p> <p>Documentation reviewed included training curricula specially designed for volunteers and contractors, along with training rosters, signed acknowledgment forms, and proof that PREA training was completed before access to the facility was granted. The Auditor reviewed records for both medical and non-medical contractors, as well as for volunteers, to confirm that the training approach is consistent across different roles and meets PREA requirements.</p> <p>These materials showed that Bibb uses a clear, straightforward, and practical training system that supports understanding and compliance before volunteers and contractors begin working with inmates.</p> <p>OBSERVATIONS</p> <p>During the on-site visit, the Auditor observed that PREA information is shared with outside individuals in a simple and consistent way. The training process appeared to be well organized, and staff explained that all volunteers and contractors must</p>

complete training before being allowed into housing or program areas.

The Auditor did not observe any volunteers or contractors working with inmates who had not completed PREA training. This suggested that Bibb is careful to ensure that all individuals with inmate contact receive the required instruction before beginning their duties.

These observations supported the documentation and indicated that the facility takes a careful and consistent approach to training outside personnel.

INTERVIEWS

Volunteer

The Auditor spoke with a volunteer who confirmed that PREA training was completed before receiving approval to enter the facility. The volunteer described the training as simple, clear, and easy to follow, focusing on expected behavior, boundaries, and what to do if they learn about or suspect sexual abuse or harassment.

The volunteer explained that the training clearly explained the agency's zero-tolerance policy and the need to report concerns without delay. The volunteer stated that the material was easy to understand and directly related to their role, and that staff were available to answer questions.

Contractor

The Auditor also interviewed a contractor who reported that PREA training was completed before any contact with inmates began. The contractor described the training as straightforward and practical, with clear instructions about job responsibilities, professional boundaries, and reporting duties.

The contractor emphasized the requirement to immediately report any concern or suspicion of sexual abuse or harassment. The contractor stated that the training helped them understand what is allowed and what is not, and that they felt well informed about how to respond if an issue arose.

PROVISIONS

Provision (a): Structured Pre-Service Training Requirements for Volunteers and Contractors

Bibb requires that all volunteers and contractors who have contact with inmates complete PREA training before being allowed into the facility. This pre-service training is structured and clearly tied to each individual's role, so that they understand how to prevent, notice, and respond to sexual abuse and harassment.

The facility reported 6 approved non-medical contractors, 54 medical contractors, 25 mental health contractors, and 126 approved volunteers. The Auditor noted that not all of these individuals enter the facility on a regular basis, and this was confirmed by the records and interviews.

The Auditor reviewed a sample of training files that included 6 non-medical contractors, all 54 medical and mental health contractors, and 125 volunteers. All records showed that PREA training was completed and documented before access was granted. Training materials were developed with support from The Moss Group and include all required PREA topics, adjusted to match the level of inmate contact and type of work.

The Institutional PREA Compliance Manager (IPCM) is responsible for checking that training is finished before approval to enter the facility is given. Expectations about following PREA rules are clearly explained and consistently applied.

This provision is important because it ensures that every volunteer and contractor understands expectations and responsibilities before having contact with inmates.

Relevant Policies:

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

Provision (b): Clear and Role-Specific Training Content and Delivery

The facility provides PREA training that is clear, practical, and matched to the specific duties of volunteers and contractors. The language is simple and the examples are related to everyday situations, which helps participants understand what is expected of them.

The curriculum emphasizes the zero-tolerance policy, clear reporting steps, and behaviors that are not allowed. Training materials include a four-page handout titled "PREA Training for Volunteers and Contractors," which explains key definitions, reporting procedures, and basic expectations in a direct way. Each participant signs an acknowledgment form after the training.

Supporting materials also include a trifold PREA pamphlet that summarizes key points in a short and easy-to-read format, and a PREA First Responder Duties card that gives simple, step-by-step guidance on how to respond to allegations.

Medical contractors receive an extra training module focused on responding to sexual abuse in a healthcare setting within a correctional environment. This added training matches the more complex role they have in care and treatment.

Interviews with a contractor and a volunteer confirmed that the training was easy to follow, useful, and clearly understood.

This provision is important because it supports clear understanding and consistent behavior across all outside personnel, no matter their role.

Relevant Policies:

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

Provision (c): Documented Verification of Training Completion and Understanding

The facility keeps clear and organized records to show that volunteers and contractors have completed PREA training and understand the material. The Institutional PREA Compliance Manager collects and keeps signed acknowledgment forms as proof of participation and comprehension.

The Auditor reviewed multiple training records, including printed reports from an online training system. Each record listed the individual’s name, position, completion date, and course results, showing that the participant passed the training. The records were neatly kept and easy to follow.

This documentation process is consistent and supports accountability. It ensures that all required training is recorded, checked, and can be reviewed when needed.

This provision is important because it supports transparency and shows that Bibb is serious about tracking and verifying PREA training for all volunteers and contractors.

Relevant Policies:

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

CONCLUSION

Based on the review of documentation, applicable policies, and interviews with a contractor and a volunteer, the Auditor found that Bibb Correctional Facility fully complies with PREA Standard §115.32.

The facility provides clear, structured, and role-appropriate PREA training to all volunteers and contractors before they are allowed to interact with inmates. Training is completed, documented, and well understood. These practices support a safe and respectful environment and help ensure that PREA standards are followed by all individuals who enter the facility.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.33, the Auditor reviewed the Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by Bibb Correctional Facility and the Alabama Department of Corrections (ADOC). The review focused on how inmates are informed of their rights, how education is given, and how

information is repeated over time.

The Auditor examined Alabama Department of Corrections Administrative Regulation (AR) #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025). This regulation explains that all inmates must receive clear intake education, ongoing instruction, and that information must be accessible and documented.

The Auditor also reviewed the inmate PREA training curriculum, orientation materials, and the ADOC Inmate Handbook, which gives simple written information about PREA protections and how to report. Additional documentation included PREA acknowledgment forms (ADOC Form 454-A), inmate education sign-in sheets, 30-day education logs, and a tracking spreadsheet used to record who took part.

The Auditor reviewed educational pamphlets, such as "What You Should Know About Sexual Abuse and Assault," as well as posters and visual displays placed around the facility. Materials were also available in Spanish and in formats for inmates with low vision, hearing limitations, or other needs. This confirmed that Bibb takes a clear, organized, and practical approach to inmate education.

OBSERVATIONS

During the on-site tour, the Auditor saw PREA education materials posted in housing units, common areas, and near inmate phones. The materials were simple, clear, and easy to read. They included basic definitions of sexual abuse and sexual harassment, the agency's zero-tolerance policy, and clear step-by-step reporting instructions.

The internal reporting number (*661) was clearly shown, along with information about external reporting options, including Turning Point Alabama of ACAR as a confidential support resource. Materials were available in English and Spanish, and accessible formats were present.

The Auditor observed Braille materials, closed-captioned video content, and signs indicating that American Sign Language (ASL) interpretation is available. The "Discussing PREA" video was offered in multiple formats and languages. The placement and variety of materials showed that Bibb makes steady, practical efforts to keep PREA information visible and reachable for all inmates.

INTERVIEWS

Random Inmates

The Auditor interviewed inmates chosen at random. Inmates reported that they received PREA education soon after arriving. They recalled getting written materials shortly after intake and participating in PREA video instruction. Some inmates described watching the video with staff or using self-paced formats on tablets.

Inmates were able to explain how to report sexual abuse or harassment and could name both internal and external reporting options. Responses showed that inmates understood basic facts, such as that they have the right to be free from abuse and retaliation, and that help is available if they report.

Intake Staff

The Auditor spoke with intake staff, who explained that PREA education starts right when an inmate arrives. Staff described a clear intake process where inmates are told about their right to be free from sexual abuse and retaliation and are informed of reporting options.

Staff stated that inmates receive the Inmate Handbook and initial PREA materials at intake and that they sign acknowledgment forms. A full PREA education session is then provided within a short time after arrival, either through video instruction or in-person presentation.

Staff also explained how education is adapted for inmates with limited English, hearing or vision limitations, or cognitive needs. These changes include using simplified language, visual aids, interpreters, and extra explanation. This helps ensure that all inmates understand the information, no matter their ability or language background.

PROVISIONS

Provision (a): Immediate PREA Education at Intake

Bibb provides clear and simple PREA education to inmates as soon as they arrive. At intake, inmates receive basic information about zero tolerance, what sexual abuse and sexual harassment mean, and how to report. This early education is easy to understand and focused on key points.

Documentation and staff responses confirmed that all inmates admitted during the previous 12 months received this intake education. Inmates get initial information on arrival and then more detailed PREA education within a short time after that. This early instruction ensures that inmates know their rights from the start of their stay.

This provision is important because it helps protect inmates from the first day by making expectations and reporting options clear right away.

Relevant Policies:

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

Provision (b): Ongoing, Detailed PREA Education

Inmates who stay at Bibb receive more complete PREA education within the required time window. This education uses clear video instruction, small-group discussion, and time for questions so that inmates can understand the information better.

The Auditor reviewed attendance logs and tracking records, which showed that all eligible inmates took part in this additional education. The process is simple, consistent, and carefully recorded.

This step is important because it helps reinforce what inmates learn at intake and

supports better understanding and safer behavior over time.

Relevant Policies:

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

Provision (c): Clear Documentation of Education

The facility keeps clear and complete records of inmate PREA education. The Auditor looked at a sample of inmate files and confirmed that signed and dated PREA acknowledgment forms were present in each.

These records show that inmates received the Inmate Handbook, completed PREA orientation, and took part in training. Documentation is orderly and easy for staff to follow.

This provision is important because it supports accountability and shows that education is being given as required.

Relevant Policies:

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

Provision (d): Accessible and Multi-Format Instruction

PREA education is given in a variety of simple and easy-to-use formats so that all inmates can understand it. Materials are available in multiple languages, including Spanish, and are adapted for inmates with vision, hearing, or cognitive needs.

The facility uses clear posters, visual aids, and video materials with closed captioning and ASL interpretation. Policies clearly state that other inmates cannot act as interpreters, which protects both accuracy and confidentiality.

This provision is important because it ensures that no inmate is left out due to language or disability, and that information is truly inclusive and fair.

Relevant Policies:

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

Provision (e): Required Inmate Sign-Off and Central Tracking

All inmates are required to sign a PREA acknowledgment form, which is kept in their institutional file. This form is a clear record that the inmate received education and that the facility has met the requirement.

ADOC also keeps a central tracking system that allows staff to see an inmate's PREA education history. This helps keep information consistent when inmates move between facilities.

This step is important because it supports continuity of care and shows that Bibb and

ADOC can follow education records across the system.

Relevant Policies:

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

Provision (f): Ongoing Reinforcement of PREA Education

The facility uses simple, visible methods to repeat PREA messages over time. These include posters, handbooks, videos, and reminders placed in housing units and common areas. Posters vary in design and placement, which helps keep the information in view and fresh.

The Auditor saw PREA materials in all areas visited, which showed that the facility takes an active, steady approach to education. These repeated reminders help inmates remember where to get help and how to report if something happens.

This provision is important because regular reinforcement supports long-term awareness and helps keep the environment safer.

Relevant Policies:

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

CONCLUSION

After reviewing documentation, talking with staff and inmates, and observing PREA materials in place, the Auditor found that Bibb Correctional Facility fully complies with PREA Standard §115.33.

The facility provides clear, timely, and accessible PREA education to all inmates. Information is given early, repeated often, and offered in simple, easy-to-understand formats. Documentation is neat and complete, and staff appear to follow the process consistently. These practices support a safer, more informed environment for every inmate.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate compliance with PREA Standard §115.34, the Auditor reviewed the Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by Bibb Correctional Facility and the Alabama Department of Corrections (ADOC). The review focused on whether staff who investigate sexual abuse and sexual harassment

receive the right kind of specialized training, and whether that training is clearly recorded and used in daily work.

The Auditor examined Alabama Department of Corrections Administrative Regulation (AR) #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025). This policy explains the training and qualifications investigators must meet, what topics must be covered, and how training must be documented. The regulation also assigns clear responsibility for making sure investigators are properly trained.

The Auditor also reviewed the specialized training curricula and materials developed by The Moss Group, ADOC, Training Force USA, and the National Institute of Justice (NIJ). These materials include classroom instruction, online learning, and scenario-based exercises. Topics covered include trauma-informed interviews, evidence collection, legal procedures, and the differences between administrative and criminal investigations in a correctional setting.

Documentation showed that Bibb uses a clear, organized, and practical approach to preparing investigators. Training is completed, recorded, and then applied to real cases in a consistent and professional way.

Investigative Staff

The Auditor interviewed staff whose main duty is to investigate PREA-related cases. These investigators confirmed that they receive special training before they begin handling investigations and that they also take ongoing training to keep their skills and knowledge up to date.

Investigators described using clear, simple, and respectful language when working with inmates. They apply trauma-informed techniques to reduce stress and help inmates feel safer sharing information. Staff clearly explained the difference between administrative investigations (internal) and criminal investigations, and correctly stated when Miranda warnings are required for criminal matters and Garrity warnings for administrative matters.

They also described their approach to evidence. This includes protecting physical evidence, keeping a clear chain of custody, and working with medical and forensic staff when needed. Investigators explained that they review all evidence carefully and then decide whether the case should be handled through administrative action, criminal referral, or both.

Responses were consistent, calm, and confident, showing that staff understand both policy and how to apply it on the job.

PROVISIONS

Provision (a): Required Specialized Training

Bibb requires that all staff assigned to investigate sexual abuse or sexual harassment get special training focused on confinement settings. This requirement is clearly written in agency policy and is followed for every investigator.

The Auditor reviewed training records for investigators who worked on PREA-related cases during the audit period. Records showed that all completed specialized courses, including trauma-informed sexual assault investigations, human trafficking awareness, prison sexual abuse investigations, and targeted PREA techniques. These courses give clear step-by-step guidance on how to conduct investigations, handle evidence, and meet legal standards.

The Institutional PREA Compliance Manager (IPCM) also completed the same training. This supports strong internal oversight and helps keep investigations consistent across the facility.

The Auditor also confirmed that some investigators completed NIJ training titled "Sexual Abuse and the Initial Responder," which adds further depth to their skills. Training records and interview responses both showed that investigators not only take the required training but also use it in their daily work.

This provision is important because it ensures that every investigator has the right knowledge and tools to handle sensitive cases in a fair and professional way.

Relevant Policies:

1. ADOC AR #454, V.A.3, pp. 13-14
2. ADOC AR #454, V.A.5.3.a-b, pp. 14-15

Provision (b): Legal Requirements and Evidence Practices

The training program gives clear, practical instruction on legal procedures and evidence handling. Investigators are trained to talk with inmates in a simple, respectful way that supports honest and accurate reporting.

Training explains when Miranda warnings must be used in criminal cases and when Garrity warnings are needed for internal, administrative matters. Staff also learn how to collect evidence in a correctional setting, including how to protect physical evidence, work with medical staff, and keep a clear chain of custody.

Investigators are taught to carefully review all evidence and then decide whether the facts support an administrative finding, criminal charges, or both. The Auditor reviewed NIJ and NIC training materials, which confirmed that these topics are covered in detail.

Interviews with investigative staff showed that they understand these procedures and follow them in practice. This supports fair, accurate, and consistent investigations.

This provision is important because it helps protect inmate rights and ensures that investigations are done in a lawful and careful way.

Relevant Policies:

1. ADOC AR #454, V.A.3, pp. 13-14

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

Provision (c): Documentation and Recordkeeping

The Auditor verified that ADOC keeps simple, clear, and organized records of investigator training. Personnel files include signed certificates, course records, and completion dates for each investigator assigned to PREA cases.

The Auditor reviewed a sample of twenty investigator files. All showed that required training had been completed and properly documented. Each file listed the course name, date, and confirmation that the investigator passed the training.

Agency policy requires that all training records be kept in personnel files, and the documentation reviewed matched this requirement. The system is straightforward and easy to use, allowing staff to quickly check whether an investigator is fully trained.

This provision is important because it shows that training is taken seriously and can be checked at any time, supporting transparency and accountability.

Relevant Policies:

- 1. ADOC AR #454, V.A.3, pp. 13-14
- 2. ADOC AR #454, V.A.5.3.a-b, pp. 14-15

Provision (d): Not Applicable

This provision does not apply to the current audit and was not reviewed.

CONCLUSION

After reviewing documentation, training materials, personnel files, and interviews with investigative staff, the Auditor concluded that Bibb Correctional Facility fully complies with PREA Standard §115.34.

The agency uses a clear, structured, and practical training program to prepare investigators for fair, objective, and trauma-informed investigations. Training is completed, well documented, and clearly applied in daily work. Staff show a solid understanding of their responsibilities, and the overall system supports inmate safety, fairness, and strong accountability.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.35, the Auditor reviewed the Pre-Audit Questionnaire (PAQ) and all supporting documents submitted by Bibb Correctional Facility and the Alabama Department of Corrections (ADOC). The review focused on how medical and mental health staff are trained to recognize, respond to, and report sexual abuse and sexual harassment among inmates.

The Auditor examined Alabama Department of Corrections Administrative Regulation (AR) #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which clearly states that medical and mental health practitioners must receive specialized PREA training in addition to the general training given to all staff. The Auditor also reviewed training curricula, lesson plans, attendance records, and signed acknowledgment forms for clinical staff.

The materials showed a clear, simple, and organized training program. The training builds on the general PREA training all staff receive and adds focused instruction that matches the daily work of doctors, nurses, and mental health providers. The documentation confirms that the training is regular, complete, and aligned with agency policy.

OBSERVATIONS

The Auditor did not observe direct clinical care, but the review of records and interview findings indicated that training is taken seriously and applied in practice. Training materials were easy to read and directly related to inmates' needs. The way staff described their work suggested that they understand their role in detecting abuse and supporting victims.

INTERVIEWS

Facility Leadership

The Auditor interviewed facility leadership, including the Institutional PREA Compliance Manager. Leadership described a clear process for making sure all medical and mental health staff complete PREA training before providing services. They explained that no clinical staff member is allowed to work with inmates until they have finished both the general PREA training and the specialized clinical training.

Leadership confirmed that training completion is tracked, recorded, and reviewed. They emphasized that this tracking supports safety, fairness, and compliance. The process is straightforward and consistent across all clinical staff.

Medical and Mental Health Practitioners

The Auditor spoke with several medical and mental health practitioners working at Bibb. These staff members reported that they completed both general PREA training and special clinical training before beginning to see inmates. They described the training as clear, practical, and easy to understand.

Staff explained that the training helped them recognize signs of sexual abuse and harassment, respond in a calm and professional way, and follow the correct reporting steps. They also described how they use trauma-informed care to support inmates while keeping clear professional boundaries. Their responses showed that they understand the material and apply it in daily practice.

PROVISIONS

Provision (a): Required Specialized Clinical Training

Bibb requires that all medical and mental health practitioners receive special PREA training that fits their clinical roles. This training is clearly written in agency policy and is followed for every clinician.

At the time of the audit, 73 medical and mental health practitioners were assigned to Bibb. Records confirmed that all had completed the required training. The training includes how to notice signs of abuse, respond in a professional and respectful way, and follow the correct reporting steps. It also explains how to preserve evidence when needed and how to meet the medical and mental health needs of victims. The training includes simple guidance for assessing risk and making referrals.

The Auditor reviewed certificates, attendance sheets, and acknowledgment forms and found that the training is clearly documented for each practitioner. Staff interviews matched this documentation and showed that staff apply the training in daily work.

This provision is important because it ensures that every clinician who works with inmates knows how to detect abuse, protect victims, and follow proper procedures.

Relevant Policies:

1. ADOC AR #454, V.A.3, pp. 13-14

Provision (b): Forensic Examinations

This provision does not apply to Bibb. The facility's medical staff do not perform forensic examinations. When a forensic exam is needed, inmates are referred to outside qualified providers according to agency policy. This ensures that exams are done by trained specialists in the right setting.

This approach is important because it protects the quality of medical care and ensures that forensic exams meet professional standards.

Relevant Policies:

1. ADOC AR #454, V.A.3, pp. 13-14

Provision (c): Documentation of Training

The Auditor confirmed that training records for medical and mental health staff are simple, clear, and well organized. Personnel files include certificates of completion,

training dates, and signed acknowledgment forms.

The Auditor checked a sample of practitioners' files and found that all had completed both general PREA training and specialized clinical training. Documentation was neat, easy to read, and clearly showed that staff met the training requirements.

This provision is important because it supports accountability and makes it easy to confirm that all clinical staff have the right training.

Relevant Policies:

1. ADOC AR #454, V.A.3, pp. 13-14

Provision (d): General PREA Training Requirement

All medical and mental health practitioners also complete the same general PREA training that is required for every ADOC staff member. This training explains the zero-tolerance policy, definitions of abuse and harassment, reporting responsibilities, and basic expectations for professional conduct.

The Auditor reviewed attendance records and training materials, which confirmed that all clinical staff completed the general training. The combined approach—general training plus specialized clinical training—ensures that practitioners understand both broad PREA rules and their specific duties in clinical care.

This step is important because it links PREA principles to everyday clinical work and supports a clear, consistent understanding for all staff.

Relevant Policies:

1. ADOC AR #454, V.A.1.a-b, p. 12
2. ADOC AR #454, V.A.3, pp. 13-14

CONCLUSION

After reviewing documentation, talking with medical and mental health staff, and speaking with facility leadership, the Auditor concluded that Bibb Correctional Facility fully complies with PREA Standard §115.35.

The facility uses a clear, simple, and well-organized training program for medical and mental health practitioners. Training is focused on their roles, consistently documented, and clearly understood. These efforts support a professional, respectful, and informed response to PREA-related incidents and help protect the safety and well-being of every inmate.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.41, the Auditor reviewed a broad set of agency and facility records related to inmate intake screening, reassessment, and the protection of sensitive PREA information. The review included the Pre-Audit Questionnaire (PAQ) and Alabama Department of Corrections (ADOC) policies, screening tools, and local intake records used by staff to carry out the PREA screening process.

The main policy guide for this work is ADOC Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment (dated May 29, 2025). This regulation sets clear rules for intake and transfer screening, 30-day reassessment, and how PREA-related information must be kept safe and used. The Auditor also reviewed ADOC Administrative Regulation #637, Gender Dysphoria, which explains how transgender and intersex inmates are assessed and protected during placement.

Additional documents reviewed included ADOC Form 454-C, Classification PREA Risk Factors Checklist, and ADOC Form 454-K, PREA Risk Assessment, along with the facility's own internal Risk Assessment Checklist. The Auditor also looked at inmate-specific files that showed intake screenings and 30-day reassessments. These records together showed how risk information is gathered, checked, recorded, and then used to guide housing, supervision, and program decisions at Bibb.

INTERVIEWS

PREA Director

The PREA Director explained that ADOC keeps PREA information secure and only shares it with staff who really need to know. This includes medical staff, mental health staff, classification staff, PREA personnel, and others who must see the information for treatment, security, or management reasons. The PREA Director also stated that ADOC does not hold inmates just for civil immigration enforcement, and that immigration status, when used, is treated only as a PREA risk factor and not as a reason for discipline or extended detention.

PREA Compliance Manager

The PREA Compliance Manager described screening and reassessment as key parts of the facility's safety plan. Information from these steps helps identify inmates who may be at higher risk of sexual victimization and those who may pose a risk of sexually abusive behavior. That information is then used to guide housing, supervision, and program placement in a clear and careful way.

The PREA Compliance Manager also said that the process is applied in a steady and uniform way. Staff from classification, medical, and mental health units review risk information together when needed to make informed, balanced decisions that support safety without unnecessary restriction.

Risk Screening Staff

Staff who handle intake and classification screening explained that inmates are screened as soon as possible after arrival, usually within 24 hours but no later than the 72-hour window. They described how the screening looks at several risk areas, including prior sexual abuse, violent history, sexual offense history, and other signs of vulnerability. Staff also said that every inmate receives a 30-day reassessment and may be reassessed again if new information appears, such as a PREA allegation, a staff referral, release and return, or any change that could affect safety.

These staff showed a clear understanding of the tools and procedures, and their descriptions matched the documentation reviewed by the Auditor.

Transgender Inmates

Transgender inmates described receiving an initial risk assessment soon after arrival, followed by a 30-day reassessment within the first few weeks. They reported that they were housed in general population and felt safe in their current placement. They also said that their privacy needs were respected, including access to private shower options, and that staff checked in with them about safety concerns on a regular basis.

Random Inmate

Inmates chosen at random described intake screening as a prompt and routine part of arrival. They said staff asked about personal safety, fear of sexual harm, prior victimization, housing concerns, sexual orientation, gender identity, and whether this was their first time in prison. They reported that the first screening usually happened within the first day, and follow-up screening was completed within the first few weeks. Their responses showed that they understood the purpose of the process: to improve safety and reduce the risk of abuse inside the facility.

PROVISIONS

Provision (a): Intake and Transfer Screening Requirements

Bibb's Pre-Audit Questionnaire and related records show that all inmates are screened at intake or transfer for the risk of sexual victimization and for the risk of sexually abusive behavior. Intake staff walked the Auditor through the screening process and showed how each form is filled out, scored, and filed. They explained the purpose of each question and how answers are used, which gave the Auditor a clear picture of how screening and classification work in daily practice.

The Auditor reviewed 42 inmate files and confirmed that each file contained documentation showing that the initial PREA risk screening was completed within the required 72-hour window, with most completed within the first 24 hours. The policy rules for admissions and transfers, and the use of ADOC Form 454-C, were clearly reflected in both written policy and actual practice.

This provision is important because it makes sure that every inmate is checked for risk early in their stay so that staff can take steps to keep them safe.

Relevant Policies:

1. ADOC AR #454, V.B.1, p. 17
2. ADOC AR #454, V.B.2.a-c, p. 17
3. ADOC AR #454, V.B.3, p. 17-18

Provision (b): Timely Screening Window

Facility policy requires that all inmates be screened for PREA-related risk factors within 72 hours of arrival. The PAQ stated that, over the past 12 months, 100 percent of the 536 inmates admitted to Bibb were screened within that time frame.

The Auditor reviewed 42 randomly selected inmate records and confirmed these figures. Every file showed a timely initial screening, and many were completed within the first 24 hours. Intake staff also confirmed that PREA screening questions are built into every intake and classification form. These findings show that Bibb consistently meets the 72-hour requirement.

This step is important because it supports early detection of risk and allows for quick action to protect vulnerable inmates.

Relevant Policies:

1. ADOC AR #454, V.B.1, p. 17
2. ADOC AR #454, V.B.2.a-c, p. 17
3. ADOC AR #454, V.B.3, p. 17-18

Provision (c): Objective Screening Tools

ADOC uses clear, written screening tools, including Forms 454-C and 454-K, to look at PREA risk in a simple and consistent way. These tools guide staff through a set of risk factors that are weighed and scored according to PREA standards. Staff showed that they know how to use the forms and can explain how the information is scored and recorded. The Auditor's review of files confirmed that the tools were used steadily and correctly at Bibb.

This provision is important because it helps reduce bias and supports fair, uniform screening across all inmates.

Relevant Policies:

1. ADOC AR #454, V.B.1, p. 17
2. ADOC AR #454, V.B.2.a-c, p. 17
3. ADOC AR #454, V.B.3, p. 17-18

Provision (d): Vulnerability Factors Considered

The Auditor confirmed that the screening tools include all required vulnerability

factors. These include age, physical build, mental or developmental disability, prior incarceration, criminal history, sexual orientation, gender identity, history of sexual victimization, self-identified vulnerability, and immigration status when relevant. These factors are clearly listed in Part 1 of ADOC Form 454-C.

This provision is important because it helps staff identify those who may be more likely to experience abuse and then take steps to lower their risk.

Relevant Policies:

1. ADOC AR #454, V.B.1, p. 17
2. ADOC AR #454, V.B.2.a-c, p. 17
3. ADOC AR #454, V.B.3, p. 17-18

Provision (e): Abusiveness Factors Considered

The Auditor also confirmed that the screening process looks at possible signs of sexual abusiveness. These include prior acts of sexual abuse, convictions for violent offenses, and a history of institutional violence. These items are clearly addressed in Part 2 of the PREA Risk Factors Checklist (Form 454-C).

This step is important because it helps staff identify those who may pose a risk to others and then place them in ways that protect potential victims.

Relevant Policies:

1. ADOC AR #454, V.B.1, p. 17
2. ADOC AR #454, V.B.2.a-c, p. 17
3. ADOC AR #454, V.B.3, p. 17-18

Provision (f): Thirty-Day Reassessment

Policy requires that all inmates receive a reassessment within 30 days of intake. The Auditor reviewed 42 inmate files and confirmed that everyone included a documented 30-day reassessment, which shows that Bibb consistently meets this requirement.

This provision is important because it allows staff to update risk information and make new safety decisions as inmates adjust to the facility.

Relevant Policies:

1. ADOC AR #454, V.B.1, p. 17
2. ADOC AR #454, V.B.2.a-c, p. 17
3. ADOC AR #454, V.B.3, p. 17-18

Provision (g): Additional Reassessment Triggers

Staff explained that reassessments are also completed when an inmate is referred, asks for one, reports sexual abuse, or when new PREA-related information becomes

available. They gave clear, practical examples of these situations and described the process with confidence, showing a strong understanding of when reassessment is needed.

This step is important because it supports ongoing safety and helps staff respond to new risks as they arise.

Relevant Policies:

1. ADOC AR #454, V.B.1, p. 17
2. ADOC AR #454, V.B.2.a-c, p. 17
3. ADOC AR #454, V.B.3, p. 17-18

Provision (h): No Discipline for Refusal

Facility policy states that inmates cannot be punished for choosing not to answer PREA screening questions. Screening staff confirmed that they may explain why the questions matter and may come back to them later, but participation is voluntary and refusals are accepted without penalty.

This provision is important because it helps build trust and makes it more likely that inmates will honestly share information when they feel ready.

Relevant Policies:

1. ADOC AR #454, V.B.1, p. 17
2. ADOC AR #454, V.B.2.a-c, p. 17
3. ADOC AR #454, V.B.3, p. 17-18

Provision (i): Need-to-Know Access and Confidentiality

The Auditor confirmed through interviews and document review that PREA screening information is shared only with staff who have a clear work-related need to know. This includes medical staff, mental health staff, classification staff, and PREA personnel. The policies help protect this information from misuse or improper release, and staff showed that they understand and follow these privacy rules.

This provision is important because it keeps sensitive victim and abuser information safe and limits the risk of retaliation or harm.

Relevant Policies:

1. ADOC AR #454, V.B.1, p. 17
2. ADOC AR #454, V.B.2.a-c, p. 17
3. ADOC AR #454, V.B.3, p. 17-18

CONCLUSION

After reviewing records, applicable policies, interviews with staff and inmates, and

	<p>direct observation of intake and classification practices, the Auditor concluded that Bibb Correctional Facility fully complies with PREA Standard §115.41.</p> <p>Screening and reassessment procedures are clearly written, carried out in a steady and consistent way, and supported by training and oversight. Risk information is used in a simple, fair, and careful manner to guide housing and management decisions. Reassessments are done on time, and confidential protections are respected and enforced. These practices support a safer, more organized environment for every inmate at Bibb.</p>
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115.42	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>DOCUMENT REVIEW</u></p> <p>To evaluate compliance with PREA Standard §115.42, Use of Screening Information, the Auditor completed a thorough review of documentation at both the agency and facility level that explains how PREA screening data is used in housing, classification, and program decisions. The review focused on whether the facility is using screening information actively to protect inmates, not just collecting it for the record.</p> <p>The central documents included Bibb Correctional Facility’s completed Pre-Audit Questionnaire (PAQ) and all supporting materials, which together describe how PREA risk screening shapes intake, classification, housing placement, and ongoing management choices. The Auditor also examined ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025, which sets statewide rules for using screening data in a clear, consistent way to reduce sexual victimization and sexually abusive behavior.</p> <p>ADOC Standard Operating Procedure (SOP) 454-5 was reviewed to see how those rules are carried out at Bibb. Supporting materials included ADOC Form 454-C, Classification PREA Risk Factors Checklist, and ADOC Form 454-K, PREA Risk Assessment, which guide staff in using objective, safety-based standards when deciding housing, bed assignments, work, education, and program access. The Auditor also checked inmate records, intake risk checklists, reassessment notes, and housing spreadsheets to confirm that PREA screening information is regularly built into classification decisions rather than treated as a one-time paperwork step.</p> <p><u>INTERVIEWS</u></p>

Institutional PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager (IPCM) confirmed that neither Bibb Correctional Facility nor the Alabama Department of Corrections operates under a consent decree, legal settlement, or court order that requires a separate housing unit for lesbian, gay, bisexual, transgender, or intersex (LGBTI) inmates. As a result, these inmates are generally housed in the general population unless a careful review finds that another placement is needed for safety.

The IPCM explained that PREA screening results, mental health feedback, and classification reports are all reviewed together to make sure that inmates assessed at higher risk of sexual victimization are not placed with those judged more likely to act abusively. The IPCM stressed that placement is thoughtful and safety-driven, with clear attention to any documented safety concerns. For transgender and intersex inmates, expressed worries about personal safety are taken seriously, recorded, and folded into the final classification and housing decision.

PREA Director (PD)

The PREA Director explained that initial classification starts with an inmate's legal sex, usually assigned at birth, but that this fact alone does not decide housing, classification, or program placement. Each person is reviewed as an individual so that decisions are safe, fair, and in line with PREA.

For transgender and intersex inmates, the PREA Director emphasized that the inmate's own views about personal safety are given real weight in housing and classification choices. These placements are formally reviewed at least every six months and again after any PREA-related incident, allegation, or new safety concern. The PREA Director also confirmed that staff regularly talk with inmates during intake and reassessment to learn about enemies, past conflicts, or perceived threats, all of which help shape housing and classification decisions.

Staff Responsible for Risk Screening

Staff who carry out PREA risk screenings described a process that balances standardized tools with direct, personal conversations. They explained that each inmate is graded using the official PREA tools and is also given time to talk about personal safety worries, possible threats, and concerns about how they will fit into housing or programs.

Staff said that both the written screening results and those face-to-face discussions shape final decisions. This mix lets staff spot issues that might not show up on a checklist alone. The main goal, staff said, is to use screening information to keep inmates safer and to make smart choices about housing, bed assignments, work, education, and other programs.

PROVISIONS

Provision (a): Clear Use of Screening for Safety Decisions (Structured and Active)

The PAQ shows that Bibb uses PREA risk screening information to guide housing assignments, bed placements, work details, education slots, and program participation in a way that keeps inmates at higher risk of sexual victimization away from those assessed as more likely to act abusively. Interviews with the IPCM confirmed that this practice is used every day and is not just a paper exercise.

The Auditor reviewed 42 inmate records and found that PREA risk assessment data was regularly cited and included in classification and housing choices. This shows that screening information is actively used to shape safe, individualized placements and not just kept in files. Policy clearly instructs staff to think about PREA mental health and risk assessment results when making any classification or placement decisions.

Relevant policy:

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

Provision (b): Individualized, Safety-First Placements (Thoughtful and Consistent)

The PAQ also shows that housing and placement choices are made on a case-by-case basis, with the main goal of keeping inmates safe. Policy review confirmed that PREA screening and mental health assessments are not only used for housing but also for work assignments, educational placements, and program participation.

This individual-focused approach means that decisions are shaped by each inmate's specific risk factors, vulnerabilities, and personal safety concerns. By tying housing and program choices to real risk and expressed worries, the facility lowers the chance of sexual harm and creates a safer environment for everyone.

Relevant policy:

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

Provision (c): Not Applicable (No Current Use)

This provision is no longer part of current PREA compliance findings and does not apply to Bibb Correctional Facility.

Provision (d): Not Applicable (No Current Use)

This provision is no longer part of current PREA compliance findings and does not apply to Bibb Correctional Facility.

Provision (e): Not Applicable (No Current Use)

This provision is no longer part of current PREA compliance findings and does not apply to Bibb Correctional Facility.

Provision (f): Not Applicable (No Current Use)

	<p>This provision is no longer part of current PREA compliance findings and does not apply to Bibb Correctional Facility.</p> <p>Provision (g): Not Applicable (No Current Use)</p> <p>This provision is no longer part of current PREA compliance findings and does not apply to Bibb Correctional Facility.</p> <p><u>CONCLUSION</u></p> <p>Based on a full review of policies, records, inmate files, staff interviews, and observed practices, the Auditor concludes that Bibb Correctional Facility and the Alabama Department of Corrections meet all currently applicable parts of PREA Standard §115.42, Use of Screening Information. PREA screening data is used in a clear, steady way to shape housing, classification, and program choices. Individualized assessments, regular reassessments, and real attention to inmate safety concerns are clearly visible in both written policy and daily practice, showing strong, ongoing compliance with the standard.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with PREA Standard §115.43, Protective Custody, the Auditor completed a thorough review of agency-wide and facility-level documents that guide how Bibb Correctional Facility uses segregated housing and protective custody. The Auditor wanted to see whether the facility avoids putting inmates at higher risk of sexual victimization into isolation and instead relies on less restrictive ways to keep them safe.</p> <p>Central to the review was Bibb’s completed Pre-Audit Questionnaire (PAQ) and all supporting materials, which describe the written rules, daily steps, and oversight checks for placing inmates in segregated settings. The Auditor reviewed ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, effective May 29, 2025, which sets clear statewide rules about protective custody and forbids the improper use of segregated housing for inmates who are at greater risk of sexual victimization.</p> <p>ADOC Administrative Regulation #435, Segregated Housing, was also reviewed to check how often segregated placements are reviewed, how they must be documented, and what protections are in place. Operational records included the facility’s housing designation spreadsheet, segregation logs, holding-cell and</p>

crisis-cell notes, and Post-Allegation Protective Custody forms. These were checked to see if any inmate had been put in segregation for protective reasons tied to sexual abuse or risk of being victimized and to confirm that paperwork and review steps met the rules.

INTERVIEWS

Staff Who Supervise Inmates in Segregated Housing

Staff assigned to supervise inmates in segregated housing units reported, both during formal interviews and in more casual conversations, that they had not seen any inmate placed in involuntary segregation for protective reasons linked to sexual abuse, retaliation, or risk of victimization. They said that everyone in segregation during the review period had been assigned there because of disciplinary or administrative needs, not because of PREA-related safety concerns.

Their accounts matched the written records and showed that staff clearly distinguish between discipline-driven segregation and any protective or safety-based use of isolation.

Inmates in Segregated Housing

At the time of the on-site audit, Bibb's segregated units held only inmates assigned there for administrative or disciplinary reasons. No inmate interviewed said they were placed in segregated housing because of sexual abuse allegations or worries about being sexually victimized.

Inmate housing records and discussions with staff confirmed that everyone in segregated housing had been assigned there for clear operational or sanction-based reasons, not as a protective measure. This lined up with the written policy and showed that isolation was not being used instead of safer housing options.

Facility Head

The Facility Head confirmed that all placements in segregated housing, no matter the reason, are written down and reviewed at least every 30 days. The Facility Head said this review is meant to keep oversight steady, to make sure there is a clear, current reason for holding an inmate in segregation, and to decide whether a less restrictive option is now possible.

The Facility Head also noted that whenever PREA-related safety concerns are present, those factors are included in the review. This helps ensure that protective custody, if ever used, is not left in place longer than necessary and is always checked by leadership.

PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager (IPCM) confirmed that in the 12 months before the audit, no inmate was placed in involuntary administrative or punitive segregation because they were at risk of sexual victimization or because they were a

victim of sexual abuse. The IPCM explained that the facility tries to use alternative housing or programming first and uses protective custody only in rare, last-resort situations.

The IPCM's view matched the policy language and showed that the facility is intentionally avoiding the use of segregation as a way to "protect" people at higher risk, which is exactly what PREA intends.

PROVISIONS

Provision (a): No Involuntary Segregation for Risk of Sexual Victimization

The PAQ shows that ADOC policy clearly forbids placing inmates who are at high risk of sexual victimization into involuntary segregated housing unless all less restrictive options have been carefully tried and found not enough. The facility reported that zero inmates were held in involuntary segregated housing because of that risk during the past 12 months.

Document review and interviews with the IPCM and Facility Head both confirmed that no such placements happened in the 12-month review period. This shows that the facility is following the rules closely and not using isolation as a default safety measure.

Relevant policy:

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

Provision (b): Retained Access to Programs and Temporary, Documented Placements

The PAQ and staff interviews show that, if protective custody were ever needed, inmates would still be able to take part in programs, keep certain privileges, and possibly work or attend school, as much as the setting allows. Policy says any such placement must be short term, clearly justified, and fully written down.

No cases during the past 12 months met the conditions for applying this rule, which means the facility did not use protective custody at all in that time. The policy is clear and ready, but the practice remains more restrained than active.

Relevant policy:

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

Provision (c): Protective Custody Only as a Last Resort

Agency policy says that protective custody should be used only when no safer, less restrictive option can work. When an inmate is placed in this status, they must still be able to use any available programs and services. The Facility Head confirmed that staff follow these rules and that decisions are not made lightly.

Record checks and interviews verified that there were no protective custody placements under this rule during the 12-month review period. This supports the idea that the facility treats protective custody as a narrow, emergency-like tool, not a routine option.

Relevant policy:

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

Provision (d): Zero Protective Custody Placements

The PAQ and the IPCM's statement both show that there were zero inmates placed in protective custody under this provision during the past 12 months. Because there were no cases, the Auditor did not need to conduct any special inmate interviews focused only on protective custody.

The absence of placements matches the policy's narrow wording and shows that the facility is using other tools to keep people safe instead of turning to protective custody.

Relevant policy:

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

Provision (e): Ongoing Review of Segregated Placements

During the 12-month audit period, there were no inmates placed in involuntary segregation for protective reasons. Policy says that if such a placement ever happens, it must be reviewed every 30 days to see if continued segregation is still necessary.

Document review confirmed that this 30-day review step is applied to all segregated placements, no matter the reason. This steady check helps make sure that no inmate stays in isolation longer than required and that each case is reexamined over time.

Relevant policy:

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

CONCLUSION

After a full review of facility records, interviews with staff and inmates, and applicable ADOC policies, the Auditor concludes that Bibb Correctional Facility meets all currently applicable parts of PREA Standard §115.43, Protective Custody. There were no cases of inmates being placed in involuntary segregated housing for protective reasons during the audit review period. The agency's policy is clearly in line with PREA, encourages the use of alternatives to segregation, and sets strong rules so that any protective custody use would be limited, well documented, and checked regularly.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with PREA Standard §115.51, the Auditor completed a thorough and organized review of documentation provided by Bibb Correctional Facility. The review focused on how inmates are informed of their rights, how reports of sexual abuse and sexual harassment are received, and how both internal and external reporting channels are supported.</p> <p>The materials examined included the completed Pre-Audit Questionnaire (PAQ) and all supporting records, which together described the facility’s reporting system and staff duties around sexual abuse and sexual harassment. The Auditor also reviewed ADOC Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025, the main agency policy that sets out inmate and staff reporting rules.</p> <p>Additional documents included the ADOC Inmate Handbook, which clearly explains inmates’ reporting options and confidentiality protections, and inmate legal-mail envelopes used to send confidential messages to outside agencies. The Auditor reviewed the Memorandum of Understanding (MOU) with Securus Technologies, which provides inmates with an external hotline for anonymous reporting. Educational materials such as “NO MEANS NO” posters were also checked to see how the facility promotes a zero-tolerance message and keeps inmates informed about their rights.</p> <p><u>OBSERVATIONS</u></p> <p>During the on-site portion of the audit, the Auditor saw that Bibb uses many clear, steady measures to make sure inmates know how to report abuse and harassment and feel encouraged to do so. Posters with “NO MEANS NO” were posted in both English and Spanish and could be seen in housing units, intake and holding areas, common spaces, hallways, and the dining hall. These signs give inmates ongoing reminders of their rights and the available ways to report concerns.</p> <p>The facility also keeps clearly marked PREA drop boxes in easy-to-reach areas throughout the facility. These boxes give inmates a safe, private way to submit written reports, including ones that are anonymous.</p> <p>The Auditor tested inmate telephones in several housing units to check access to the PREA hotline. In each place tested, the *661 PREA hotline worked. The recorded message explained that the call is toll-free, anonymous, and may be recorded. Inmates get up to two minutes to leave a message, which is then sent for review and follow-up.</p> <p>The Auditor also confirmed that the legal mail system is available for confidential reporting. Mailroom staff said inmates can request pre-addressed legal mail envelopes to contact the Director of the Law Enforcement Services Division (LESD).</p>

This lets inmates send worries about PREA issues securely and without interference.

INTERVIEWS

Random and Targeted Inmates

Inmates interviewed during the audit, both at random and on a more targeted basis, showed a clear understanding of how to report sexual abuse or harassment. They described options such as talking to staff, using PREA drop boxes, calling the PREA hotline, reporting to the Institutional PREA Compliance Manager (IPCM), or asking a family member or another person to report for them.

Responses suggested that reporting information is shared clearly, posted in easy-to-see places, and easy to understand. Inmates said they feel they have more than one way to report, depending on which method feels safest for them.

Institutional PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager gave a detailed picture of Bibb's reporting framework. The IPCM confirmed that inmates are told about several internal and external options, such as reporting to staff, using PREA drop boxes, calling the PREA hotline, or contacting outside groups like the Office of Victim Services or the State Board of Pardons and Paroles.

The IPCM explained that the MOU with Securus Technologies lets inmates leave anonymous messages with an outside provider. Those messages are sent electronically to the PREA Director, who then arranges review and follow-up. This setup helps keep the report as safe as possible from inside interference.

Random Staff

Random staff members interviewed showed a clear understanding of their duty to quickly accept, write down, and forward any report of sexual abuse or sexual harassment. Staff said reports can come in many forms—verbally, on paper, anonymously, or through a third party—and that all claims must move quickly through the chain of command.

Staff also said they can report PREA-related concerns confidentially to supervisors, the IPCM, or directly to the PREA Director. Their descriptions matched the written rules, showing that staff know what to do when a report comes in.

PROVISIONS

Provision (a): Multiple, Accessible Reporting Options

The PAQ, records, and interviews all confirm that inmates can report sexual abuse, sexual harassment, retaliation for reporting, and staff neglect or policy failures that might lead to abuse. Policy allows reports to be given verbally or in writing, anonymously or through a third party.

Inmates can use PREA drop boxes, the PREA hotline, the grievance system, and

confidential legal mail with pre-addressed envelopes to the LESD Director. These varied options make reporting reachable for different inmates and help keep the process as simple and safe as possible.

Relevant policy:

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

Provision (b): External Reporting Access

The facility gives inmates at least one way to report to an outside agency. The MOU with Securus Technologies supports 24-hour access to external reporting, including the *661 PREA Hotline, the ADOC Crime Tip Hotline, and the ACAR Hotline, which offers confidential, unrecorded support.

These hotlines let inmates send concerns to public or private groups outside ADOC, which can help protect them from retaliation and give them an extra layer of confidence in the reporting system.

Relevant policy:

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

Provision (c): Staff Must Accept and Document All Reports

Policy requires staff to accept and quickly document any report of sexual abuse or sexual harassment, no matter who makes it or how it comes in, including anonymous or third-party reports. Staff interviews showed that this rule is well understood and followed each time.

The Inmate Handbook reinforces the agency's promise to keep reports confidential and to answer each one in a way that protects the person who reported. ADOC AR #454 also says that staff must report any known or suspected abuse, retaliation, or staff misconduct that might lead to PREA-related incidents as soon as possible.

Relevant policy:

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

Provision (d): Private Staff Reporting Channels

The PAQ and discussions with the IPCM show that staff have a clear, safe way to report sexual abuse or sexual harassment without fear of retaliation. Policy sets up secure, confidential reporting paths so that staff can raise concerns without worrying about their safety or job.

These channels support a culture of accountability, where staff are encouraged to speak up when they see or suspect wrongdoing.

	<p>Relevant policy:</p> <p>1. ADOC AR #454, Section V.G., pages 21-22</p> <p>CONCLUSION</p> <p>Based on a careful review of documents, direct observations, and interviews with staff and inmates, the Auditor concludes that Bibb Correctional Facility is fully compliant with PREA Standard §115.51, Inmate Reporting. The facility offers many clear, reachable, and well-publicized ways for inmates and staff to report sexual abuse and sexual harassment. Policies and everyday practices support fast, confidential, and effective reporting, which shows a steady commitment to safety, accountability, and full PREA compliance.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.52, the Auditor completed a detailed review of the materials submitted by Bibb Correctional Facility and the Alabama Department of Corrections (ADOC). The review focused on how the grievance system works for allegations of sexual abuse and sexual harassment, whether inmates can use it fully, and how staff are expected to handle grievable PREA claims.</p> <p>The Auditor examined the completed Pre-Audit Questionnaire (PAQ), which laid out the agency’s grievance rules and how Bibb carries them out for PREA-related complaints. ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment (PREA), dated May 29, 2025, was also reviewed. This regulation provides the main PREA framework, including rules for reporting, investigations, and how grievances fit into the process.</p> <p>ADOC Administrative Regulation #406, Inmate Grievance Policy, dated August 1, 2023, was checked to see how long grievances should take, what protections exist, and how PREA-related complaints are handled. The Inmate Handbook was reviewed as well and was found to explain the grievance process and inmate rights in clear, simple language. Staff and inmate interviews were used alongside the written records to see how the policy works in practice, not just on paper.</p> <p>INTERVIEWS</p> <p>Random Inmates</p>

Inmates interviewed at random, using both structured questions and informal conversation, showed a strong understanding of the grievance system and how it can be used to report sexual abuse and sexual harassment. They said they know they can file a grievance at any time and that they can choose to stay anonymous if they want.

Several inmates said that in an emergency, they would first tell staff, but they also knew that written grievances, PREA drop boxes, and the PREA hotline are available as backup options. Their responses suggested that they feel grievances about PREA are taken seriously and are handled quickly when sent in.

Random Staff

Random staff interviews showed that staff clearly understand how the grievance process works for PREA-related concerns. Staff said that complaints of sexual abuse or sexual harassment are treated as grievable and must be accepted no matter how they are submitted—verbally, in writing, anonymously, or through a third party.

Staff explained that PREA-related grievances are routed quickly to the right investigative staff, are kept separate from regular grievance handling, and are moved into the PREA investigative track. Staff also stressed that rules are in place to stop retaliation and that they are trained to keep information confidential and to move each case forward in a timely way.

PROVISIONS

Provision (a): Specialized PREA Grievance Processing Pipeline

The PAQ confirms that the agency and facility use a special administrative path for inmate grievances that claim sexual abuse. Records showed no grievances moving through the system and reaching a final decision within the 90-day timeframe required by policy.

A review of ADOC AR #454 and the Inmate Handbook confirmed that both clearly explain the grievance steps for sexual abuse claims, so that inmates know what to expect and what protections apply. When a PREA-related grievance is received, it is sent at once to the proper PREA staff, a separate PREA case file is opened, and the matter is moved out of the standard grievance track and into the PREA investigative process, where it is given to a qualified investigator and handled under PREA rules.

Relevant policies:

1. ADOC AR #454, Section V.G.1(a), page 20
2. ADOC AR #454, grievance-related sections, pages 20-21

Provision (b): Unlimited Filing Timeline Without Informal Resolution

Agency policy allows inmates to file a grievance about sexual abuse at any time, no matter how long ago the event is said to have happened. The policy also says that inmates do not have to try an informal fix or take part in an informal grievance step

before filing a formal grievance about sexual abuse or sexual harassment.

These rules remove extra steps and time limits, so that the grievance system is more open and easier to use when serious abuse is involved. This makes it clear that inmates are not blocked by rigid procedures when they need to report harm.

Relevant policy:

1. ADOC AR #454, Section V.G.1(a), page 20

Provision (c): Accused Staff Exclusion from Grievance Review

The grievance policy makes sure that when an inmate files a complaint about a specific staff member, the grievance is not given to that person to review or decide. The policy also bans sending such grievances back to the accused staff member for any kind of reply or handling.

These protections help keep the process fair, protect the inmate from possible pressure or retaliation, and keep the review as neutral and honest as possible.

Relevant policies:

1. ADOC AR #454, Section V.G.1(a), pages 20-21

Provision (d): Standardized Timely Grievance Response Protocols

During the past 12 months, there were no sexual abuse grievances at Bibb which were marked as needing emergency processing. Still, the policy sets clear time limits so that all grievances are answered quickly and in a steady way.

The rule says that the Institutional Grievance Officer (IGO) must issue a Step 1 response within 10 calendar days of getting the grievance. This helps keep the process moving, makes sure complaints are not left hanging, and supports consistent handling across cases.

Relevant policies:

1. ADOC AR #454, Section V.G.1(a), pages 20-21

Provision (e): Third-Party Assistance and Emergency Processing

Agency policy allows inmates to get help writing their grievances from third parties, such as other inmates, staff, family members, lawyers, or outside advocates. If an inmate chooses not to accept that help, that choice is written down in the record.

While third parties can help with wording, they may not actually submit the grievance for the inmate, which keeps the process in the inmate's control and helps protect privacy. The policy also sets up an emergency grievance route for claims that involve a serious risk of fast-coming sexual abuse. In the emergency track, an initial answer

must come within 48 hours and a final decision within 5 calendar days.

The PAQ confirmed that no emergency grievances about imminent sexual abuse were filed during the past year. The policy spells out how the IGO, the Warden, the Institutional PREA Compliance Manager, and the Law Enforcement Services Division (LESD) must work together on these cases and requires that every step be clearly documented.

Relevant policies:

1. ADOC AR #454, Section V.G.1(a-j), pp. 20-21
2. ADOC AR #454, Section K.1-2(a-f), pp. 30-31
3. ADOC AR #454, Section V.G., K.1, pp. 10-11

Provision (f): Expedited Emergency Grievance Resolution

The emergency grievance system is built to handle cases where there is a serious risk of sexual abuse very quickly. Under this path, a first-step response is needed within 48 hours and a final decision within 72 hours. The Warden leads the review, and the case is sent through a special routing that keeps the response fast but still careful and clear.

Inmate-on-inmate complaints are sent right away to the Institutional PREA Compliance Manager, while staff-related claims are directed to LESD investigators. If the inmate appeals, that appeal goes to the Deputy General Counsel, who must also finish the review within 72 hours.

ADOC AR #406, Sections AA(1) and AA(4), puts this fast track into the written policy so that crisis-level complaints get priority without dropping investigative quality or paperwork standards. The fact that no emergency grievances were filed during the review period shows that the system is ready and on standby, even if not used.

Relevant policy:

1. ADOC AR #406, Sections AA(1), AA(4)

Provision (g): Absolute Protection Against Retaliatory Discipline

The agency has a written rule that no inmate may be disciplined just for filing a grievance about sexual abuse unless it is clearly shown that the grievance was filed in bad faith. In the past year, no inmate at Bibb was punished for filing a PREA-related grievance in bad faith, which means the rule has not needed to be used so far.

The policy also bans any kind of retaliation, from staff or other inmates, because someone used the grievance process. It says that people who try to retaliate can face their own consequences, which helps build trust and makes inmates more willing to speak up.

Relevant policies:

1. ADOC AR #454, Section H.1.C, p. 31
2. ADOC AR #454, Section K.1-2(a-f), pp. 30-31

CONCLUSION

Based on a full review of the Pre-Audit Questionnaire, relevant policies, supporting records, and interviews with staff and inmates, the Auditor concludes that Bibb Correctional Facility fully meets PREA Standard §115.52, Exhaustion of Administrative Remedies. The grievance system is clear, reachable, and consistently applied, giving inmates a safe and effective way to report sexual abuse and sexual harassment without fear of retaliation. The rules allow for both everyday grievance handling and fast emergency steps, which supports steady compliance with PREA and with the agency’s own standards.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.53, the Auditor completed a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by Bibb Correctional Facility and the Alabama Department of Corrections (ADOC). The review focused on how the facility makes sure inmates who report sexual abuse can reach outside victim advocates and emotional support services.</p> <p>The Auditor reviewed ADOC Administrative Regulation #454, dated May 29, 2025, which sets out the agency’s rules for preventing, reporting, and responding to inmate sexual abuse and sexual harassment. The facility’s current Memorandum of Understanding (MOU) with the Alabama Coalition Against Rape (ACAR) was also examined. This agreement formalizes how confidential emotional support services are offered to inmates who report sexual abuse.</p> <p>Additional documents included PREA awareness posters in both English and Spanish that are posted around the facility, flyers about the Alabama Advocacy Hotline (*6`1), and an up-to-date list of ACAR-affiliated centers, including Turning Point Alabama with county-specific contact details. Together, these materials show that Bibb uses a clear, organized approach to keep inmates informed about and connected to outside victim advocacy and support.</p> <p>OBSERVATIONS</p> <p>During the on-site tour, the Auditor saw that PREA education materials were posted clearly and consistently in housing units and common areas. “NO MEANS NO” posters</p>

were easy to read and available in English and Spanish, which helps inmates with limited English skills understand their rights. The posters were in good condition and in places where inmates spend most of their time, showing that the facility regularly uses these signs to reinforce reporting options and PREA messages.

INTERVIEWS

Alabama Coalition Against Rape (ACAR)

ACAR representatives confirmed that ADOC works with ACAR to give inmates confidential emotional support no matter when or where the abuse happened. Inmates can reach ACAR by calling the toll-free line 1-800-639-4357 on the inmate phone system between 4:00 p.m. and 9:00 p.m., or by writing to P.O. Box 4091, Montgomery, Alabama 36102.

ACAR stressed that its role is to help make sure advocacy services are available across the state, using a network of local crisis centers. The hotline number, branded as “NEW HELP,” is not recorded or monitored, which keeps the line in line with PREA confidentiality rules.

Turning Point Alabama

The Auditor spoke by phone with a representative from Turning Point Alabama. The representative said that trained victim advocates are available to support inmates before, during, and after forensic medical exams. The agency also offers follow-up care to help keep support going after the first visit.

The representative explained that inmates are told about the limits of confidentiality, such as when information must be shared for safety, medical treatment, or investigation. This helps inmates understand what can and cannot stay private while still feeling safe to get help.

Inmates

Inmates interviewed showed that they understand they can use outside confidential emotional support if they report sexual abuse. Several correctly named the ADOC PREA hotline (*661) and noted that calls are recorded and may be shared with facility staff for safety, security, and investigation.

Inmates also said they had received information about outside victim advocacy services and knew how to call or write for help if needed. The Auditor did not hear any reports of difficulty getting this information, which suggests that the message is reaching inmates clearly.

Institutional PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager (IPCM) confirmed that Bibb has an active MOU with an outside confidential support provider and that staff know how to connect inmates who report sexual abuse with victim advocates from community groups, including Turning Point Alabama. The IPCM explained each step of the coordination

process and provided written notes that show how the facility and advocacy partners work together to get inmates emotional support and crisis help quickly.

PROVISIONS

Provision (a): Access to Outside Victim Advocates

The PAQ and supporting documents confirm that inmates are given real access to outside victim advocates for emotional support when sexual abuse is reported. The IPCM's statements and the MOU with ACAR back this up, as do the posted contact details for Turning Point Alabama of ACAR .

Facility policy clearly explains what victim advocates do and requires that any inmate who reports sexual abuse be told about their right to crisis intervention, forensic medical care, and an advocate's presence during exams and interviews. The records also show that the facility does not hold anyone only for civil immigration reasons, which keeps the focus on safety and support, not side issues.

Relevant policies:

1. ADOC AR #454 (PREA protocols and victim support sections)
2. MOU with Alabama Coalition Against Rape
3. ACAR crisis center listings (e.g., Turning Point Alabama)

Provision (b): Reliable Hotline Access and Confidentiality

The Auditor checked several inmate payphones during the audit and found that the PREA hotline (*661) was fully working. Policy says staff at the intermediate level or higher must test inmate phones once per shift to make sure they stay in working order. The testing observed during the audit showed that these checks are done as required and that the phones are kept in good condition.

Inmate interviews showed that they understand that calls to outside advocacy lines are kept confidential, but that some information—such as reports of immediate danger or abuse of minors or vulnerable adults—may have to be shared under mandatory reporting rules. Turning Point Alabama confirmed that advocates are the ones who explain these limits to inmates. The facility's policy also makes sure that anyone who reports sexual abuse can get emergency and crisis services as quickly as a qualified medical or mental health professional decides is needed.

Relevant policies:

1. ADOC AR #454 (hotline and confidentiality sections)

Provision (c): Formal MOU and Continuous Service Access

The Auditor reviewed the MOU between ADOC and ACAR, which spells out ACAR's role in giving confidential emotional support to inmates. The agreement says that ACAR will keep or build ties with local, community-based service providers so that inmates

at all facilities can reach advocates. ACAR’s state-wide hotline, 1-800-639-4357 (NEW HELP), is not recorded or monitored, which matches PREA rules on confidentiality.

Both ACAR and Turning Point Alabama confirmed that support is available no matter when or where the abuse happened, and that advocates clearly explain confidentiality limits. The Auditor verified that the MOU is current, active, easy to find on-site, and kept up to date, which shows that Bibb takes the partnership seriously.

Relevant policies:

1. ADOC AR #454 (victim services and outside support sections)
2. MOU with Alabama Coalition Against Rape

CONCLUSION

Based on a careful review of the Pre-Audit Questionnaire, supporting records, on-site observations, and interviews with staff, inmates, and outside advocacy partners, the Auditor concludes that Bibb Correctional Facility fully meets PREA Standard §115.53. Inmates are clearly told about outside confidential emotional support services and are given meaningful, practical ways to reach those services when they report sexual abuse. The facility’s use of partnerships, hotlines, and clear information creates a steady, victim-centered system that aligns with PREA requirements.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.54, the Auditor conducted a thorough and organized review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by Bibb Correctional Facility and the Alabama Department of Corrections (ADOC). The review focused on how people outside the prison system can report sexual abuse or sexual harassment on behalf of an inmate and whether those options are clear, easy to find, and truly usable.</p> <p>The Auditor reviewed ADOC Administrative Regulation #454, dated May 29, 2025, which sets out the agency’s rules for preventing, reporting, and responding to sexual abuse and sexual harassment. The Auditor also checked ADOC’s publicly available website, paying close attention to the PREA section and the tools it offers for third-party reporting.</p>

Included in the review were reporting forms used for Law Enforcement Sensitive Disclosures (LESD) and online materials that clearly show the ADOC PREA email address reserved for third-party reports. Together, these documents and web features show that ADOC has a clear, steady plan for letting family, friends, advocates, and others report concerns without having to go through the inmate directly.

INTERVIEWS

Inmates

During interviews with incarcerated individuals, inmates showed a clear and steady understanding of how third-party reporting works. They explained that sexual abuse or sexual harassment can be reported on their behalf by people outside the facility, including family members, close friends, attorneys, and outside victim advocates.

Inmates said they know about these options and would be willing to use or accept help from a third party if they felt afraid, unsure, or uncomfortable reporting directly. Their comments suggested that they feel the system is designed so that someone else can step in if needed, which can make reporting feel safer and more reachable.

PROVISIONS

Provision (a): Clear, Accessible Third-Party Reporting Mechanisms

The Alabama Department of Corrections has created and keeps clear third-party reporting methods that fully meet the requirements of PREA. The Auditor confirmed that these options are easy to find on the agency's official website, specifically in the PREA section.

The PREA webpage names the agency PREA Director and gives several ways to start a third-party report. One option lets outside reporters click a special online link to submit a formal request for an investigation, which starts the third-party reporting process. Another option allows allegations to be sent directly by email to the agency's dedicated PREA address, doc.prea@doc.alabama.gov.

These public tools make it possible for third parties—such as family members, legal representatives, friends, and victim advocates—to report sexual abuse or sexual harassment without extra steps or unclear rules. Having more than one method supports access for people with different levels of comfort using technology and reinforces ADOC's commitment to transparency, accountability, and inmate safety.

Relevant policies:

1. ADOC AR #454, Section V.G.1(a), page 21
2. ADOC AR #454, Section V.G.2(a), page 21

CONCLUSION

Based on a full review of the Pre-Audit Questionnaire, supporting records, ADOC website content, and interviews with inmates, the Auditor concludes that the

	<p>Alabama Department of Corrections fully meets PREA Standard §115.54, Third-Party Reporting. The agency offers clear, easy-to-find, and multiple ways for third parties to report sexual abuse or sexual harassment on behalf of incarcerated individuals. At the same time, inmates show that they understand these options and feel confident using or allowing third-party help when it is needed.</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA reporting and confidentiality requirements, the Auditor completed a thorough, organized review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on how staff are expected to report allegations, how confidential information is handled, and how reports are directed to the right people.</p> <p>The Auditor examined ADOC Administrative Regulation #454, dated May 29, 2025, which sets out clear agency-wide rules for reporting, confidentiality, and responding to allegations of sexual abuse and sexual harassment. ADOC Administrative Regulation #302 was also reviewed because it lays out how incidents are documented and reported and underlines staff duties to notify supervisors and investigators in a timely way. Together, these policies show a simple, structured framework that makes staff roles clear and supports quick, consistent reporting while protecting sensitive information.</p> <p>INTERVIEWS</p> <p>Random Staff</p> <p>Randomly selected staff showed a clear and steady understanding of their duty to report sexual abuse or sexual harassment at once. Staff explained that they must tell a supervisor or investigator about any knowledge, suspicion, or information, even if they were not present when the incident happened.</p> <p>Staff also said that PREA-related information must be kept confidential and shared only with people who need it for treatment, investigation, security, or management. They stressed that they do not talk about cases with coworkers, inmates, or others who have no role in the process. All staff confirmed that PREA reports are sent right away to the Institutional PREA Compliance Manager (IPCM), who then makes sure investigative staff are notified.</p>

Medical and Mental Health Practitioners

Medical and mental health practitioners described a clear, trauma-informed approach to seeing victims and reporting cases. They explained that they must tell people receiving care about the limits of confidentiality before services start, because some information must be reported by law.

Practitioners also said they are responsible for reporting allegations of sexual abuse quickly and for helping to protect any physical or medical evidence. They emphasized that they discuss safety, consent, and follow-up care in plain language, while still following agency rules on sharing information only when necessary.

PREA Director

The PREA Director confirmed that all allegations of sexual abuse and sexual harassment are treated as urgent and passed right away to the facility's designated investigator. This includes anonymous reports and those made by third parties, not just staff.

The PREA Director stressed that facilities, IPCMs, and investigative staff are expected to keep the information moving quickly and clearly, so that no case is delayed or lost. The Director's comments matched the written rules and showed that reporting is both required and expected across the agency.

Facility Head or Designee

The Facility Head confirmed a strong understanding of the legal and agency rules for reporting sexual abuse and sexual harassment. The Facility Head said that staff must report any knowledge, suspicion, or information about these incidents as soon as possible, whether the event happened inside the facility or involved agency staff.

The Facility Head also noted that this duty includes reports about retaliation or staff neglect connected to sexual abuse or sexual harassment. If the alleged victim is under 18 or is a vulnerable adult, the allegation is sent to the proper state or local agency under mandatory reporting laws. The Facility Head described this as part of the agency's zero-tolerance approach and a clear expectation for all staff.

PROVISIONS

Provision (a): Clear and Immediate Reporting Duty (Straightforward and Mandatory)

The PAQ and supporting documents show that every staff member must report any knowledge, suspicion, or information about sexual abuse or sexual harassment without delay. This rule applies whether the incident involves agency staff or happens inside the facility.

The duty also includes reports about retaliation or staff neglect related to sexual abuse or sexual harassment. The Facility Head confirmed this requirement during the interview, reinforcing the agency's clear, zero-tolerance message that staff must act

quickly and not wait or stay silent.

Relevant policy:

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

Provision (b): Simple and Careful Confidentiality Rules (Respectful and Limits-Based)

The PAQ states that staff may not share information about a sexual abuse report except with supervisors or officials who have a real need to know. Any information that is shared is kept to the minimum needed for treatment, investigation, or security and management.

Staff interviews showed that people understand these rules and follow them in the same basic way. Policy also says that staff may only gather and pass along what is needed to protect someone from immediate harm until an investigator can do a full review. The Informed Consent for Medical Services form allows medical and mental health staff to share important information with the right people when it is needed for safety or care.

Relevant policy:

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

Provision (c): Clear Limits of Confidentiality Upfront (Honest and Trauma-Informed)

Facility records and the PAQ confirm that medical and mental health practitioners must tell people, at the start of services, that they may have to report information about sexual victimization to the IPCM. This rule was confirmed in interviews, where practitioners showed that they know their duty to report and their duty to protect privacy.

Policy requires that practitioners alert people before treatment begins, so that clients understand which details might be shared and why. ADOC supports this step by giving first responders a short, clear guide, the Prison Rape Elimination Act (PREA): A Trauma-Informed Guide for First Responders, which explains how to handle evidence and information.

Relevant policy:

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

Provision (d): Special Reporting for Youth and Vulnerable Adults (Careful and Required)

The PAQ shows that when an alleged victim is under 18 or is a vulnerable adult under state or local law, the agency must report the allegation to the right services agency, as required by mandatory reporting rules. The Facility Head confirmed that this step is treated as required, not optional.

Agency policy says that cases involving youth or vulnerable adults are sent to the Alabama Department of Human Resources, in line with state law and regulatory rules. This helps make sure that outside agencies can step in quickly to protect people who are at higher risk.

Relevant policy:

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

Provision (e): Clear Reporting Path for All Allegations (Steady and Consistent)

The PAQ states that all allegations of sexual abuse and sexual harassment, including anonymous or third-party reports, are sent to the facility’s designated investigator. The PREA Director confirmed that this is the normal process and that no report should be ignored or held back.

Policy also says that any knowledge, suspicion, or information about sexual abuse, sexual harassment, or custodial sexual misconduct must be reported at once to the IPCM, the PREA Director, and Investigations and Intelligence (I&I) staff, under the rules in ADOC Administrative Regulation #302. This creates a clear, simple path that keeps reports moving from start to finish.

Relevant policy:

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

CONCLUSION

Based on a careful review of the Pre-Audit Questionnaire, supporting records, relevant policies, and interviews with facility leadership, staff, and medical and mental health practitioners, the Auditor finds that the agency and facility fully meet the PREA requirements for reporting and confidentiality. The facility shows steady, clear, and consistent handling of reports, strong protection of private information, and steady use of mandatory notification steps that match both PREA and ADOC policy.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>As part of the compliance review for PREA Standard §115.62, the Auditor completed a detailed evaluation of the Pre-Audit Questionnaire (PAQ) and all supporting documentation provided by the facility and the Alabama Department of Corrections (ADOC). The review focused on the facility’s ability to recognize risk, respond to</p>

concerns, and ensure the safety of inmates.

The Auditor examined Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines expectations for identifying and managing risk. Additional documents reviewed included housing records, transfer logs, the Coordinated Response Plan, and an IPCM memorandum dated October 22, 2025.

These materials show a structured and dependable system that supports timely decisions, clear communication, and ongoing protection of inmates.

INTERVIEWS

Facility Head

The Facility Head explained that the facility uses a careful and case-specific approach when responding to potential risk. When concerns are identified, staff take immediate steps to separate individuals and evaluate safe housing options.

The Facility Head stated that reassignment or transfer may be used when needed, but efforts are made to avoid unnecessary restrictive housing. The focus remains on maintaining safety in a balanced and practical way.

Random Staff

Staff described their role in responding to risk as direct and immediate. They stated that protecting the inmate is the first priority, followed by notifying supervisors and following established procedures.

Staff also noted the importance of clear communication and quick action. Their responses reflected a steady and practical understanding of how to manage safety concerns.

PROVISIONS

Provision (a): Immediate Protective Action

The facility maintains a direct, simple, and reliable process for protecting inmates who may be at risk of sexual abuse. Staff respond quickly by separating individuals and making safe housing decisions based on the situation.

The process supports immediate protection while avoiding unnecessary restrictions. Although no transfers for imminent risk occurred during the past 12 months, documentation confirms that procedures are active, clear, and consistently understood by staff.

Relevant Policies:

ADOC AR #454, Section IV.K.3, p. 11

CONCLUSION

	<p>Based on documentation and staff interviews, the facility demonstrates a clear and consistent approach to protecting inmates. The system is structured, easy to follow, and focused on safety. Staff are prepared to respond quickly and appropriately, ensuring a safe environment.</p>
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.63, the Auditor completed a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation. The review focused on how the facility handles allegations that involve incidents that occurred at another confinement facility. The Auditor looked at how quickly information is shared, how it is documented, and how staff work with the receiving facility to make sure the matter is properly handled.</p> <p>The Auditor reviewed ADOC Administrative Regulation #454, which lays out clear reporting expectations, including required timelines and basic documentation standards. ADOC Form 454-F and an IPCM memorandum were also examined to confirm that the facility has a simple, consistent process for tracking and recording notifications sent to other facilities.</p> <p>Records show a straightforward, reliable system that supports quick sharing of information and steady handling of cross-facility issues. The forms used are plain and easy to complete, which helps keep the process clear and consistent.</p> <p>OBSERVATIONS</p> <p>Review of records and materials showed that the facility keeps clear, easy-to-follow procedures for managing allegations that involve another confinement site. Documentation tools are simple and help staff mark each required step, from initial notice through to follow-up.</p> <p>The system supports accurate tracking, so that staff can see when a notification was sent, to whom, and how it was handled. This steady approach helps keep accountability clear even when the incident started at a different facility.</p> <p>INTERVIEWS</p> <p>Agency Head Designee</p> <p>The Agency Head Designee confirmed that the agency follows a single, uniform approach for receiving and responding to notifications about incidents that happened at other facilities. All reports are recorded, reviewed, and handled in line with PREA</p>

rules.

The Designee explained that the process helps keep communication clear and steady between facilities, so that no allegation is lost or delayed. The system is built to support coordination and to make sure that each facility knows what steps to take.

Facility Head

The Facility Head said that any allegation tied to another confinement facility is treated as urgent and handled without delay. The steps include an immediate review of the report, assigning it to the right person, and sending notice to the appropriate facility.

The Facility Head emphasized that the 72-hour rule for quick notification is well understood and followed each time it applies. No such cross-facility incidents occurred during the past 12 months, but the process is ready and would be used the same way if a case arose.

PROVISIONS

Provision (a): Required Notification (Clear and Required)

The facility must notify the right confinement facility when an allegation is about an incident that happened elsewhere. This rule is plainly written and clearly understood by staff at all levels.

According to the PAQ, there were no such notifications in the past 12 months, which means no cross-facility incidents were reported during that time. The absence of cases does not weaken the rule; the requirement itself is solid and consistently applied whenever it is needed.

Relevant policies:

ADOC AR #454, Section IV.H.7, p. 9

Provision (b): Prompt Communication (Timely and Simple)

Notifications must be sent quickly and within 72 hours so that the receiving facility can act without delay. This time limit helps make sure that investigations can start right away and that any needed safety steps are taken quickly.

Documentation shows that this timing rule is written into policy and supported by clear procedures. Even though the PAQ reports no such notifications in the past 12 months, the rule is in place and ready to be followed.

Relevant policies:

ADOC AR #454, Section IV.H.7, p. 9

Provision (c): Clear Documentation (Simple and Steady)

All notifications are recorded using a standard form, which keeps the process

consistent and easy to follow. ADOC Form 454-F is used to capture the key details, so that staff have a clear record of what was sent, when, and to whom.

This simple form supports steady, clear recordkeeping and helps show that the facility is meeting its documentation duties. The PAQ notes that no such notifications were sent in the past 12 months, but the form and process are clearly defined and could be used at any time.

Relevant policies:

ADOC AR #454, Section IV.H.7, p. 9

Provision (d): Investigative Follow-Up (Structured and Consistent)

All allegations, including those involving another confinement facility, are investigated in line with PREA standards. The facility keeps clear steps for follow-up so that the case is handled properly and nothing is missed.

Documentation and interviews showed that staff understand they must carry each investigation through to the end, even when the incident took place elsewhere. The PAQ confirms that no cross-facility notifications were made in the past 12 months, but the process is simple, clear, and ready to work when needed.

Relevant policies:

ADOC AR #454, Section IV.H.7, p. 9

CONCLUSION

The Auditor concludes that Bibb Correctional Facility meets the requirements of PREA Standard §115.63. The system for reporting to other confinement facilities is clear, timely, and supported by steady documentation and simple procedures. Staff understand their duties, and the process ensures that cross-facility allegations are handled in a consistent and accountable way.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW

o evaluate compliance with PREA Standard §115.64, the Auditor completed a careful review of the Pre-Audit Questionnaire (PAQ) and all supporting documents submitted by the facility and the Alabama Department of Corrections (ADOC). This review centered on staff readiness, expected response actions, and consistency in first responder practices across the facility.

The Auditor reviewed Alabama Department of Corrections Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines clear expectations for first responder duties. Additional materials included the PREA First Responder Duty Card and the PREA: A Trauma-Informed Guide for First Responders. These resources present simple, step-by-step directions that promote respectful and consistent responses.

The documentation reflects a structured and practical system that ensures staff receive proper training, remain prepared, and can respond promptly and appropriately to allegations of sexual abuse or sexual harassment.

OBSERVATIONS

During the review, the Auditor noted that staff are equipped with clear and easy-to-use guidance tools that support immediate and appropriate action. These materials are straightforward and designed to ensure consistent responses across shifts and job duties.

The consistent availability and use of these tools show an ongoing effort to strengthen staff preparedness and reinforce a clear understanding of responsibilities.

INTERVIEWS

All Staff

Across all interviews, staff responses reflected a shared and consistent understanding of first responder duties. Staff described a simple and practical approach focused on safety, clear communication, and preservation of evidence. Their answers showed confidence in the process and alignment with established procedures.

Non-Security Staff

Non-security staff explained that when they receive a report, they respond promptly by notifying security staff, separating involved individuals when possible, and protecting the area. They emphasized the importance of calm communication, maintaining confidentiality, and managing the situation until security staff arrive.

Inmates Who Reported Sexual Abuse

Inmates who reported sexual abuse described staff responses as timely and consistent. They stated that staff acted quickly when reports were made, ensuring access to forensic medical exams and connecting them with victim advocates who offered support and explained the process. Inmates confirmed they were not charged for medical care, were not required to submit to polygraph testing, and received

written notifications of investigative outcomes, in line with policy.

Security Staff

Security staff outlined a clear and detailed response process. They stated that their immediate actions include separating individuals, securing the scene, preserving evidence, and notifying supervisors without delay. They also noted that regular training reinforces these steps, helping maintain readiness and consistency.

PROVISIONS

Provision (a): Clear First Responder Policy and Practice

The facility demonstrates a clear, organized, and easy-to-follow first responder policy supported by simple, durable tools and steady practice. Staff are issued laminated duty cards and small reference guides that present required response steps in a direct and practical way, making them easy to use during stressful situations.

Interviews confirm that staff rely on these tools during incidents. The PREA: A Trauma-Informed Guide for First Responders further supports a respectful and informed response by offering clear definitions, warning signs, and step-by-step actions in a user-friendly format.

Documentation shows that during the audit period, the Bibb facility reported 8 allegations of sexual abuse, all of which were inmate-on-inmate cases. All allegations were referred for criminal investigation. Of these, 4 were unsubstantiated, 4 were unfounded. Additionally, 5 allegations of sexual harassment were reviewed administratively and 3 were determined to be unfounded and two were determined to be unsubstantiated.

Records confirm that all inmates involved in completed cases received written notice of investigative outcomes, demonstrating a consistent and well-managed process.

Relevant Policies:

ADOC AR #454, Section H.1.a-k, pp. 23-24

Provision (b): Training and Preparedness

The facility maintains a strong, consistent, and practical training program that prepares staff to act effectively as first responders. Training begins during initial orientation and continues through annual refresher sessions to reinforce knowledge and expectations.

Training materials focus on clear and simple actions, including separating individuals, securing the scene, preserving evidence, and reporting information accurately. Documentation shows that in all 8 cases; security staff served as first responders. In 3 of those cases the allegation was made within a time frame the still allowed for the collection of evidence by security staff.

All staff, including contractors and volunteers, receive this training, supporting a

	<p>coordinated and well-prepared response throughout the facility.</p> <p>Relevant Policies:</p> <p>ADOC AR #454, Section H.1.a-k, pp. 23-24</p> <p>CONCLUSION</p> <p>Based on the review of documentation and interviews, the Auditor finds the facility to be in compliance with PREA Standard §115.64. Staff demonstrate a clear understanding of their duties, receive consistent training, and respond in a timely, safe, and effective manner.</p>
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115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>To determine compliance with PREA Standard §115.65, the Auditor conducted a detailed and thoughtful review of the Pre-Audit Questionnaire (PAQ) along with all supporting records provided by the Bibb facility and the Alabama Department of Corrections (ADOC). The review focused on how the facility develops, organizes, and applies a coordinated response system for allegations of sexual abuse and sexual harassment.</p> <p>As part of this process, the Auditor examined Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025). This regulation sets out clear expectations and defined responsibilities for all staff involved in responding to PREA-related incidents, including first responders, supervisors, medical and mental health staff, investigators, and facility leadership.</p> <p>Additional materials reviewed included the PREA First Responder Duty Card and the PREA: A Trauma-Informed Guide for First Responders. These tools present simple, step-by-step instructions that help staff respond in a consistent and respectful manner, regardless of their role. The facility's Coordinated Response Standard Operating Procedure (SOP) was also reviewed and shows how agency policy is put into practice in daily operations.</p> <p>Overall, the documentation reflects a clear, organized, and role-based system that supports timely action, steady communication, and ongoing care for inmates involved in reported incidents.</p>

OBSERVATIONS

During the on-site visit, the Auditor observed that staff have ready access to simple and practical reference tools, such as pocket guides and laminated duty cards. These materials are clearly written and easy to follow, allowing staff to act quickly when needed.

The coordinated response system was visible not only in written materials but also in how staff described their responsibilities. The process appeared structured and steady, with clear communication between departments and a consistent approach to handling PREA-related incidents.

INTERVIEWS

Staff

Staff described the coordinated response process as clear and easy to follow. They explained that when an allegation is reported, each department understands its role and acts without delay. Staff emphasized that communication between security, medical, mental health, and supervisory staff is direct and consistent, helping ensure that inmates are protected and that proper steps are taken.

Staff also noted that training and simple tools, such as duty cards and quick reference guides, help them stay prepared and confident in their responsibilities.

Supervisory Staff

Supervisory staff explained that they play an active role in guiding and monitoring the coordinated response. They stated that they ensure proper notifications are made, verify that evidence is preserved, and confirm that inmates receive appropriate care and protection. They described the process as organized and dependable, with clear expectations for each step.

Facility Head

The Facility Head described the coordinated response system as active, well-structured, and clearly understood throughout the facility. The Facility Head explained that each reported allegation begins a step-by-step process involving multiple departments working together. Communication is described as steady and direct, allowing staff to respond quickly and effectively.

The Facility Head also emphasized that training is reinforced through annual sessions, regular briefings, and review of past incidents. Simple tools, including pocket guides and duty cards, were identified as helpful in maintaining consistency across all shifts and assignments.

PROVISIONS

Provision (a): Structured and Role-Based Coordinated Response Plan

The facility maintains a clear, detailed, and easy-to-follow written plan that

	<p>coordinates the actions of all staff involved in responding to allegations of sexual abuse and sexual harassment. This plan defines simple and specific roles for first responders, supervisors, medical and mental health staff, investigators, and administrative leadership.</p> <p>When an allegation is reported, staff follow a step-by-step process that includes protecting the inmate, separating involved individuals, preserving evidence, and notifying appropriate personnel. The plan supports both immediate safety and continued investigative actions, ensuring that no step is missed.</p> <p>Documentation and interview responses confirm that this plan is not only in place but actively used in daily operations. Staff demonstrate a clear understanding of their roles and carry out their duties in a steady and organized way. The use of simple written guides and structured procedures strengthens consistency across the facility.</p> <p>Relevant Policies:</p> <p>ADOC AR #454, Section H.1-H.5, pp. 23-28</p> <p>CONCLUSION</p> <p>Based on the review of documentation, on-site observations, and staff interviews, the Auditor finds that the Bibb facility is in compliance with PREA Standard §115.65. The facility maintains a clear and reliable coordinated response system, with well-defined roles and consistent practices. Staff are trained, communication is steady, and response procedures are followed in a timely and effective manner.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.66, the Auditor conducted a thorough and careful review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation provided by the Bibb facility and the Alabama Department of Corrections (ADOC). The review focused on the agency’s authority and ability to take prompt protective action when allegations of sexual abuse involve staff.</p> <p>As part of this review, the Auditor examined Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025). This regulation provides clear direction on how allegations are managed and outlines the authority granted to facility leadership to take immediate protective measures when needed.</p>

Documentation confirmed that the State of Alabama does not engage in collective bargaining with correctional staff. There are no labor agreements or outside conditions that limit, delay, or influence the agency's ability to act. This structure supports a direct and efficient approach to decision-making when safety concerns arise.

Overall, the materials reviewed show a clear and well-defined system that allows leadership to act quickly to protect inmates and maintain the integrity of investigations.

OBSERVATIONS

During the review process, the Auditor observed that the agency maintains full administrative control over staffing decisions related to PREA concerns. Policies and supporting materials clearly show that there are no outside restrictions that would delay or prevent protective action.

This level of control supports a quick, steady, and reliable response when allegations involving staff are reported, ensuring that inmate safety remains the top priority.

INTERVIEWS

Facility Leadership

Facility leadership explained that they have full authority to act immediately when an allegation involving staff is received. They described a straightforward process that allows for quick decisions, including reassigning staff, adjusting duties, or removing staff from contact with inmates when needed. Leadership emphasized that these actions are taken to protect inmates and support a fair and thorough investigation.

Leadership also noted that while no such actions were required during the audit period, the process remains active, understood, and ready to be used at any time.

Agency Head Designee

The Agency Head's designee confirmed that all correctional staff are non-union employees, and the agency is not subject to collective bargaining agreements. This allows the agency to act without delay when safety concerns arise.

The designee explained that when an allegation is reported, facility leadership can immediately implement protective measures, including staff reassignment or removal from inmate contact. These actions are taken quickly to ensure inmate safety and preserve the integrity of the investigative process. The designee also confirmed that no PREA-related cases during the audit period required such action, but the authority remains clearly established and consistently understood.

PROVISIONS

Provision (a): Clear and Unrestricted Authority for Immediate Protective Action

	<p>The facility maintains a clear, direct, and well-defined authority to take immediate protective action when staff are alleged to be involved in sexual abuse. This authority is simple, strong, and fully supported by policy, allowing leadership to respond without delay.</p> <p>Administrative Regulation #454 provides clear guidance that allows facility leadership to promptly reassign staff, adjust job duties, or remove staff from contact with inmates when safety concerns are identified. These actions are taken quickly and are focused on protecting inmates while also supporting a fair and complete investigation.</p> <p>Although no such actions were necessary during the audit period, both documentation and interview responses confirm that the process is clearly understood, consistently applied, and ready for immediate use. The structure in place ensures that decisions can be made without barriers or delay.</p> <p>Relevant Policies:</p> <p>ADOC AR #454 - Inmate Sexual Abuse and Harassment (May 29, 2025)</p> <p>Provision (b): Not Applicable</p> <p>This provision is not applicable to this facility and was not evaluated as part of this audit.</p> <p><u>CONCLUSION</u></p> <p>Based on the review of documentation, observations, and interviews with agency representatives and facility leadership, the Auditor finds that the Bibb facility is in compliance with PREA Standard §115.66. The agency maintains clear and unrestricted authority to act quickly when allegations involve staff. Policies are straightforward, well understood, and consistently followed, ensuring that inmate safety is protected and that appropriate action can be taken without delay.</p>
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115.67	<p>Agency protection against retaliation</p> <p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.67, the Auditor conducted a detailed and well-organized review of agency and facility records that demonstrate how retaliation protections are established and maintained at the Bibb facility. This review included the completed Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted before the on-site visit. Particular focus was placed on Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines the agency's approach to preventing retaliation and provides clear procedures for</p>
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monitoring individuals involved in reporting or investigating allegations.

The Auditor also reviewed ADOC Form 454-D – Sexual Abuse/Harassment Retaliation Monitoring, a structured and practical tool used to document, track, and address any signs of retaliation. This form outlines when monitoring begins, how it is carried out, and how it is formally concluded. Together, these materials reflect a clear, consistent, and well-managed system designed to ensure that no inmate or staff member experiences negative treatment for participating in PREA-related reporting or investigations.

Overall, the documentation shows a simple, organized, and fair process focused on safety, accountability, and consistent oversight.

OBSERVATIONS

During the on-site review, the Auditor observed that the facility follows an active and steady approach to preventing retaliation. Documentation shows a consistent monitoring process supported by regular check-ins, clear recordkeeping, and ongoing staff oversight.

The system is both structured and flexible, allowing staff to respond to individual situations while maintaining consistent procedures. Monitoring practices are visible, organized, and well understood by staff throughout the facility.

INTERVIEWS

Facility Head

The Facility Head explained that retaliation prevention is a routine part of daily operations. Staff carefully review housing placements, job assignments, and disciplinary actions to ensure that no decisions are influenced by retaliatory intent. The Facility Head described a hands-on approach, where leadership stays aware of any changes that could signal a concern.

The Facility Head also noted that a designated PREA staff member oversees retaliation monitoring, ensuring that any unusual patterns or issues are identified and addressed quickly and appropriately.

Inmates Who Reported Sexual Abuse

Inmates who previously reported sexual abuse described staff responses as timely, respectful, and appropriate. They stated that staff acted quickly after reports were made, including arranging medical care and connecting them with victim advocates for support.

Inmates confirmed that services were provided at no cost, that polygraph testing was not required, and that they received written updates on investigative outcomes. Their responses showed awareness of available protections and confidence in the process.

Agency Head Designee

The Agency Head's designee explained that retaliation monitoring begins immediately when a report is made and applies to all individuals involved, including inmates, staff, and witnesses. The designee stated that monitoring continues for at least 90 days but may end earlier if an allegation is unfounded or continue longer if concerns remain.

This approach allows for both structure and flexibility, ensuring that individuals remain protected for as long as needed.

Retaliation Monitor

The Retaliation Monitor described the process as active, careful, and ongoing. Monitoring begins at the time of the report and includes regular check-ins, often conducted weekly. All monitoring activities are documented using ADOC Form 454-D.

The Monitor confirmed that protections apply to inmates, staff, witnesses, and anyone who expresses concern about retaliation. The Monitor also stated that there were no substantiated incidents of retaliation during the past 12 months, which is consistent with the documentation reviewed.

Inmates in Segregated Housing

At the time of the audit, there were no inmates placed in segregated housing as a result of reporting sexual abuse or being identified as at risk. This indicates that restrictive housing is not used as a routine response and is applied only when necessary for safety.

PROVISIONS

Provision (a): Clear, Structured Retaliation Protection Policy and Active Monitoring System

The facility maintains a clear, formal, and well-organized policy that protects inmates and staff from retaliation related to PREA reporting or participation in investigations. The policy requires active monitoring for a minimum of 90 days, with extensions when needed based on individual circumstances.

The Institutional PREA Compliance Manager (IPCM) oversees this process, ensuring that monitoring is completed in a consistent, timely, and organized manner. The policy is simple, direct, and well understood by staff, supporting a reliable system of protection.

Relevant Policies:

ADOC AR #454, Section V.I. 1-6, pp. 28-29

Provision (b): Practical and Preventive Protective Measures

The facility applies a range of simple and effective measures to prevent retaliation. These include housing changes, job reassignments, separation from alleged abusers, and access to support services such as counseling.

Documentation and interviews confirm that these measures are used as needed and reviewed regularly to ensure continued safety. Records show that no claims of retaliation were substantiated during the audit period, indicating that prevention efforts are working as intended.

Relevant Policies:

ADOC AR #454, Section V.I. 5, p. 29

Provision (c): Ongoing and Consistent Monitoring for Retaliation Indicators

The facility maintains an active and steady monitoring process for both inmates and staff. This process includes observing behavior changes, housing status, job assignments, and other conditions that may suggest retaliation.

Monitoring continues for at least 90 days and is extended when concerns remain. Documentation and interviews confirm that this process is consistent, simple, and effective in identifying and addressing potential issues.

Relevant Policies:

ADOC AR #454, Section V.I. 4, pp. 28-29

Provision (d): Detailed and Organized Documentation of Monitoring Activities

All monitoring efforts are documented using ADOC Form 454-D, which provides a clear and organized record of check-ins, observations, actions taken, and final outcomes.

Records reviewed show that monitoring is conducted on a weekly basis, exceeding minimum expectations and supporting a strong and consistent oversight process. This level of documentation reflects transparency, accountability, and attention to detail.

Relevant Policies:

ADOC AR #454, Section V.I. 5, p. 29

Provision (e): Inclusive and Equal Protection for All Involved Individuals

Retaliation monitoring is available to any individual involved in PREA-related matters, including inmates, staff, witnesses, and those who report concerns about retaliation.

This inclusive approach ensures that protections are fair, consistent, and applied equally, creating a safe environment for reporting and participation in investigations.

Relevant Policies:

ADOC AR #454, Section V.I. 1-6, pp. 28-29

Provision (f): Not Applicable

	<p>This provision was not applicable during the audit period and was not evaluated.</p> <p>CONCLUSION</p> <p>Based on a detailed review of documentation, staff and leadership interviews, and direct observation of facility practices, the Auditor finds that the Bibb facility exceeds compliance with PREA Standard §115.67. The facility demonstrates a clear, active, and well-managed approach to preventing retaliation. Monitoring is consistent, well documented, and often exceeds minimum requirements through weekly check-ins. Staff and leadership show a strong understanding of their responsibilities, and the overall system supports a safe, fair, and accountable environment where inmates and staff can report concerns without fear of retaliation.</p>
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115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.68, the Auditor conducted a detailed and organized review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the Bibb facility and the Alabama Department of Corrections (ADOC). The review focused on how the facility makes housing decisions for inmates following allegations of sexual abuse, with careful attention given to limiting the use of involuntary segregated housing.</p> <p>As part of this review, the Auditor examined Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025). This policy provides clear and direct guidance regarding protective custody and establishes that involuntary segregation is used only as a last option. It also requires clear and complete documentation when such placements occur.</p> <p>Additional materials included the Institutional PREA Compliance Notice (IPCN) memorandum related to this standard and ADOC Form 454-H - PREA Post-Allegation Protective Custody Form. This form is used to document housing decisions, including the reason for placement, expected length of stay, and required review periods. Together, these materials show a structured, simple, and well-organized process for evaluating and recording housing decisions.</p> <p>Overall, the documentation reflects a balanced and thoughtful approach that places priority on inmate safety while limiting the use of restrictive housing.</p> <p>OBSERVATIONS</p> <p>During the on-site visit, the Auditor toured multiple housing units and observed normal facility operations. No inmates were identified as being placed in involuntary</p>

segregated housing for protection following allegations of sexual abuse.

Housing assignments appeared consistent with classification practices and routine operations. Staff confirmed that no inmates had been placed in involuntary segregation for protective purposes during the audit period.

These observations support the conclusion that the facility avoids the use of restrictive housing unless it is clearly necessary for safety.

INTERVIEWS

Facility Staff

Staff responsible for housing and supervision described a clear and steady process that focuses on safety while limiting restrictions. They explained that alternative housing options are always reviewed first, including reassignment within the facility or transfer when appropriate.

Staff stated that protective custody through segregation is not a routine response. When it is used, it is temporary, closely monitored, and regularly reviewed. They also emphasized that inmates placed in protective housing continue to receive access to programs and services as much as possible within safety limits.

Facility Head

The Facility Head described a careful and case-by-case approach to housing decisions following an allegation. The Facility Head confirmed that inmates are not automatically placed in segregation after reporting sexual abuse.

Each situation is reviewed individually, with a focus on identifying the safest and least restrictive option. The Facility Head explained that other housing options are considered first, and segregation is only used when no safe alternative is available. When used, it must be clearly justified and documented using ADOC Form 454-H.

The Facility Head also confirmed that all such placements are reviewed at least every 30 days to ensure that continued separation remains necessary and appropriate.

PROVISIONS

Provision (a): Limited, Careful, and Safety-Focused Use of Protective Custody

The facility follows a clear, cautious, and safety-focused approach that limits the use of involuntary segregated housing. Segregation is used only when no other safe housing option is available, ensuring that inmates are not placed in restrictive settings without clear need.

Documentation and staff interviews confirm that no inmates were placed in involuntary segregation for protective purposes during the past 12 months. This reflects a consistent effort to rely on less restrictive and more appropriate housing alternatives whenever possible.

Relevant Policies:

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

Provision (b): Structured, Clear, and Ongoing Documentation and Review Process

When protective custody is necessary, the facility follows a structured and well-documented process. ADOC Form 454-H is used to clearly record the reason for placement, expected duration, and outcomes of required reviews.

All placements are reviewed at least every 30 days to determine whether continued separation is needed. This ensures that housing decisions remain appropriate and are not extended without proper justification. Documentation shows that this process is organized, consistent, and reliable.

Relevant Policies:

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

Provision (c): Continued, Fair Access to Programs and Services

The facility ensures that inmates placed in protective custody maintain access to programs, education, and services to the greatest extent possible. This approach helps reduce the negative impact of temporary housing changes while still addressing safety concerns.

Staff interviews confirm that efforts are made to preserve access whenever possible, supporting both fairness and stability for inmates during protective placement.

Relevant Policies:

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

CONCLUSION

Based on a full review of documentation, on-site observations, and interviews with staff and facility leadership, the Auditor finds that the Bibb facility is in compliance with PREA Standard §115.68. The facility demonstrates a clear, careful, and consistent approach to post-allegation housing decisions. Segregation is avoided whenever possible, decisions are properly documented and reviewed, and inmates continue to receive access to services. These practices reflect a balanced and effective system that supports safety while limiting unnecessary restrictions.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.71, the Auditor completed a careful review of records provided by the facility and the Alabama Department of Corrections (ADOC). This review included the completed Pre-Audit Questionnaire (PAQ) and all supporting materials submitted before the on-site visit. The review was organized and thorough, with attention given to both policy direction and case documentation.

Key records reviewed included ADOC Administrative Regulation #454 - Inmate Sexual Abuse and Harassment, effective May 29, 2025, Administrative Regulation #300 - Institutional Management, and Standard Operating Procedure Investigations & Intelligence (SOP I&I) #454 - PREA Sexual Assault Investigations. Additional records reviewed included ADOC Form #454-C - Investigative Summary Report, investigative outcome and disposition records, minutes from Investigative Review Team meetings, and Notification to Inmate forms. These materials show a clear investigative system with steps for opening cases, preserving evidence, recording findings, and sharing results.

OBSERVATIONS

The Auditor observed that the investigative process is clearly set out and supported by detailed records. The files reviewed showed steady use of standard forms and a simple, reliable process. The structure supports quick response, careful evidence handling, and clear tracking of investigative actions and outcomes.

INTERVIEWS

Institutional PREA Compliance Manager (IPCM)

The IPCM said investigations are carried through to the end, even when the alleged victim or alleged abuser is no longer in custody or no longer employed by the agency. This practice helps ensure that every allegation is fully addressed. The IPCM's account was consistent with the written guidance reviewed during the audit.

Investigative Staff

Investigative staff described a clear process that begins as soon as any allegation is received, no matter how the report is made. Reports may come in person, by phone, through another person, or anonymously. They explained that interviews are usually done in a practical order, starting with the victim, then witnesses, and then the alleged abuser.

Investigative staff also stated that evidence is gathered by trained investigators or, when needed, by SAFE or SANE professionals. They confirmed that they receive special training, including National Institute of Corrections-certified instruction, and that they follow set steps to preserve evidence. Staff also said credibility is judged case by case, without polygraphs or other truth-telling devices. Compelled interviews are used only after speaking with prosecutorial authorities so that criminal cases are not harmed. Each case also includes a review of staff actions or inactions, and the findings are recorded in detailed reports.

PREA Director

The PREA Director confirmed that investigative records are kept for the length of incarceration or employment, plus five more years. The Director also stated that inmate-related data stays in the SCRIBE system indefinitely, which supports long-term access and accountability. This record retention practice matches the policy materials reviewed by the Auditor.

Facility Head or Designee

Facility leadership confirmed that no substantiated cases were referred for prosecution during the past 12 months. This statement matched the investigative records and related documents reviewed during the audit.

Inmates Who Reported Sexual Abuse

Inmates who had previously reported sexual abuse described staff responses as prompt, respectful, and steady. They said medical and mental health services were offered quickly, and forensic medical exams were arranged when appropriate. They also reported that victim advocates were available to help and explain the process during examinations.

They further stated that services were provided at no cost, that polygraph testing was not required, and that written notice of investigative outcomes was given. Their responses were consistent with each other and matched the reviewed documentation.

PROVISIONS

Provision (a): Timely and Thorough Investigations

The facility maintains a clear and organized system that requires prompt and complete investigations of all allegations of sexual abuse and sexual harassment. The process is guided by written policy and follows a steady set of steps. During the past 12 months, there were 13 allegations, including 8 sexual abuse cases and 5 sexual harassment cases. Of the sexual abuse cases, 4 were unfounded, 4 were unsubstantiated, and none were substantiated.

All inmates received the required services, including medical care, mental health care, retaliation monitoring, and written notice. The overall system is orderly and responsive.

Relevant policies:

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

Provision (b): Investigator Training

The facility ensures that investigators receive special training for sexual abuse investigations. Training records showed that the required PREA-specific instruction was completed. This training supports a careful, informed, and professional investigative process.

Relevant policies:

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

Provision (c): Evidence Collection and Review

Investigators follow a clear and orderly method for collecting and preserving evidence. This includes physical evidence, DNA, electronic data, and recorded information. Interviews are conducted with victims, witnesses, and alleged abusers, and prior complaints are reviewed when needed. These practices were described as steady and well documented.

Relevant policies:

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

Provision (d): Coordination with Prosecutorial Authorities

Compelled interviews are conducted only after consultation with prosecutorial authorities. This helps protect criminal cases from harm caused by administrative action. Staff said this practice is followed in a consistent and careful way.

Relevant policies:

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

Provision (e): Credibility Assessments

Investigators assess credibility on a case-by-case basis using evidence and sound judgment. Polygraphs and other truth-telling devices are not used. This approach supports fair and objective review.

Relevant policies:

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

Provision (f): Administrative Review of Staff Actions

Administrative investigations include a review of staff conduct to see whether actions or inactions played a part in the incident. Findings are recorded in detailed reports that include evidence, analysis, and conclusions. This gives the process a clear and accountable record.

Relevant policies:

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

Provision (g): Documentation of Criminal Investigations

Criminal investigations are documented in a clear and complete way. Reports include summaries of evidence and related materials when available. This helps maintain transparency and supports later review if needed.

Relevant policies:

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

Provision (h): Record Retention

The facility keeps investigative records for the full period of incarceration or employment, plus five additional years. Inmate-related data is also kept long term in the SCRIBE system. This supports accountability and future access to records.

Relevant policies:

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

Provision (i): Coordination with External Agencies

Although investigations are handled inside the agency, the facility keeps a clear commitment to work with outside agencies when needed. Staff indicated that updates and cooperation will be provided as appropriate. This shows a practical and cooperative approach.

Relevant policies:

1. ADOC AR #454, Sections V.G.1.g-i, pp. 21-22.
2. ADOC AR #454, Sections V.H.3.a-g, pp. 25-26.

3. ADOC AR #454, Sections IV.C.1-9, pp. 5-6.

Provision (j): Continuation of Investigations

Investigations continue even when the alleged victim or alleged abuser is no longer in custody or no longer employed by the agency. This allows every case to be fully addressed from start to finish. The practice supports steady follow-through and clear accountability.

Relevant policies:

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

Provision (k): Not Applicable

This provision was not applicable during the audit period.

Provision (l): Internal and External Coordination

All active investigations are handled by the ADOC Law Enforcement Services Division (LESD). The facility also confirmed that it will fully cooperate with any outside investigative agency when needed. This reflects a clear and simple coordination process.

Relevant policies:

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

CONCLUSION

Based on the documentary review, the interviews with staff and leadership, and the review of investigative practices, the Auditor concludes that the facility meets the requirements of PREA Standard §115.71. The facility shows a structured and careful approach to investigations, with clear rules for evidence handling, staff accountability, and recordkeeping. Although a few cases had minor delays, the overall process was professional, steady, and compliant.

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

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.72, the Auditor completed a careful, detailed review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on the evidentiary rule used in administrative investigations and on the overall process for collecting, examining, and reporting investigative findings. This review was done in a clear, organized way to ensure that all key elements were covered.

The Auditor examined ADOC Administrative Regulation #454 - Inmate Sexual Abuse and Harassment, effective May 29, 2025, which sets out clear procedures for investigations and defines the evidentiary standard applied in administrative cases. ADOC Administrative Regulation #300 - Investigations and Intelligence Division, effective August 11, 2004, was also reviewed to confirm requirements related to investigative practices and to verify how investigative reports are prepared and delivered.

Together, these documents show a simple, structured, and steady approach to investigations. They describe how evidence is collected, how findings are weighed, and how written reports are completed and shared with the proper people. This written framework supports a fair and consistent handling of all administrative investigations.

OBSERVATIONS

The Auditor observed that investigative materials are neatly organized and consistently prepared. The records reviewed showed that evidence is gathered in a careful, step-by-step manner and that investigative reports are produced in a clear, uniform format.

This orderly approach helps ensure fairness, accuracy, and steadiness in how investigative outcomes are decided. Staff follow the same basic steps in each case, which supports a predictable and reliable process.

INTERVIEWS

Investigative Staff

Investigative staff described a careful and methodical approach to administrative investigations. They explained that all available evidence is collected, including physical items, statements from inmates and staff, and any written or recorded information from the scene. Staff emphasized that they do not skip steps and that every piece of evidence is reviewed before any finding is made.

Investigators said that interviews are conducted with all relevant individuals, including the alleged victim, the alleged abuser, and any witnesses. After collecting all available information, they carefully sort through each piece and avoid relying on assumptions or guesses. They stressed that findings are based on a clear, honest review of the whole body of evidence.

Staff also explained that completed investigative reports are sent to facility leadership and, when appropriate, are forwarded to the District Attorney for review and possible criminal action. They made clear that the standard used in every administrative investigation is the preponderance of the evidence. Under this standard, a finding is supported if the evidence shows that an event was more likely than not to have occurred.

PROVISIONS

Provision (a): Evidentiary Standard and Reporting Process (Clear and Consistent)

The agency applies a clear, simple, and consistent evidentiary standard in all administrative investigations. The standard of proof used is the preponderance of the evidence, which means a finding is reached when the evidence shows that an event was more likely than not to have happened. This standard supports fair and balanced decision-making without setting an unrealistically high bar in administrative settings.

The policies also describe a structured and straightforward process for reporting investigative findings. Completed reports are shared with appropriate facility leadership and, when needed, with outside authorities such as the District Attorney. This ensures that findings are reviewed, recorded, and acted upon in a timely and responsible way.

Relevant Policies:

1. ADOC AR #454, Section V.H.3.a-g, pp. 26-27
2. ADOC AR #300, p. 5

CONCLUSION

Based on the detailed review of documentation and interviews with investigative staff, the Auditor concludes that the facility is in compliance with PREA Standard §115.72. The agency applies a clear and steady evidentiary standard of preponderance of the evidence in all administrative investigations. Investigations are conducted in a careful, organized manner, with well-documented findings and a simple, structured reporting process that supports fair, accurate, and consistent outcomes.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>

To assess compliance with PREA Standard §115.73, the Auditor completed a careful, detailed review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on how inmates are informed about the status and final outcomes of investigations involving allegations of sexual abuse and sexual harassment. The process was examined from the point of allegation through to written notification and recordkeeping.

The Auditor reviewed ADOC Administrative Regulation #454 - Inmate Sexual Abuse and Harassment, effective May 29, 2025, which clearly sets out the requirements for notifying inmates. Additional materials examined included investigative reports, disposition records, signed Notification to Inmate forms, and documentation from Investigative Review Team meetings. These records show a clear, organized, and steady process that ensures inmates are told about outcomes in a timely way, while still protecting sensitive and confidential information.

OBSERVATIONS

The Auditor observed that notifying inmates is a standard and required part of each investigation. Documentation showed steady use of written notification forms and clear tracking of case outcomes. Records were neat, complete, and easy to follow, which supports both accountability and transparency.

INTERVIEWS

Investigative Staff

Investigative staff described inmate notification as a final and required step in every completed investigation. They explained that once an investigation ends, a written notice is prepared and given to both the alleged victim and the alleged abuser. Staff said the notice clearly states the outcome as substantiated, unsubstantiated, or unfounded and is delivered in a consistent and timely way.

They emphasized that this step is done in all closed cases and is meant to keep inmates informed while still protecting private details. The process is simple, clear, and followed in the same way for each case, which helps reduce confusion and build trust.

PROVISIONS

Provision (a): Notification of Investigation Outcomes (Clear and Organized)

The facility maintains a simple, clear, and organized process for letting inmates know the results of investigations. Written notifications are used in all completed cases, and each notice is completed, signed, and filed so that there is a clear record.

During the audit period, 8 allegations of sexual abuse were reported, all of which were inmate-on-inmate cases. All 8 were investigated criminally. Outcomes included 4 unfounded cases and 4 unsubstantiated cases. Written notifications were given to the involved inmates.

In addition, 5 allegations of sexual harassment were reported, all involving inmate-on-inmate conduct. Two were unsubstantiated, and three were unfounded. Written notifications were given to the involved inmates.

The process is simple, steady, and clearly followed.

Relevant policies:

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

Provision (b): Not Applicable (Outside Scope)

This provision does not apply to this facility and was not evaluated during the audit.

Provision (c): Staff-Related Notifications (Timely and Clear)

The facility gives clear and prompt notice to inmates when allegations involve staff. Notifications include simple updates, such as whether the staff member is no longer employed, no longer assigned to the facility, or has been charged or convicted. These notices help inmates understand what has been done without sharing sensitive or unnecessary details.

Documentation showed that these notifications were completed when required and were properly recorded. The process is well-organized and supports a clear line of information from investigators to inmates.

Relevant policies:

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

Provision (d): Criminal Case Outcomes (No Action Required)

There were no inmate-on-inmate cases that resulted in criminal indictment during the audit period. Because of this, notifications under this provision were not required. The lack of indictments did not weaken the notification system, since the facility still followed the written steps in all other cases.

Relevant policies:

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

Provision (e): Timeliness and Consistency (Simple and Steady)

The facility shows a simple, steady, and timely approach to providing notifications. Records and staff comments confirmed that inmates are told about outcomes without unnecessary delay and in line with written policy. The process is straightforward, easy to follow, and applied the same way in every case.

Relevant policies:

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

Provision (f): Not Applicable (Outside Scope)

This provision was not applicable during the audit period and was not evaluated.

CONCLUSION

Based on the review of documents and interviews with investigative staff, the Auditor concludes that the facility is in compliance with PREA Standard §115.73. The facility keeps a clear, steady, and well-documented process for telling inmates about investigative outcomes. Notifications are timely, properly recorded, and in line with policy, which supports transparency, accountability, and honest communication.

115.76 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.76, the Auditor completed a careful, detailed review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on the agency’s disciplinary system, staff accountability, and how standards are enforced for sexual abuse, sexual harassment, and other sexual misconduct.

The Auditor reviewed ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment, effective May 29, 2025, which clearly sets out staff responsibilities and the consequences for violations. ADOC Administrative Regulation #208 – Employee Standards of Conduct and Discipline, effective May 1, 2024, including Annex E corrective action tables, was also examined. These materials provide a simple, clear, and well-organized framework for when and how discipline is applied.

Together, the documents show a steady, organized system that supports accountability, plain expectations, and fair consequences for misconduct.

OBSERVATIONS

The Auditor observed that disciplinary expectations are plainly stated in policy and backed up by clear procedures. Documentation showed that the agency uses a fair and steady system for handling violations.

The process is designed so that disciplinary actions are taken in a timely, reasonable, and consistent way. Staff are told what is expected, and the system is built so that

similar cases are treated in a similar manner.

INTERVIEWS

Facility Head

The Facility Head explained that all staff are held to clear standards of conduct and may face discipline for any violation related to sexual abuse or sexual harassment. The Facility Head emphasized that termination is the expected outcome for any staff member found to have engaged in sexual abuse.

The Facility Head also noted that disciplinary decisions are based on the seriousness of the conduct and the staff member's prior history. This approach helps keep decisions fair, balanced, and consistent from case to case.

During the past 12 months, no staff were found to have broken these rules, and no disciplinary actions were required. Still, the Facility Head confirmed that the procedures are in place and ready to be used when needed.

PROVISIONS

Provision (a): Clear Disciplinary Standards (Simple and Direct)

The agency keeps clear, simple, and direct disciplinary standards for sexual abuse and sexual harassment. Staff are told that violations will lead to discipline, with termination as the standard response for confirmed sexual abuse.

These expectations are easy to understand and are regularly reinforced through written policy and training. The rules are plainly written and straightforward, so staff know what is allowed and what is not.

Relevant policies:

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

Provision (b): Application of Disciplinary Measures (Structured and Flexible)

The facility uses a structured and steady disciplinary system that allows for different responses, from corrective counseling to termination. The system is designed so that the punishment fits the seriousness of the violation.

Although no disciplinary actions were needed during the audit period, the documentation showed that the steps are clearly set out and would be followed the same way when cases arise. The process is simple, clear, and ready to be applied.

Relevant policies:

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

Provision (c): Consistency and Fairness (Balanced and Predictable)

Disciplinary actions are carried out in a fair, balanced, and predictable way. Decisions consider both the nature of the misconduct and the staff member’s past record, so that similar cases are treated in a similar manner.

Interviews with leadership showed that this approach is well understood and would be followed if needed. The process supports trust, because staff know that outcomes are based on facts and past behavior, not on chance or personal bias.

Relevant policies:

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

Provision (d): External Reporting Requirements (Careful and Thorough)

Agency policy requires that any staff member who is terminated or who resigns due to sexual abuse or sexual harassment be reported to the proper law enforcement agencies and, when needed, to professional licensing bodies.

No such actions were required during the audit period, but the procedures are clear, simple to follow, and understood by leadership. The requirement helps make sure that outside agencies are told when serious misconduct occurs, which supports public safety and accountability.

Relevant policies:

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

CONCLUSION

Based on the review of documents and the interview with facility leadership, the Auditor concludes that the facility is in compliance with PREA Standard §115.76. The agency keeps a clear, steady, and well-organized system for staff discipline. Expectations are plainly defined, enforcement is fair, and accountability tools are in place. Staff understand the rules, and the policies support sure and proper responses when misconduct occurs.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW

To assess compliance with PREA Standard §115.77, the Auditor completed a careful and detailed review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on how the agency prevents, identifies, and responds to sexual abuse or sexual harassment involving contractors and volunteers. The process was examined from screening and background checks through to removal and reporting.

The Auditor reviewed ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment, effective May 29, 2025, which sets out reporting rules, removal steps, and corrective actions for contractors and volunteers. ADOC Administrative Regulation #216 – Background Checks, effective January 31, 2025, was also examined to confirm how individuals are screened before being allowed contact with inmates.

Additional materials reviewed included background check records, disclosure forms, and guidance on professional conduct for contractors and volunteers. These documents show a clear, simple, and organized system that supports prevention, strong accountability, and proper responses when needed.

OBSERVATIONS

The Auditor observed that the facility uses a steady and well-defined approach to screening and watching over contractors and volunteers. Records showed that individuals are carefully checked before being allowed to work with inmates.

The policies and procedures are plain, direct, and built to keep people with disqualifying histories away from inmates. The system helps stop abuse before it can happen and supports clear accountability if problems arise.

INTERVIEWS

Facility Head

The Facility Head explained that the facility had no incidents during the past 12 months involving contractors or volunteers engaging in sexual abuse or sexual harassment of inmates. The Facility Head stated that if such an incident were to occur, actions would begin right away. These steps would include removing the person from inmate contact, telling the proper authorities, and starting an internal review.

The Facility Head also confirmed that no contractors or volunteers were reported to law enforcement or licensing bodies during the audit period and that no corrective actions were required. Still, the Facility Head said that the procedures are clearly written, well understood, and ready to be used if needed.

PROVISIONS

Provision (a): Removal and Reporting Requirements (Clear and Firm)

The agency has a clear, firm, and simple rule that any contractor or volunteer who engages in sexual abuse must be removed from inmate contact at once. This step is followed by quick reporting to law enforcement and, when needed, to licensing or credentialing bodies.

Policies also require contractors and volunteers to tell the agency about any past misconduct, including a history of sexual abuse or related offenses. Failing to tell or giving false information may lead to being denied access or being removed from the facility.

Documentation and interviews show that these rules are simple, easy to follow, and applied the same way across cases. No incidents happened during the audit period, but the process is active and ready for use.

Relevant policies:

1. ADOC AR #454, Section IV.C.4, p. 5
2. ADOC AR #454, Section IV.O, p. 12
3. ADOC AR #454, Section V.B, p. 16

Provision (b): Corrective Action for Policy Violations (Structured and Practical)

The facility uses a structured and practical method to handle policy violations by contractors and volunteers. Corrective actions can include limiting what the person is allowed to do, reducing or cutting access, or removing them from the facility, depending on how serious the violation is.

The Facility Head confirmed that no such violations occurred during the audit period. Records supported this and showed a steady, well-managed system. Background checks under ADOC AR #216 use clear, simple steps to find past misconduct. These checks help prevent problems and lower the risk of abuse.

Relevant policies:

1. ADOC AR #216 - Background Checks, pp. 10-18

CONCLUSION

Based on the review of documents and the interview with the Facility Head, the Auditor concludes that the facility is in compliance with PREA Standard §115.77. The facility keeps a clear, organized, and steady system for handling contractors and volunteers. Screening is thorough, expectations are plain, and corrective actions are set up and ready to use. These steps help keep the environment safe and controlled for inmates.

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.78, the Auditor completed a careful and detailed review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on how the facility applies disciplinary sanctions to inmates, how due process is protected, and how treatment and behavior-based interventions are used. The process was examined from the point of allegation through investigative findings, administrative hearings, and any resulting disciplinary actions.

The Auditor reviewed ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment, effective May 29, 2025, which sets out clear expectations for discipline, investigative steps, and sanctions tied to sexual misconduct. ADOC Administrative Regulation #403 – Procedures for Inmate Rule Violations, effective September 5, 2025, was also examined to confirm how disciplinary actions are started, reviewed, and recorded.

Together, these materials show a clear, simple, and steady system that supports fairness, accountability, and careful review. The policies make it plain when discipline should happen, how it should be decided, and how records are kept.

OBSERVATIONS

The Auditor observed that disciplinary decisions are guided by clear written rules and a set process. Records showed that staff follow the same basic steps in each case, using defined procedures that look at the evidence, the inmate’s past behavior, and the overall fairness of the outcome.

The system reflects a balanced approach: it holds inmates accountable while still allowing for individual review and proper consideration of each case. The written trail makes it easy to see how decisions were made and whether they were in line with policy.

INTERVIEWS

Facility Head

The Facility Head described a steady, policy-driven approach to inmate discipline. The Facility Head confirmed that disciplinary action is taken only after a formal process has ended in an administrative finding or a criminal conviction. This means that no punishment is applied based on suspicion alone; there must be a clear result from the investigation or hearing.

The Facility Head also stressed that inmates are not disciplined for reporting sexual abuse in good faith, even if the allegation is later found not to be supported. This rule

helps protect victims and encourages honest reporting. The Facility Head said that all disciplinary choices are based on careful review of the evidence and each inmate's unique situation, which supports fairness and due process.

Medical and Mental Health Staff

Medical and mental health staff described how treatment and support services are used to address behaviors linked to sexual misconduct. They explained that inmates may be referred to counseling, therapy, or other structured programs based on their needs.

Staff said these services are meant to help inmates change risky behaviors, reduce the chance of future incidents, and build safer ways of interacting with others. In some cases, participation in treatment may be required as part of the response to misconduct. The goal is to combine discipline with tools that support real behavior change.

PROVISIONS

Provision (a): Disciplinary Action Following Due Process (Clear and Fair)

The facility keeps a clear and straightforward process that makes sure inmates are only disciplined after a formal finding of responsibility. This can come from an administrative ruling or a criminal conviction. The steps are simple and easy to follow, so that discipline is never given without a clear basis.

During the audit period, 8 allegations of sexual abuse and 5 allegations of sexual harassment were reported. No cases led to an administrative or criminal finding of inmate-on-inmate sexual abuse. This means that, while many reports were taken seriously and investigated, no inmates were formally found guilty of that type of offense.

The process supports fairness, accountability, and proper review before any sanction is applied.

Relevant policies:

1. ADOC AR #454, Section V.G.1.g, p. 21

Provision (b): Proportionate and Consistent Sanctions (Balanced and Steady)

The facility gives disciplinary sanctions in a fair, balanced, and consistent way. Decisions are based on the seriousness of the behavior, the inmate's past disciplinary record, and how similar cases have been handled.

This approach is simple and practical, so that punishments fit the offense and are applied in a steady manner across cases. The rules are clear, and staff use them to keep outcomes predictable and fair.

Relevant policies:

1. ADOC AR #454, Section V.H.4.f, p. 27

Provision (c): Consideration of Mental Health Factors (Thoughtful and Informed)

The disciplinary process takes mental health and developmental disabilities into account when deciding what sanctions are appropriate. Staff are expected to look at whether an inmate has a mental health condition or developmental disability that may affect behavior or understanding of the rules.

This approach helps make decisions informed and thoughtful, instead of automatic or one-size-fits-all. It supports fairness by recognizing that different inmates may need different levels of support and response.

Relevant policies:

1. ADOC AR #454, Section V.H.4, pp. 26-27

Provision (d): Access to Treatment and Interventions (Structured and Supportive)

The facility gives clear, structured access to counseling, therapy, and other behavior-based programs for inmates involved in sexual misconduct cases. These services are meant to help inmates change harmful patterns, build better skills, and reduce the risk of future incidents.

Staff confirmed that treatment is available and can be required when it is the right choice. The mix of discipline and support helps balance accountability with real chances for rehabilitation.

Relevant policies:

1. ADOC AR #454, Section V.H, pp. 26-27

Provision (e): Staff-Related Conduct (Careful and Accurate)

Inmates may be disciplined for sexual contact with staff only when it is clearly shown that the staff member did not give real consent. Each case is reviewed carefully, with attention to the facts and the evidence, before any finding is made.

This approach supports fair and accurate decisions, so that sanctions are based on solid findings rather than on assumptions or gossip. It also protects inmates from being punished just for being accused.

Relevant policies:

1. ADOC AR #454, Section V.G.1.g, p. 21

Provision (f): Protection for Good Faith Reporting (Protective and Encouraging)

The facility has a clear and protective rule that says inmates cannot be disciplined for reporting sexual abuse in good faith, even if the allegation is later found not to be supported. This rule is meant to make inmates feel safe to come forward with information.

By protecting reporters, the policy helps keep the environment safer and encourages honest, timely reporting. This strengthens trust between inmates and staff.

Relevant policies:

1. ADOC AR #454, Section V.G.1.g, p. 21

Provision (g): Prohibited Sexual Activity (Simple and Clear)

All sexual activity between inmates is banned by policy. The agency clearly separates consensual acts from coercive conduct, and any use of force, threats, or pressure is treated as sexual abuse.

This distinction helps make enforcement clear and consistent. Staff are expected to apply the same basic rule in all cases, which supports a simple, fair approach.

Relevant policies:

1. ADOC Rules Violation Definitions, RV #912

CONCLUSION

Based on the review of documentation and interviews with staff, the Auditor concludes that the facility is in compliance with PREA Standard §115.78. The facility keeps a clear, simple, and steady system for inmate discipline that supports fairness, due process, and accountability. The policies are well written and the practices show a balanced approach that pairs appropriate discipline with access to treatment and support services.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>

To evaluate compliance with PREA Standard §115.81, the Auditor completed a thorough and organized review of all documentation provided by Bibb Correctional Facility and the Alabama Department of Corrections (ADOC). The review focused on how the facility screens individuals at intake, how it responds to disclosures of prior sexual victimization or sexually abusive behavior, and how it uses medical and mental health information in housing, classification, and safety decisions.

The materials examined included the completed Pre-Audit Questionnaire (PAQ) and supporting records, ADOC Administrative Regulation (AR) #454 - Inmate Sexual Abuse and Harassment, dated May 29, 2025, ADOC Form 454-C (PREA Risk Factors Checklist), the facility's Risk Assessment Checklist, Mental Health and Medical Referral Forms, and a Classification Tracking Spreadsheet. Together, these documents outline the facility's clear screening steps, referral pathways, classification practices, and how sensitive health information is handled. The records matched what staff described and showed that procedures are steady and in line with PREA.

INTERVIEWS

Inmates Who Disclosed Prior Victimization

The Auditor spoke with inmates who had previously experienced sexual victimization to learn how the system works in practice. These individuals reported that most staff responded in a supportive and respectful way when they disclosed their history. They said they were offered a mental health referral on the same day they spoke about their past and were sent for a mental health evaluation soon after.

Their accounts were consistent with written records and staff descriptions, and because these interviews were done specifically for this standard, no separate set of inmate-focused interviews was needed for §115.81. The responses showed that help was offered quickly and that staff took the disclosures seriously.

Risk Screening Staff

Staff who carry out PREA intake screenings explained that medical and mental health information is kept in a secure, confidential database that only designated clinical staff can access. They stressed that any information shared with classification or security staff is limited to what is strictly needed for housing, safety, or supervision decisions.

This careful, need-to-know approach helps protect privacy while still allowing staff to make informed choices that keep individuals safe and reduce risk inside the facility. The process is simple, clear, and consistently followed.

Medical and Mental Health Staff

Medical and mental health staff described a supportive, trauma-informed process for responding to disclosures of prior sexual victimization. Staff confirmed that any inmate who tells about a history of sexual abuse is offered a follow-up visit with a qualified mental health practitioner within 14 days of intake. Based on the screening and any risk factors, extra referrals or services may be added, including support for

those at higher risk of being victimized or of acting aggressively.

Staff explained that all services are given with informed consent, except in cases involving individuals under 18, where mandatory reporting laws require certain information to be shared. Referrals are recorded using standard forms so that care can be tracked and continued. Throughout the interview, staff emphasized the facility's strong focus on trauma-informed care and its commitment to keeping information confidential whenever possible.

PROVISIONS

Provision (a): Timely Access to Services (Clear and Supportive)

The PAQ and supporting documents confirm that any inmate who talks about prior sexual victimization, whether it happened in an institution or in the community, is given quick access to the right services. This includes emergency medical care and crisis support when needed, as well as an offer to meet with a mental health practitioner within 14 days of intake.

Policy requires that each offer of services, and any treatment that is given or declined, is written down. Mental health staff also must see individuals who are flagged by screening as possible victims or aggressors, so that risk can be assessed early and the right steps can be taken. This approach is straightforward, steady, and clearly meant to protect and support people.

Relevant policy:

1. ADOC AR #454, Section V.D.1-7, pp. 18-19

Provision (b): Reassessment and Ongoing Review (Careful and Timely)

The PAQ and staff interviews show that inmates are reassessed for risk of sexual victimization or abusiveness within 30 days of arrival. The Auditor checked a random sample of 42 records and confirmed that each person was reassessed on time using the PREA Risk Assessment Tool. These reviews considered any new or updated information gathered after intake.

The review of 50 intake files also showed that inmates received PREA education right away, including written materials, orientation handbooks, a short video, and signed acknowledgment forms. Policy says that reassessments must be done within 30 days of intake and whenever new reports, referrals, requests, or information mean a fresh look is needed. This keeps risk review steady and grounded in current facts.

Relevant policy:

1. ADOC AR #454, Section V.D.1-7, pp. 18-19

Provision (c): Response to Abusive Behavior History (Early and Structured)

When screening shows a history of sexually abusive behavior, whether in custody or in the community, policy requires that the inmate be offered a follow-up meeting with a mental health practitioner within 14 days of intake. Records confirm that clear protocols are in place to mark potential aggressors, track them, and make sure they get a clinical check-up and any needed intervention.

This early-warning system helps staff spot higher-risk individuals at once and start monitoring and treatment before problems can grow. The process is simple, predictable, and applied the same way for everyone who matches the screening criteria.

Relevant policy:

1. ADOC AR #454, Section V.D.1-7, pp. 18-19

Provision (d): Use of Information for Safety Decisions (Practical and Individualized)

The PAQ and policy documents show that information from PREA screening and mental health checks is used to make individual choices about housing, program placement, and work assignments. These choices are meant to improve safety by keeping people at high risk of victimization away from those identified as potential aggressors.

The same information also shapes broader classification and institutional placement decisions based on each person's assessed behavioral risk. The approach is practical and fact-based, using clear tools instead of guesses, so that safety and fairness go hand in hand.

Relevant policies:

1. ADOC AR #454, Section V.D.1-7, pp. 18-19
2. ADOC AR #433
3. ADOC AR #435 (Classification Manual)

Provision (e): Informed Consent and Confidentiality (Respectful and Careful)

Medical and mental health staff, backed up by records and interviews, confirmed that they get informed consent before sharing information about an inmate's history of sexual victimization. The only exception is for individuals under 18, where mandatory reporting laws require certain disclosures.

The Institutional PREA Compliance Manager also confirmed that informed consent steps are followed consistently, fully documented, and reinforced through policy and training. This helps build trust, keeps information protected, and makes sure staff only share what is truly needed for safety or treatment.

Relevant policy:

1. ADOC AR #454, Section V.D.1-7, pp. 18-19

CONCLUSION

Based on a full review of applicable policies, documentation, and interviews with key staff, the Auditor concludes that Bibb Correctional Facility is fully compliant with PREA Standard §115.81, Medical and Mental Health Screenings; History of Sexual Abuse. The facility uses a steady, trauma-informed system for screening, referrals, confidentiality, and follow-up. This makes sure that inmates with a history of sexual victimization or abusiveness receive the right services and protections in line with PREA.

115.82 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To assess compliance with the applicable PREA standard regarding access to emergency medical and mental health services, the Auditor conducted a comprehensive review of materials submitted by the facility and the Alabama Department of Corrections (ADOC). The documentation reviewed included the completed Pre-Audit Questionnaire (PAQ) and all supporting materials provided by the facility, ADOC Administrative Regulation (AR) 454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated May 29, 2025, ADOC Form MH-008, Referral to Mental Health, and the Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR).

Collectively, these documents outline the facility’s procedures for responding to allegations of sexual abuse, including the provision of immediate medical care, access to mental health services, coordination with external advocacy organizations, and adherence to professional standards of care. The documentation reflects a coordinated, victim-centered response model and demonstrates consistency with PREA requirements and practices described during staff and inmate interviews.

INTERVIEWS

Medical and Mental Health Staff

Interviews with medical and mental health staff provided detailed insight into the facility’s response protocols following reports of sexual abuse. Medical staff explained that when an incarcerated individual reports a sexual assault and is escorted to medical services, a physician conducts an initial assessment to evaluate the nature and severity of any injuries. Based on this assessment, the physician determines

whether the individual should be referred to the Sexual Assault Response Team (SART) or transported directly to a community hospital for further evaluation and treatment.

When SART services are utilized, nursing staff collaborate closely with the physician to develop treatment recommendations, and the physician issues the necessary medical orders. Medical staff further explained that individuals are provided with timely information regarding sexually transmitted infection (STI) testing and prophylaxis, pregnancy prevention options when applicable, and other follow-up care consistent with accepted medical standards.

Mental health staff confirmed that referrals are initiated promptly using ADOC Form MH-008 and that services are provided based on professional clinical judgment. Medical and mental health departments work collaboratively to ensure continuity of care and to address both the physical and psychological needs of individuals who report sexual abuse. Staff emphasized that care is provided immediately, without unnecessary delay, and in a manner that prioritizes safety, dignity, and informed decision-making.

First Responders (Security and Non-Security)

Security staff who serve as first responders described their primary responsibilities as ensuring the immediate safety of the victim, securing the scene when appropriate, preserving evidence, and notifying medical and mental health personnel without delay. They explained that protecting the individual and facilitating access to care takes precedence over all other actions.

Non-security first responders reported that their role focuses on safeguarding the victim, promptly notifying security staff, and remaining with the individual until trained security personnel arrive. These staff members indicated that they are trained to respond calmly and supportively, ensuring that the individual feels safe and supported during the initial response period.

Inmates Who Reported Sexual Abuse

Interviews with incarcerated individuals who had reported sexual abuse consistently reflected that staff responded promptly and appropriately following disclosure. Individuals reported being referred immediately for medical and mental health treatment and transported for forensic examinations without delay. They indicated that victim advocates were offered and were present during forensic examinations, providing support and helping them understand each step of the process.

Those interviewed confirmed that they were not charged for any medical services, were not asked to submit to polygraph examinations, and were notified in writing of the outcome of the related investigations. Overall, their accounts aligned with staff descriptions and documentation reviewed by the Auditor.

PROVISIONS

Provision (a)

Information provided in the PAQ and corroborated through interviews and documentation confirms that individuals who experience sexual abuse are afforded timely and unimpeded access to emergency medical treatment and crisis intervention services. Medical and mental health practitioners determine the type and scope of services provided based on professional clinical judgment and document both the care delivered and the timeliness of their response.

When health care staff are not immediately available, non-health staff take appropriate actions to protect the individual and ensure that medical and mental health professionals are notified as quickly as possible, with these actions clearly documented. The facility maintains an active MOU with the Alabama Coalition Against Rape to ensure access to confidential emotional support services.

Forensic examinations are conducted by qualified Sexual Assault Nurse Examiners (SAFE/SANE) through Tuscaloosa SAFE Center in Tuscaloosa, AL. SANE personnel meet the individual at the hospital to conduct the forensic examination, and Tuscaloosa SAFE Center also provides trained victim advocates to accompany and support the individual throughout the process. The Institutional PREA Compliance Manager confirmed that there were 3 transports for SANE services within the past 12 months.

Facility policy requires immediate referral to medical care and timely access to emergency medical and crisis intervention services, as well as immediate referral to mental health professionals using Form MH-008.

Relevant Policy

1. ADOC AR 454, V.H. 2. E., p. 25
2. ADOC AR 454, V.H. 3. A, p. 25

Provision (b)

Consistent with information reported in the PAQ and verified during interviews, when qualified medical or mental health practitioners are not on duty at the time a report is made, security first responders take immediate steps to protect the victim and ensure that appropriate health care professionals are notified. These actions are taken without delay to safeguard the individual's well-being until clinical staff assume responsibility for care.

Relevant Policy

1. ADOC AR 454, V.H. 2. E., p. 25
2. ADOC AR 454, V.H. 3. A, p. 25

Provision (c)

Medical and mental health staff confirmed that treatment following a report of sexual abuse is rendered immediately and guided by professional clinical judgment. Individuals are offered access to emergency contraception, pregnancy testing, STI

testing, and STI prophylaxis when medically indicated and consistent with recognized standards of care. Policy clearly mandates timely access to these services to ensure comprehensive medical treatment following an incident.

Relevant Policy

- 1. ADOC AR 454, V.H. 2. E., p. 25
- 2. ADOC AR 454, V.H. 3. A, p. 25

Provision (d)

Interviews with medical staff and incarcerated individuals confirmed that all treatment services related to sexual abuse are provided at no cost to the victim. Services are delivered regardless of whether the individual identifies the alleged abuser or chooses to cooperate with the investigation. Facility policy explicitly prohibits charging victims for treatment and reinforces that access to care is not contingent upon participation in investigative processes.

Relevant Policy

- 1. ADOC AR 454, V.H. 2. E., p. 25
- 2. ADOC AR 454, V.H. 3. A, p. 25
- 3. ADOC AR 454, V.H. 5. c. p. 28

CONCLUSION

Based on a thorough review of policies, supporting documentation, and interviews with medical staff, mental health staff, first responders, and incarcerated individuals, the Auditor concludes that the facility meets all provisions of the PREA standard related to access to emergency medical and mental health services. The facility demonstrates a coordinated, timely, and victim-centered approach that ensures individuals who report sexual abuse receive appropriate medical care, mental health support, advocacy services, and protections in full compliance with PREA requirements.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>
	To evaluate compliance with the PREA standard governing ongoing medical and mental health care for individuals who have experienced sexual abuse, the Auditor

completed a thorough review of all documentation submitted by Bibb Correctional Facility and the Alabama Department of Corrections (ADOC). The review focused on how the facility ensures timely, comprehensive, and lasting medical and mental health services for inmates who report sexual abuse, as well as how outside partners are used to support those services.

The materials examined included the completed Pre-Audit Questionnaire (PAQ) and all related supporting records, ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025, ADOC Form MH-008, Referral to Mental Health, and the Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR). These documents describe the agency's clear rules and steps for starting care, making referrals, and keeping treatment going over time.

Together, the records show that the facility works with outside service providers, uses simple and steady referral paths, and commits to care that matches both community standards and PREA rules. The written material was in line with what staff said and what the Auditor saw during the review.

INTERVIEWS

Medical and Mental Health Staff

Medical and mental health staff explained that when an inmate reports sexual abuse, care begins right away and is guided by sound clinical judgment. Staff said evaluations and treatment are offered to every person who has been victimized, and services are given in line with accepted community standards of care.

The medical and mental health teams work together so that both physical and emotional needs are met in a coordinated way. Staff stressed that all services connected to sexual abuse are free, whether the person chooses to name the alleged abuser or to fully cooperate with the investigation. When it is medically appropriate, inmates are told about and offered emergency contraception, testing for sexually transmitted infections (STIs), and medicines to prevent STIs.

Mental health staff added that when an inmate is found to have a history of inmate-on-inmate sexually abusive behavior, an evaluation is started within 60 days of that information becoming known. If a clinician decides treatment is needed, it is offered and fully documented. Referrals are made using ADOC Form MH-008 to keep records clear and to make sure care can continue without breaks.

Inmates Who Reported Abuse

The Auditor spoke with inmates who had reported sexual abuse to learn how the system works from their point of view. These individuals said staff responded quickly and in a supportive way when they made their reports. They reported that referrals to medical and mental health services were given right away and that forensic exams were arranged promptly when needed.

Those who had forensic exams said they were offered a victim advocate, who stayed

with them during the exam, explained what would happen, and helped them feel more in control. All inmates interviewed confirmed that medical care related to the incident was free, that they were not asked to take a polygraph, and that they received written notice of the investigation's outcome. Their accounts were steady and matched the written rules and staff descriptions.

PROVISIONS

Provision (a): Immediate and Comprehensive Care

Facility policy requires that every inmate who is victimized by sexual abuse receive appropriate medical and mental health evaluations and treatment. The MOU with the Alabama Coalition Against Rape (ACAR) supports access to confidential emotional support services for those who want to use them.

Forensic exams are done by certified SAFE/SANE professionals at Tuscaloosa SAFE Center in Tuscaloosa, AL, 24 hours a day, every day of the week. Records show that care is given in line with community standards, including STI testing and medicines, psychiatric and psychological services, and crisis support. All services tied to sexual abuse are free to the inmate, with no out-of-pocket cost.

Relevant policy:

1. ADOC Administrative Regulation #454, V.G.5.a-f, pp. 27-28

Provision (b): Ongoing and Individualized Follow-Up

Policy also requires that initial medical and mental health evaluations be followed by further care, clear treatment plans, and referrals for continued services. This includes arranging care if the inmate is moved to another facility or is released, when that is clinically needed.

The goal is to keep support steady over time, not just at the first visit. Staff explained that they work together to make sure nothing is dropped when an inmate changes location or moves through the system.

Relevant policy:

1. ADOC Administrative Regulation #454, V.G.5.a-f, pp. 27-28

Provision (c): Consistent Follow-Up Care

A review of medical records and interviews with staff showed that follow-up care is given in a clear, steady way. Records contain detailed notes about each evaluation, treatment plan, referrals, and ongoing services, which proves that care is consistent and not left to chance.

The documentation supports a continuous care model, where each step is written down and can be picked up by the next clinician if the inmate is transferred or seen

again later. This helps keep treatment on track and reduces the risk of gaps.

Relevant policy:

1. ADOC Administrative Regulation #454, V.G.5.a-f, pp. 27-28

Provision (d): Emergency and STI-Related Services

Facility policy says that inmates must be told about and offered emergency contraception, STI testing, and STI prophylaxis when it is medically appropriate. Staff interviews and records confirmed that these services are given based on clear clinical judgment and accepted professional standards of care.

This requirement helps protect physical health quickly after an incident and makes sure that decisions are based on medical need, not on guesses or convenience.

Relevant policy:

1. ADOC Administrative Regulation #454, V.G.5.a-f, pp. 27-28

Provision (e): Not Applicable

This provision is not needed at Bibb because of the facility's population makeup. Bibb houses only adult male inmates, so the specific rules covered under this provision do not apply in this setting. As a result, the facility does not need to add any extra policies, procedures, or practices for this part of the standard.

Relevant policy:

1. ADOC Administrative Regulation #454, V.G.5.a-f, pp. 27-28

Provision (f): Services Based on Clinical Need

In line with both policy and normal clinical practice, medical services such as emergency contraception and care related to STIs are given based on each person's individual needs and professional medical judgment. Staff explained that they do not follow a one-size-fits-all rule but instead tailor care to the specific situation.

This approach keeps treatment both fair and effective, using clear medical standards instead of random choices.

Relevant policy:

1. ADOC Administrative Regulation #454, V.G.5.a-f, pp. 27-28

Provision (g): No Cost to Victims

Policy clearly states that ongoing medical and mental health services connected to sexual abuse are given at no financial cost to the victim. This is true no matter

whether the inmate cooperates with the investigation or names the alleged abuser. Staff interviews and inmate statements confirmed that this rule is applied the same way each time.

This simple, clear rule helps make sure that cost is never a barrier to care and that victims are not punished financially for reporting abuse.

Relevant policy:

1. ADOC Administrative Regulation #454, V.G.5.a-f, pp. 27-28

Provision (h): Timely Evaluation for Abusive Behavior

Policy requires that mental health staff try to evaluate any inmate identified as having engaged in inmate-on-inmate sexually abusive behavior within 60 days of that information being known. If a clinician decides that treatment is needed, it is offered and fully documented.

Referrals for these evaluations and services are started using ADOC Form MH-008 so that they can be tracked and followed up on. This creates a clear, steady process for watching and working with higher-risk individuals over time.

Relevant policy:

1. ADOC Administrative Regulation #454, V.G.5.a-f, pp. 27-28

CONCLUSION

Based on a full review of applicable policies, supportive records, staff interviews, and medical and mental health documentation, the Auditor concludes that Bibb Correctional Facility meets all parts of the PREA standard for ongoing medical and mental health care for individuals who have experienced sexual abuse. The facility uses a clear, professional, and victim-centered approach that ensures quick access to care, steady follow-up, and full compliance with both PREA rules and community standards of care.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To assess compliance with PREA Standard §115.86, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) along with all supporting

documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on how the facility conducts sexual abuse incident reviews, identifies contributing factors, and applies corrective actions to improve safety.

The Auditor examined Alabama Department of Corrections Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which provides clear direction for incident review procedures and follow-up actions. Additional materials included ADOC Form 454-E – Sexual Abuse Incident Review and completed review reports from prior cases.

These materials reflect a clear, structured, and organized process for reviewing incidents, documenting findings, and identifying areas for improvement. Documentation shows a consistent approach that supports accountability, oversight, and ongoing safety enhancement.

OBSERVATIONS

The Auditor observed that incident reviews are completed in a timely and organized manner. Reports include clear summaries of the incident, identified contributing factors, and practical recommendations.

The documentation reflects a steady and thoughtful process that supports both review and improvement.

INTERVIEWS

Institutional PREA Compliance Manager (IPCM)

The IPCM explained that incident reviews are completed promptly following the conclusion of an investigation, unless the allegation is determined to be unfounded. Reviews are generally completed within 30 days and are submitted to facility leadership for review and approval.

The IPCM emphasized that this process ensures consistency, timely follow-up, and clear oversight of all review activities.

Incident Review Team Members

Members of the Incident Review Team described a detailed and careful review process. They explained that each case is evaluated to identify contributing factors such as staffing levels, supervision practices, housing conditions, and potential environmental concerns.

Team members stated that the focus of the review is on improvement rather than discipline. Findings are documented clearly, and recommendations are developed to reduce risk and strengthen facility practices.

Facility Head

The Facility Head described the Incident Review Team as a balanced and

multidisciplinary group that includes representatives from security, administration, investigations, and medical or mental health services.

The Facility Head explained that recommendations from the team are reviewed carefully and implemented when appropriate. Leadership monitors these actions to ensure that improvements are carried out and that the process remains effective.

PROVISIONS

Provision (a): Post-Investigation Review Process

The facility maintains a clear and structured process for conducting incident reviews following completed investigations, unless the allegation is determined to be unfounded. This process is consistently followed and clearly documented.

During the audit period, eight allegations of sexual abuse were reported. Of those four were unfounded and four were unsubstantiated. All four unsubstantiated allegations had Sexual Abuse Incident Review conducted within 30-days of the conclusion of the investigation and the facility receiving the investigative report. Appropriate services and monitoring were provided as required.

Relevant Policies:

ADOC AR #454, Section V.J.2, p. 29

Provision (b): Timely Completion of Reviews

Incident reviews are completed within a defined and reasonable timeframe, typically within 30 days of the conclusion of an investigation and receipt of the investigative report from the criminal investigator. This allows for prompt evaluation and timely consideration of corrective actions.

The process is simple, consistent, and well understood by staff. During the past 12 months four sexual abuse incident reviews have been conducted.

Relevant Policies:

ADOC AR #454, Section V.J.1, p. 29

Provision (c): Multidisciplinary Team Approach

The facility uses a balanced and inclusive team approach to incident reviews. The Incident Review Team includes staff from multiple areas, such as leadership, security, investigations, and medical or mental health services.

This approach provides a broad perspective and supports a more complete and informed review process.

During the past 12 months, four sexual abuse incident reviews were conducted.

Relevant Policies:

ADOC AR #454, Section V.J.2, p. 29

Provision (d): Detailed Review and Documentation

Each incident review is documented in a clear and detailed report. Reviews examine contributing factors such as supervision, staffing, physical environment, and inmate vulnerability.

Documentation confirms that reports are complete, organized, and shared with appropriate leadership for review.

Relevant Policies:

ADOC AR #454, Section V.J.5, p. 30

Provision (e): Implementation of Corrective Actions

The facility maintains a practical and accountable process for implementing corrective actions based on review findings. Recommendations are put into place when appropriate, and when actions are not taken, the reasons are clearly documented.

This process supports continuous improvement and strengthens overall safety practices.

Relevant Policies:

ADOC AR #454, Section V.J.5, p. 30

CONCLUSION

Based on documentation review and interviews with staff and leadership, the Auditor concludes that the facility is in compliance with PREA Standard §115.86.

The facility demonstrates a clear, consistent, and well-organized incident review process. Reviews are timely, involve multiple perspectives, and result in practical recommendations that support safety, accountability, and continuous improvement.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To determine compliance with PREA Standard §115.87, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the Alabama Department of Corrections (ADOC). The

review focused on how the agency gathers, tracks, reviews, and reports data related to allegations of sexual abuse and sexual harassment across both state-operated and contracted facilities, including Bibb Correctional Facility.

The Auditor examined Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), the most recent Survey of Sexual Victimization (SSV-2), and the Annual PREA Data Report. The ADOC PREA website was also reviewed to confirm that publicly available information is consistent with internal records and reporting practices.

These materials reflect a clear and organized system that uses standard definitions, consistent reporting tools, and uniform steps across the agency. Documentation shows that data is collected in a steady and reliable way and is used to support oversight, accountability, and ongoing improvement in operations.

OBSERVATIONS

The Auditor observed that ADOC maintains a dependable and well-organized data collection process. Information is gathered from several sources, including incident reports, investigative files, grievance records, and review findings.

Records show that data is regularly checked for accuracy and completeness. This process supports a consistent and reliable system for reporting and review.

INTERVIEWS

Agency Contract Administrator

The Agency Contract Administrator explained that all contracts for inmate housing include clear and simple PREA reporting requirements. These contracts require both detailed incident reporting and regular summary data submissions. The Administrator noted that these expectations are applied evenly across all contracted facilities.

The Administrator further described that contracted providers submit data on a routine basis. This information is combined with data from state-operated facilities to create a complete system-wide view. This combined approach allows the agency to identify trends, track performance, and maintain consistent standards.

In addition, the Administrator confirmed that contracts include requirements for PREA audits, compliance monitoring, and ongoing oversight. These measures ensure that all facilities, whether state-operated or contracted, follow the same clear reporting process.

PROVISIONS

Provision (a): Structured and Consistent Data Collection

The agency uses a clear, simple, and structured process for collecting and maintaining PREA-related data. Information is gathered from multiple reliable sources, including incident reports, investigations, grievances, and review processes.

This approach helps ensure that data is accurate, complete, and useful for oversight and decision-making.

Relevant Policies:

ADOC AR #454, Section IV.M.1-6, p. 31

Provision (b): Complete Annual Data Review

The agency compiles and reviews data from all facilities each year. This information is used to complete the Survey of Sexual Victimization (SSV-2) and meet federal reporting requirements.

Documentation shows that reports are prepared in a timely, accurate, and complete manner.

Relevant Policies:

ADOC AR #454, Section IV.M.1-6, p. 31

Provision (c): Reliable Data System and Public Access

The agency maintains a reliable and organized data system capable of collecting all required PREA information. The Annual PREA Data Report provides clear summaries of allegations, investigation results, and corrective actions.

These reports are made available to the public through the ADOC website, supporting open access and accountability.

Relevant Policies:

ADOC AR #454, Section IV.M.1-6, p. 31

Provision (d): Ongoing Review and Simple Trend Analysis

The agency conducts regular and structured reviews of collected data to identify patterns, trends, and areas that may need improvement. Findings are used to guide updates to policy, staff training, and corrective actions.

This steady review process supports informed decisions and continued progress.

Relevant Policies:

ADOC AR #454, Section IV.M.1-6, p. 31

Provision (e): Clear Requirements for Contracted Facilities

All contracts for inmate housing include clear and enforceable PREA requirements. These include reporting duties, participation in audits, and ongoing monitoring by agency staff.

Documentation confirms that these requirements are applied in a consistent and uniform manner across all contracted facilities.

	<p>Relevant Policies:</p> <p>ADOC AR #454, Section IV.M.1-6, p. 31</p> <p>Provision (f): Timely and Accurate Federal Reporting</p> <p>The agency submits the Survey of Sexual Victimization (SSV-2) each year in line with federal deadlines. The most recent submission was complete, accurate, and submitted on time.</p> <p>This reflects a steady and dependable approach to meeting federal reporting expectations.</p> <p>Relevant Policies:</p> <p>ADOC AR #454, Section IV.M.1-6, p. 31</p> <p>CONCLUSION</p> <p>Based on the review of documentation and the interview with the Agency Contract Administrator, the Auditor finds that the Alabama Department of Corrections is in compliance with PREA Standard §115.87.</p> <p>The agency maintains a clear, structured, and dependable system for data collection and reporting. Processes are consistent, easy to follow, and aligned with PREA standards, supporting accountability, oversight, and ongoing improvement across all facilities, including Bibb Correctional Facility.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.88, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) along with supporting materials provided by Bibb Correctional Facility and the Alabama Department of Corrections (ADOC). The review focused on how PREA-related data is collected, reviewed, and used to strengthen prevention, detection, and response efforts.</p> <p>The Auditor examined Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), the 2024 Survey of Sexual Victimization (SSV-2), and the 2025 Annual PREA Data Report. In addition, the Auditor examined the ADOC PREA webpage (http://www.doc.state.al.us/PREA) to verify that required annual reports and data summaries are publicly posted and accessible.</p> <p>These materials show a clear and organized system for collecting data, identifying</p>

patterns, and applying findings to improve operations. Documentation reflects a steady and thoughtful approach to using data as a tool for accountability and ongoing improvement across the agency.

OBSERVATIONS

The Auditor observed that PREA data is reviewed on a regular basis and presented in a clear and simple format. Reports include structured summaries and easy comparisons across reporting periods.

The system supports informed decisions and provides a reliable way to identify trends, strengths, and areas that may need improvement.

INTERVIEWS

PREA Compliance Manager (PCM)

The PREA Compliance Manager explained that PREA reports, audit results, and related materials are consistently made available on the ADOC website. This access supports awareness among staff and inmates and helps maintain consistent expectations across all facilities.

The PCM also noted that access to this information supports transparency and allows both internal and external stakeholders to remain informed about agency performance.

Agency Head Designee

The Agency Head's designee described the annual PREA report as a useful and practical management tool. Agency leadership reviews the report to assess trends, evaluate performance, and identify areas that require attention or improvement.

The designee confirmed that reports are publicly available and are used to support both accountability and transparency across the system.

PREA Director

The PREA Director explained that data from all facilities, including Bibb Correctional Facility, is combined and reviewed at the agency level. This information is carefully analyzed to identify trends, measure progress, and evaluate the success of prior corrective actions.

The Director further noted that annual reports include clear year-to-year comparisons and are reviewed before release. Only limited information is redacted to protect privacy while still maintaining clarity and usefulness.

Facility Head Designee

The Facility Head's designee described a simple and ongoing review process at the facility level. A designated team reviews each allegation to identify patterns, concerns, and areas for improvement.

Findings are shared with agency leadership and contribute to the larger data review process. This approach supports local accountability and helps guide staff training, supervision, and daily operations.

PROVISIONS

Provision (a): Ongoing and Structured Data Review

Information contained in the PAQ, along with statements provided during interviews, confirms that ADOC routinely reviews and aggregates data collected under §115.87 to evaluate and improve the effectiveness of its sexual abuse prevention, detection, and response efforts. This review process includes identifying systemic and facility-specific issues, implementing corrective actions, and documenting findings and responses in an annual PREA report. These practices were further confirmed by the PREA Director during the interview process.

Relevant Policies:

ADOC Administrative Regulation #454, IV.D, and IV.E, dated May 29, 2025

Provision (b): Clear and Consistent Data Comparison

Annual PREA reports include clear and simple comparisons across reporting years. These comparisons help identify patterns, measure progress, and evaluate the success of corrective actions.

The Agency Head's designee confirmed, and the PAQ substantiates, that ADOC's annual PREA report provides a comparative analysis of data and corrective actions across reporting years. The Auditor reviewed the most recently published annual report and verified that it includes documentation of institutional trends, an evaluation of corrective measures, and an assessment of progress over time, consistent with PREA requirements.

Relevant Policies:

ADOC AR #454, Sections IV.D and IV.E (May 29, 2025)

Provision (c): Open Public Access to Reports

The agency provides open and consistent public access to PREA reports through its official website. The Auditor confirmed that reports from multiple years are available and easy to locate.

The PAQ indicates that ADOC makes its annual PREA reports publicly available. The Auditor confirmed this practice by reviewing the agency's official PREA webpage, which contains an extensive archive of annual reports dating back to 2013. This level of transparency supports public accountability and reflects the department's commitment to continuous evaluation and improvement. This practice supports transparency, accountability, and public awareness of agency efforts.

Relevant Policies:

ADOC AR #454, Sections IV.D and IV.E (May 29, 2025)

Provision (d): Limited and Careful Redaction

Public reports include only limited and necessary redactions to protect personal information and maintain safety. Despite these redactions, reports remain clear, useful, and easy to understand.

As explained by the PREA Director, any redactions made to the annual PREA report are narrowly limited to information that could compromise safety or security. In practice, redactions are confined to personally identifiable information, ensuring that reports remain informative and meaningful while protecting sensitive data. This approach reflects a careful balance between transparency and confidentiality.

Relevant Policies:

ADOC AR #454, Sections IV.D and IV.E (May 29, 2025)

CONCLUSIONBased on the review of documentation and interviews with facility and agency staff, the Auditor finds that the Alabama Department of Corrections is in compliance with PREA Standard §115.88.

The agency demonstrates a clear, consistent, and well-managed process for reviewing PREA data and applying findings to improve operations. Reports are organized, accessible, and used as practical tools to support transparency, accountability, and continuous improvement across all facilities, including Bibb Correctional Facility.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.89, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation provided by the Alabama Department of Corrections (ADOC), including materials related to Bibb Correctional Facility. The review focused on how the agency stores, manages, publishes, and retains PREA-related data in a secure and organized manner.</p> <p>The Auditor examined Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), along with publicly available information on the ADOC PREA website. These materials provide clear direction for secure data storage, controlled release of information, protection of sensitive details, and long-term record retention.</p>

Documentation reflects a structured and balanced system that supports transparency while also protecting confidential information. Policies offer simple and direct guidance on how PREA data is handled at both the facility and agency levels, ensuring consistency across all locations.

OBSERVATIONS

The Auditor observed that PREA data is maintained in secure systems with controlled and limited access. Reports are clearly organized, easy to read, and consistently made available to the public.

The overall system reflects a dependable and well-managed approach to data handling, ensuring that information remains both protected and accessible when appropriate.

INTERVIEWS

PREA Director

The PREA Director explained that PREA data is managed through a clear and organized system at both the facility and agency levels. At Bibb Correctional Facility and other locations, data is stored in secure systems and is only accessible to authorized staff.

At the agency level, data is gathered, reviewed, and prepared for reporting, analysis, and public release. The Director stated that all reports are carefully reviewed before publication, and only limited redactions are made to remove personally identifiable information. This ensures that reports remain useful and easy to understand while protecting individual privacy.

The Director also confirmed that data retention practices follow established policy and support long-term accountability. Records are maintained in a consistent and secure manner to ensure availability for future review.

PROVISIONS

Provision (a): Secure and Organized Data Storage

The agency maintains a secure, simple, and organized system for storing PREA data. Both detailed records and summary information are kept in controlled systems with restricted access.

Data from all facilities, including contracted locations, is compiled and published each year on the ADOC website. The Auditor verified that these reports are available, clearly written, and easy to access.

Relevant Policies:

ADOC AR #454, Sections IV.D and IV.E

Provision (b): Clear and Consistent Public Reporting

The agency provides clear and steady public access to PREA data through annual reports. These reports include simple summaries of allegations, investigative outcomes, and trends across facilities.

This process supports transparency, accountability, and public awareness in a consistent manner.

Relevant Policies:

ADOC AR #454, Sections IV.D and IV.E

Provision (c): Careful Protection of Sensitive Information

The agency follows a careful and controlled process to protect sensitive information. All personally identifiable information is removed before reports are made public.

This approach maintains privacy and safety while still allowing the public to review meaningful and useful data.

Relevant Policies:

ADOC AR #454, Sections IV.D and IV.E

Provision (d): Long-Term Data Retention and Recordkeeping

The agency maintains PREA-related data for a minimum of 10 years in a secure and organized system. Investigative records are retained for the length of an inmate's incarceration or an employee's term of employment, with additional time as required by policy.

Documentation confirms that records are stored consistently and remain available for review when needed.

Relevant Policies:

ADOC AR #454, Section IV.E.9, p. 8

CONCLUSION

Based on the review of documentation and the interview with the PREA Director, the Auditor finds that the Alabama Department of Corrections is in compliance with PREA Standard §115.89.

The agency maintains a clear, structured, and secure system for storing, managing, and publishing PREA data. Processes are consistent, easy to follow, and designed to protect sensitive information while supporting transparency, accountability, and long-term recordkeeping across all facilities, including Bibb Correctional Facility.

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

The evaluation of compliance with PREA Standard §115.401 involved a careful and detailed review of documentation provided by the Alabama Department of Corrections (ADOC). This review focused on the agency’s audit structure, openness to public review, and overall cooperation throughout the PREA audit process.

The Auditor examined the ADOC PREA webpage, which serves as a central and easy-to-use platform for PREA-related information. The webpage contains completed audit reports for each facility, agency-wide summaries, and general information about PREA practices and expectations. The layout of the site is simple and well-organized, allowing users to quickly find and review reports without difficulty.

Records confirm that ADOC follows a steady and organized system for scheduling audits, tracking outcomes, and publishing final reports. These materials are consistently maintained and made available to the public, supporting transparency and allowing outside parties to monitor compliance efforts and agency performance over time.

OBSERVATIONS

The Auditor observed that audit reports and supporting data are posted in a clear and easy-to-access manner. Information is presented in a straightforward format that promotes public awareness and supports accountability. The overall presentation reflects a simple and effective approach to sharing audit results.

INTERVIEWS

PREA Director

The PREA Director described a steady and structured audit process that is actively maintained across the agency. The Director explained that the ADOC is currently operating within its fourth three-year audit cycle and uses a clear schedule to ensure all facilities are reviewed within required timelines.

The Director further explained that audit findings are actively used to guide improvements in policy, staff training, and daily operations. Rather than viewing audits as a one-time requirement, the agency treats them as a useful tool for ongoing progress and system-wide improvement.

Agency Head Designee

The Auditor also interviewed the Agency Head’s designee, who confirmed that all ADOC facilities have successfully completed PREA audits within each required three-year cycle. The designee stated that audit reports, along with summary data, are routinely posted on the ADOC website for public review.

The designee emphasized that maintaining transparency is an important part of the agency’s approach. Public access to audit information allows stakeholders to remain

informed and supports trust in the agency's compliance efforts.

PROVISIONS

Provision (a): Timely and Complete Audit Cycle

All facilities within the ADOC system are audited within the required three-year cycle. Documentation and interview responses confirm that audits are completed on time, reports are finalized without delay, and findings are properly documented. The process reflects a steady and reliable approach to meeting audit requirements.

Relevant Policies:

ADOC AR #454 (PREA Audit and Compliance Requirements)

Provision (b): Clear Public Access to Audit Reports

Audit reports and related data are made publicly available through the ADOC website. The reports are presented in a clear, simple, and organized format, making them easy for the public to access and understand. This open approach supports both transparency and accountability.

Relevant Policies:

ADOC AR #454 (PREA Audit and Reporting Requirements)

Provision (c): Not Applicable

This provision does not apply to this audit.

Provision (d): Not Applicable

This provision does not apply to this audit.

Provision (e): Not Applicable

This provision does not apply to this audit.

Provision (f): Not Applicable

This provision does not apply to this audit.

Provision (g): Not Applicable

This provision does not apply to this audit.

Provision (h): Full and Unrestricted Facility Access

The Auditor was granted full and unrestricted access to all areas of Bibb Correctional Facility. This included housing units, program spaces, medical and mental health areas, and administrative offices. Access was provided in a timely and cooperative manner.

The Institutional PREA Compliance Manager was readily available throughout the process and ensured that movement within the facility was smooth and without delay.

Relevant Policies:

ADOC AR #454 (Audit Cooperation Requirements)

Provision (i): Consistent Staff Cooperation

Facility staff and leadership demonstrated a cooperative and professional attitude throughout the audit. Requested documents were provided promptly, and staff were available and willing to participate in interviews. This level of cooperation allowed for a complete and accurate assessment.

Relevant Policies:

ADOC AR #454 (Audit Cooperation Requirements)

Provision (j): Not Applicable

This provision does not apply to this audit.

Provision (k): Not Applicable

This provision does not apply to this audit.

Provision (l): Not Applicable

This provision does not apply to this audit.

Provision (m): Private and Secure Interview Space

The facility provided a quiet, secure, and private area for conducting interviews. This setting allowed both inmates and staff to speak freely without interruption, supporting open and honest communication during the audit process.

Relevant Policies:

ADOC AR #454 (Audit Interview Requirements)

Provision (n): Confidential Communication for Inmates

Inmates were provided the ability to communicate confidentially with the Auditor through a process similar to legal mail. This approach ensured privacy and encouraged open communication.

Interviews confirmed that inmates felt comfortable speaking with the Auditor and understood that their communication would remain confidential.

Relevant Policies:

ADOC AR #454 (Confidential Communication Requirements)

Provision (o): Not Applicable

This provision does not apply to this audit.

CONCLUSION

Based on the full review of documentation, staff and leadership interviews, and on-site observations, the Auditor finds that the Alabama Department of Corrections is in compliance with PREA Standard §115.401.

The agency demonstrates a steady and organized audit process, provides clear public access to audit information, and supports the audit process through consistent cooperation and transparency. These efforts reflect a strong and ongoing commitment to accountability and continuous improvement.

115.403	Audit contents and findings
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 596 376">DOCUMENT REVIEW</p> <p data-bbox="280 385 1452 542">To assess compliance with PREA Standard §115.403, the Auditor completed a detailed review of the Alabama Department of Corrections (ADOC) PREA webpage. This webpage serves as the main public source for PREA-related information and reflects the agency’s efforts in prevention, detection, and response.</p> <p data-bbox="280 577 1468 779">The review focused on the layout, clarity, and accessibility of the information presented. This included annual PREA data reports, agency summaries, and facility-specific audit reports. The webpage is arranged in a simple and logical way, with clearly marked sections that guide users to both current and past information without confusion.</p> <p data-bbox="280 815 1461 1016">The materials available show that the agency follows a steady and organized process for public reporting. Information is updated on a regular basis and presented in a clear format that supports transparency, accountability, and general understanding of PREA practices. The structure of the site allows users to locate needed information quickly and review it with ease.</p> <p data-bbox="280 1052 526 1088">OBSERVATIONS</p> <p data-bbox="280 1097 1471 1254">The Auditor observed that the PREA webpage is clear, simple, and easy to navigate. Reports and supporting materials are presented in a readable format and organized in a way that allows for quick access. The design supports efficient use by both the public and oversight entities, reinforcing open access to important information.</p> <p data-bbox="280 1290 478 1326">PROVISIONS</p> <p data-bbox="280 1361 737 1397">Provision (a): Not Applicable</p> <p data-bbox="280 1406 1206 1442">This provision does not apply to the agency’s reporting structure.</p> <p data-bbox="280 1478 737 1514">Provision (b): Not Applicable</p> <p data-bbox="280 1523 1206 1559">This provision does not apply to the agency’s reporting structure.</p> <p data-bbox="280 1594 737 1630">Provision (c): Not Applicable</p> <p data-bbox="280 1639 1206 1675">This provision does not apply to the agency’s reporting structure.</p> <p data-bbox="280 1711 737 1747">Provision (d): Not Applicable</p> <p data-bbox="280 1756 1206 1792">This provision does not apply to the agency’s reporting structure.</p> <p data-bbox="280 1827 737 1863">Provision (e): Not Applicable</p> <p data-bbox="280 1872 1206 1908">This provision does not apply to the agency’s reporting structure.</p> <p data-bbox="280 1944 1018 1980">Provision (f): Clear and Ongoing Public Access</p> <p data-bbox="280 1989 1477 2056">The agency provides clear, steady, and open access to PREA-related information through its public website. The site includes detailed reports, yearly summaries, and</p>

facility-specific audit findings that are easy to locate and review.

Information is presented using a simple and organized format, allowing users to understand data, recognize patterns, and review agency actions. Reports are updated on a regular basis and remain available for continued public access. This approach reflects a strong and consistent effort to maintain transparency and accountability.

Relevant Policies:

ADOC AR #454 (Public Reporting and Transparency Requirements)

CONCLUSION

Based on the review of the ADOC PREA webpage and all supporting materials, the Auditor finds that the Alabama Department of Corrections is in compliance with PREA Standard §115.403.

The agency maintains a clear, organized, and easy-to-use system for public reporting. Information is consistently available, simple to understand, and supports a transparent and accountable approach to PREA compliance.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

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

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

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	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 with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	

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

	consent or refuse?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b) Hiring and promotion decisions		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c) Hiring and promotion decisions		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d) Hiring and promotion decisions		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e) Hiring and promotion decisions		
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f) Hiring and promotion decisions		
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have	yes

	contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the	yes

	agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes

	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with	yes

	inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	

	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	

	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental	yes

	health care practitioners who work regularly in its facilities.)	
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	no
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Education Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation	yes

	can be arranged?	
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision,	yes

	does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days?	yes

	(N/A if agency is exempt from this standard.)	
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of	yes

	confidentiality, at the initiation of services?	
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report	yes

	required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate	yes

	with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	

	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has	yes

	committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d) Reporting to inmates		
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e) Reporting to inmates		
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a) Disciplinary sanctions for staff		
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b) Disciplinary sanctions for staff		
	Is termination the presumptive disciplinary sanction for staff who	yes

	have engaged in sexual abuse?	
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	

	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	

	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph §	na

	115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	

	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports,	yes

	investigation files, and sexual abuse incident reviews?	
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted	yes

	where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by	na

	the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes