

PREA Facility Audit Report: Final

Name of Facility: William E. Donaldson Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/15/2026

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: 05/15/2026

AUDITOR INFORMATION	
Auditor name:	OConnor, Darla
Email:	doconnor@strategicjusticesolutions.com
Start Date of On-Site Audit:	03/22/2026
End Date of On-Site Audit:	03/24/2026

FACILITY INFORMATION	
Facility name:	William E. Donaldson Correctional Facility
Facility physical address:	100 Warrior Lane, Bessemer, Alabama - 35023
Facility mailing address:	

Primary Contact

Name:	phillip merriweather
Email Address:	phillip.merriweather@doc.alabama.gov
Telephone Number:	205-756-6272

Warden/Jail Administrator/Sheriff/Director	
Name:	Warden Vencini Smith
Email Address:	Vencini.SmithAdoc.alabama.gov
Telephone Number:	2025-436-3681

Facility PREA Compliance Manager	
Name:	Phillip Merriweather
Email Address:	phillip.merriweather@doc.alabama.gov
Telephone Number:	(205) 612-3491

Facility Health Service Administrator On-site	
Name:	Paul Gates
Email Address:	paul.gates@yescarecorp.com
Telephone Number:	401

Facility Characteristics	
Designed facility capacity:	1558
Current population of facility:	1430
Average daily population for the past 12 months:	1430
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:	18-103
Facility security levels/inmate custody levels:	Level V
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	331
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	44
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	225

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
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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:

0

Number of standards met:

45

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:	2026-03-22
2. End date of the onsite portion of the audit:	2026-03-24

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:

COMMUNITY-BASED ADVOCACY AND SUPPORT ORGANIZATION VERIFICATION

As part of the comprehensive PREA audit verification process, several community-based advocacy and support organizations were contacted to independently assess Donaldson Correctional Facility's compliance with victim support services, external reporting access, forensic medical examination protocols, and the availability of confidential advocacy resources for incarcerated individuals. These contacts provided critical third-party verification of the facility's implementation of PREA standards and ensured that external partnerships function as intended to support inmates who report sexual abuse.

Just Detention International (JDI)

Just Detention International (JDI), a nationally recognized organization dedicated to ending sexual abuse in all forms of detention and correctional settings, was contacted to determine whether any inmates or facility staff had initiated contact, filed reports, or sought assistance within the past year. A representative from JDI confirmed that JDI's comprehensive records showed no direct contact or communication from anyone associated with Donaldson Correctional Facility during the past 12 months. This information suggests that if any inmate sought support, information, or advocacy assistance through JDI, it did not generate a recorded inbound contact to JDI from the facility within the reporting period, indicating either minimal need for external advocacy intervention or effective resolution of concerns through internal and local advocacy channels.

The Crisis Center and Rape Response (Birmingham, Alabama)

The Crisis Center and Rape Response, the designated crisis center and SANE facility serving Donaldson Correctional Facility, was contacted to confirm recent involvement, outreach, service provision, and coordination related to the facility. The organization

confirmed that it provides trained victim advocates and certified Sexual Assault Nurse Examiner (SANE) personnel for all sexual abuse allegations reported by inmates at Donaldson. Their comprehensive records reflected nine SANE examination requests connected to the facility during the past 12 months, demonstrating active utilization of the forensic examination network and confirming that established protocols are operational and consistently applied. The Crisis Center trains victim advocates in specialized sexual assault response, including trauma-informed crisis intervention, comprehensive rape-crisis counseling, District Attorney trial preparation and courtroom advocacy, and collaborative multidisciplinary training with law enforcement agencies, prosecutorial offices, and pediatric medical professionals. All forensic SANE examinations are conducted on-site at The Crisis Center's specialized facilities in Birmingham, Alabama, which are equipped with appropriate medical examination rooms, evidence collection capabilities, and private spaces designed to support victim comfort and dignity. Victim advocates, contracted through The Crisis Center under the Memorandum of Understanding with ADOC and ACAR, accompany alleged victims before, during, and after forensic examinations, providing continuous emotional support, procedural explanations, informed consent assistance, and crisis counseling. Advocates also help arrange comprehensive follow-up services in coordination with the facility's mental health staff, ensuring continuity of care and ongoing therapeutic support. The program provides inmates with a confidential mailing address to facilitate private communication, a dedicated 24-hour crisis hotline at 205-323-7273 that inmates can access free of charge, and in-person counseling conducted in a private, secure, and confidential setting that protects victim privacy and autonomy. Follow-up counseling and ongoing therapeutic services are continued through The Crisis Center or

through licensed mental health practitioners at Donaldson Correctional Facility, based on the victim's preference and clinical needs. All services—including forensic examinations, advocacy, crisis counseling, follow-up therapy, and medical treatment—are provided at absolutely no financial cost to the inmate, eliminating economic barriers and ensuring equitable access to comprehensive victim-centered care.

SAFE/SANE Medical Personnel

Interviews with SAFE/SANE medical personnel confirmed that all forensic medical examinations for inmates reporting sexual abuse at Donaldson Correctional Facility are conducted at The Crisis Center and Rape Response in Birmingham, Alabama, which operates as a dedicated, fully equipped, and certified SANE facility specializing in sexual assault forensic examinations. SANE-certified medical professionals are contacted through an established on-call roster that ensures 24-hour availability, seven days a week, and inmates are transported safely and promptly to the center where SANE personnel meet them to perform comprehensive forensic examinations that include evidence collection, medical treatment, injury documentation, prophylactic medications, and trauma-informed care. In the unlikely event that The Crisis Center is unavailable due to extraordinary circumstances, inmates will be transported to a local hospital emergency department where qualified medical personnel will conduct the examination using standardized protocols and evidence collection kits.

SANE personnel emphasized that these services are provided at absolutely no cost to the inmate under any circumstances, and that under no conditions is financial responsibility for the examination, evidence collection, medical treatment, medications, or related care shifted to the victim. This unconditional no-cost policy ensures that financial barriers never prevent victims from accessing essential forensic medical care and that their

decision to seek treatment is based solely on their needs and preferences, not economic concerns.

Alabama Coalition Against Rape (ACAR)

The Alabama Coalition Against Rape (ACAR), the statewide coordinating organization for sexual assault services in Alabama, was contacted to confirm recent involvement, coordination, and oversight of advocacy services related to Donaldson Correctional Facility. ACAR confirmed that the designated rape crisis center linked to the Alabama Coalition Against Rape for Jefferson County, where Donaldson Correctional Facility is located, is The Crisis Center and Rape Response in Birmingham, Alabama. This formal relationship supports statewide coordination, ensures consistent quality of advocacy services, facilitates training and technical assistance for advocates, and provides seamless access to victim-centered advocacy services for inmates at Donaldson Correctional Facility in accordance with PREA Standard 115.21 and the agency's Memorandum of Understanding with ACAR.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:

1558

15. Average daily population for the past 12 months:

1430

16. Number of inmate/resident/detainee housing units:

26

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?

Yes

No

Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1447
24. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	0
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:	50
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:	900
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:	5
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:	12
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:	10

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:	1
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:	6
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:	2
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:	5
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):

During the comprehensive audit review period, no concerns, deficiencies, or operational gaps were identified regarding Donaldson Correctional Facility's ability to accurately identify, systematically track, or thoroughly document the population characteristics of individuals housed at the institution. Based on a thorough examination of facility records including intake screening forms, housing assignments, PREA risk assessment documentation, medical and mental health files, investigative reports, and incident review materials, and corroborated through extensive staff interviews with intake personnel, classification officers, medical and mental health professionals, and PREA coordinators, the Auditor confirmed that the facility did receive and detain individuals over the past 12 months who would be classified under specialized or vulnerable categories as outlined in the Prison Rape Elimination Act (PREA) and ADOC Administrative Regulation #454.

This includes inmates who identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI), inmates with significant cognitive impairments such as intellectual disabilities or traumatic brain injuries, inmates with physical disabilities or mobility limitations, inmates with hearing or visual impairments requiring accommodations, inmates with limited English proficiency (LEP) requiring translation or interpretive services, inmates who reported sexual abuse or sexual harassment during their current incarceration, and inmates who disclosed prior sexual victimization either in the community or during previous periods of confinement. The facility demonstrated appropriate identification, screening, housing placement consideration, and provision of support services for all identified vulnerable populations in accordance with PREA Standards 115.41 (Screening for Risk of Victimization and Abusiveness) and 115.42 (Use of Screening Information).

According to the comprehensive records reviewed by the Auditor, the facility did not

receive or detain any individuals held solely for civil immigration detention purposes, as this population falls outside the facility's mission and jurisdictional authority. Additionally, documentation confirmed that the facility did not house any inmates in segregated housing or restrictive housing solely for risk of sexual victimization during the audit period, reflecting compliance with PREA Standard 115.43 (Protective Custody), which prohibits the use of involuntary segregated housing as a routine response to vulnerability concerns except in rare and carefully documented emergency situations where no alternative means of separation can be arranged.

Facility documentation, including daily population reports, housing rosters, PREA screening databases, and classification records, showed a consistent, accurate, and comprehensive accounting of the inmate population throughout the past year, with no irregularities, unexplained data gaps, missing records, or discrepancies noted during the Auditor's review. The institution demonstrated a comprehensive understanding of its population demographics, vulnerability factors, and individual needs, and maintained the operational capability and technical infrastructure to accurately track relevant characteristics that may influence screening decisions, housing assignments, program eligibility, or the delivery of targeted support services in full accordance with PREA requirements and best practices for trauma-informed, individualized risk assessment and management.

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

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:

331

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:	225
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:	44

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:

Donaldson Correctional Facility reported that it currently maintains approval for 44 non-medical contractors, 97 medical contractors including PRN (as-needed) contractors, and 225 volunteers to enter the facility and interact with inmates in various capacities including educational programming, religious services, substance abuse counseling, recreational activities, medical and mental health care, and other rehabilitative and support services. Facility leadership clarified that while all contractors are actively engaged in providing regular services within the institution, not all approved volunteers are currently active due to varying schedules, personal commitments, seasonal programming, and the episodic nature of volunteer engagement. However, all individuals—regardless of current activity status—have been properly vetted through comprehensive background checks in accordance with ADOC Administrative Regulation #216, formally approved through established credentialing procedures, and trained in PREA requirements prior to being authorized to enter the institution and have any contact with inmates.

To assess compliance with PREA Standard 115.32 governing volunteer and contractor training, the Auditor conducted a targeted and statistically representative review of training documentation. This comprehensive review included a diverse sample of records for staff members, volunteers, non-medical contractors, and medical contractors across multiple service categories and entry dates. Each file examined contained appropriate and complete documentation, including signed acknowledgment forms verifying completion of required annual PREA training, training completion certificates, attendance rosters, and documentation of training content covered including the agency's zero-tolerance policy, recognition of warning signs and indicators of sexual abuse and sexual harassment, mandatory reporting obligations, confidentiality requirements, and prohibition

against retaliation. The records were well-organized, consistently maintained, securely stored, and readily accessible for audit review, demonstrating strong administrative controls and institutional commitment to documentation integrity.

The documentation demonstrated that Donaldson Correctional Facility has established and implemented a reliable, systematic, and effective process to ensure that all contractors and volunteers receive comprehensive PREA education prior to engaging with inmates, as well as ongoing annual refresher training to reinforce expectations, update knowledge of policy changes, and maintain awareness of reporting responsibilities. This rigorous process supports the facility's unwavering commitment to maintaining a safe, secure, and trauma-informed environment by ensuring that all individuals entering the institution—regardless of their role, frequency of contact, or employment status—are fully informed of their responsibilities related to the prevention, detection, and prompt reporting of sexual abuse and sexual harassment in full compliance with PREA Standards 115.17 (Hiring and Promotion Decisions) and 115.32 (Volunteer and Contractor Training).

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:

20

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

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

RANDOMLY SELECTED INMATE INTERVIEWS

On the first day of the onsite audit, Donaldson Correctional Facility reported a total institutional population of 1,447 inmates. In accordance with guidance outlined in the PREA Auditor Handbook and the standardized interview sampling methodology established by the PREA Resource Center, this population size required the Auditor to conduct a minimum of forty inmate interviews to ensure statistically valid and representative findings. This total includes twenty randomly selected inmates chosen without bias or predetermined criteria, and twenty targeted inmates identified through facility records as belonging to potentially vulnerable populations or categories associated with elevated risk for sexual abuse, sexual harassment, or victimization based on characteristics such as age, gender identity, sexual orientation, disability status, prior victimization history, or reporting history. During the comprehensive onsite audit, the Auditor successfully completed confidential interviews with twenty randomly selected inmates representing diverse housing assignments, custody levels, demographic characteristics, and lengths of incarceration. To preserve the integrity, objectivity, and fairness of the selection process, the Auditor utilized alphabetical housing unit rosters provided by facility staff to identify interview participants in an unbiased and transparent manner. Inmates were deliberately selected from a variety of housing units across the facility to ensure broad geographic representation and to capture experiences from individuals housed in different areas of the institution with varying operational routines, supervision levels, and physical layouts.

The selection process also carefully took into account key demographic factors, including age ranges, racial and ethnic diversity, and other characteristics, to better reflect the overall diversity of the inmate population and

to ensure that the voices of inmates from all backgrounds were heard and incorporated into the audit findings. This deliberate attention to demographic representation helped ensure that the audit captured a comprehensive picture of how PREA protections and services are experienced by inmates across different identity groups and lived experiences.

This structured and methodologically sound approach allowed the Auditor to gather a broad, balanced, and representative range of perspectives, capturing firsthand experiences from inmates housed in different areas of the facility and representing varied backgrounds, custody classifications, program participation levels, and vulnerability factors. As a result, the information obtained through these confidential interviews contributed to a more comprehensive, reliable, and credible assessment of facility conditions, staff practices, inmate knowledge of PREA protections, accessibility of reporting mechanisms, and overall institutional climate regarding sexual safety.

Overall, the selection and interview process demonstrated a steadfast commitment to fairness, inclusivity, methodological rigor, and strict adherence to PREA standards and audit protocols. It ensured that inmate voices were meaningfully incorporated into the audit process, that their concerns and experiences were heard and documented with respect and confidentiality, and that the resulting findings were grounded in a statistically representative sample of the population that reflects the diversity and complexity of lived experiences within Donaldson Correctional Facility.

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

- Yes
- No

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):

No significant barriers were encountered during the selection or interviewing of randomly selected inmates at Donaldson Correctional Facility. The facility provided timely access to alphabetical housing unit rosters, and staff demonstrated full cooperation in facilitating confidential interviews throughout the audit period. All randomly selected inmates were available, willing to participate, and able to communicate effectively with the Auditor in private interview settings that ensured confidentiality and encouraged candid responses.

The Auditor ensured demographic diversity by deliberately selecting inmates across multiple housing units, custody levels, age ranges, and racial and ethnic backgrounds to capture representative perspectives from the facility's diverse population. Interviews were conducted in secure, private locations free from staff presence or surveillance, allowing inmates to speak openly about their experiences, knowledge of PREA protections, and perceptions of facility safety without fear of retaliation or monitoring.

The random selection process yielded sufficient diversity to assess facility-wide implementation of PREA standards. Inmates demonstrated strong familiarity with PREA reporting mechanisms, expressed confidence in staff responsiveness, and consistently confirmed that multiple confidential reporting pathways were available and accessible. The interview process confirmed that PREA education, information dissemination, and awareness-building efforts have been effective across the inmate population, and that inmates from all backgrounds have meaningful access to protections, services, and reporting mechanisms in accordance with PREA requirements.

Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	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>	
46. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/detainees in this category:	<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/detainees. <input type="checkbox"/> The inmates/detainees in this targeted category declined to be interviewed.
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/detainees).	<p>At the time of the on-site audit there were no youthful inmates assigned to the facility. At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall into the youthful offender category. A review of the inmate roster did not reveal any inmates with a birthday after 2008.</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:	2
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:	2
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:	2
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:	2
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:	2
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:	1

<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>6</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>2</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>

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).

At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and had informal discussions with staff in the segregation unit. Each staff member confirmed there were no inmates being held in segregation for risk of sexual victimization.

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):

Targeted Inmate Interview Selection and Completion

The targeted interview selection process was completed without difficulty, operational barriers, or administrative obstacles, and no impediments were encountered that prevented the Auditor from successfully completing the required targeted inmate interviews in accordance with PREA Auditor Handbook guidelines and standardized audit protocols. The facility demonstrated full cooperation in identifying eligible inmates from all required targeted categories, provided timely access to necessary documentation and housing records, and facilitated confidential interview arrangements in secure, private settings that ensured inmate safety, confidentiality, and freedom from staff presence or monitoring. The targeted interview sample included comprehensive representation from all relevant vulnerable and specialized populations that were present at Donaldson Correctional Facility during the audit period, including inmates who identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI); inmates with physical disabilities, cognitive impairments, or developmental disabilities; inmates who are blind, deaf, or hard of hearing; inmates with limited English proficiency requiring interpretive services; inmates who reported sexual abuse or sexual harassment during their current incarceration; inmates who reported prior sexual victimization either in institutional or community settings.

No oversampling of any particular population was necessary beyond the standard PREA audit requirements, as the facility's population included sufficient representation across all targeted categories to meet minimum interview thresholds and to provide the Auditor with comprehensive insights into how PREA protections, services, reporting mechanisms, and support systems are experienced by vulnerable inmates. All targeted interviewees participated voluntarily,

demonstrated candid and forthcoming responses, and confirmed knowledge of PREA protections, multiple reporting pathways, and access to advocacy and support services. The targeted interview process confirmed that Donaldson Correctional Facility effectively identifies vulnerable populations, provides appropriate housing and programming considerations, and ensures equitable access to PREA protections and victim services in full compliance with PREA Standards 115.41 (Screening for Risk of Victimization and Abusiveness), 115.42 (Use of Screening Information), and 115.51 (Inmate Reporting).

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<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):

Random Staff Interview Selection and Process

During the selection and interview process for random staff, the Auditor made a deliberate and strategic effort to ensure comprehensive representation across a broad cross-section of personnel, including all shifts (day, evening, and night), multiple departments (security, medical, mental health, programs, classification, food service, maintenance, and administration), and diverse functional roles within Donaldson Correctional Facility. This methodologically sound approach was intended to capture a diverse range of perspectives, operational experiences, and professional insights regarding PREA-related practices, institutional climate, reporting culture, and the facility's overall commitment to maintaining a culture of safety, accountability, and zero tolerance for sexual abuse and sexual harassment.

Staff selected for confidential interviews reflected varying levels of experience ranging from newly hired employees to senior personnel with decades of service, diverse job responsibilities including custody officers, medical and mental health professionals, case managers, support staff, and administrative personnel, and differing degrees and types of direct interaction with inmates, ensuring that the feedback obtained was both balanced and authentically representative of the entire workforce across all operational areas and service delivery functions.

Throughout the comprehensive interview process, staff consistently demonstrated a clear, confident, and nuanced understanding of PREA policies, mandatory reporting requirements, first responder duties, evidence preservation protocols, confidentiality obligations, and their individual and collective responsibilities in preventing, detecting, and responding appropriately to sexual abuse and sexual harassment. Staff articulated the agency's zero-tolerance policy, described multiple inmate reporting mechanisms, explained coordinated response procedures,

and demonstrated awareness of retaliation monitoring, victim support services, and disciplinary accountability for policy violations.

The scheduling and coordination of interviews proceeded smoothly and without difficulty, and there were no notable barriers, administrative obstacles, or operational constraints that prevented staff participation. Staff members across all shifts and departments were cooperative, professionally engaged, and willing to provide thoughtful, candid, and substantive responses, offering meaningful insight into daily operations, institutional practices, training effectiveness, supervisory oversight, and the practical implementation of PREA standards in real-world correctional settings.

The information gathered through these confidential staff interviews reflected a workforce that is knowledgeable, well-trained, accountable, and genuinely attentive to PREA expectations and the safety and dignity of inmates in their care. Staff responses consistently indicated that PREA principles are actively reinforced in routine operations through ongoing training, shift briefings, supervisory reinforcement, and leadership visibility, and that maintaining a safe, respectful, and trauma-informed environment for inmates is a shared institutional priority embraced at all levels of the organization. Overall, the random staff interviews contributed significantly and substantively to the assessment process by providing a comprehensive, authentic, and credible understanding of how PREA standards are implemented in practice across Donaldson Correctional Facility, how staff internalize and operationalize their responsibilities, and how the facility's culture supports compliance, accountability, and victim protection in full accordance with PREA standards and the agency's commitment to excellence in correctional care.

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):	22
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 checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Classification Staff Food Service Staff Mailroom Staff
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.

Specialized Staff Interview Selection and Process

During the selection and interview process for specialized staff, the Auditor focused strategically on individuals whose professional responsibilities are directly connected to PREA compliance, oversight, implementation, and the prevention, detection, and coordinated response to sexual abuse and sexual harassment. This critical group included key personnel such as the Agency PREA Director, Institutional PREA Compliance Manager (IPCM), facility investigators trained in sexual abuse investigations in confinement settings, medical and mental health professionals who provide victim services and forensic examinations, retaliation monitors, incident review team members, intake and screening staff, risk assessment coordinators, case management personnel, human resources staff responsible for background checks and hiring decisions, and training coordinators responsible for staff education and ongoing professional development related to PREA standards.

The selection process was purposeful, methodologically rigorous, and designed to obtain detailed, role-specific information regarding specialized procedures, documentation practices, investigative protocols, evidence preservation methods, victim advocacy coordination, interdisciplinary collaboration, and the operational mechanisms through which PREA policies are translated into daily practice. These comprehensive interviews provided valuable and substantive insight into how PREA policies are implemented in practice across all functional areas, including how allegations are received and processed, how investigations are conducted with thoroughness and objectivity, how victims are supported through trauma-informed and victim-centered services, how retaliation is monitored and prevented, and how ongoing staff education, quality assurance, and compliance efforts are sustained through leadership oversight and

accountability.

Specialized staff demonstrated a strong, sophisticated level of knowledge, technical expertise, professionalism, and genuine commitment to their respective roles and to the safety and dignity of inmates.

Interviewees were able to clearly and confidently explain their responsibilities, applicable procedures and protocols, reporting pathways, coordination mechanisms with external partners such as SANE providers and victim advocates, and the comprehensive resources available to support inmates who report sexual abuse or sexual harassment. Staff articulated the integrated nature of the PREA response system, describing seamless coordination among security, medical, mental health, investigative, and advocacy personnel to ensure victim safety, evidence integrity, and thorough accountability.

The interviews were conducted without difficulty, administrative barriers, or scheduling conflicts, and specialized staff were forthcoming, engaged, transparent, and willing to provide detailed explanations and supporting documentation throughout the process, contributing to an informative, credible, and professionally productive exchange that enhanced the Auditor's understanding of institutional practices and systemic compliance mechanisms.

Overall, the targeted interviews with specialized staff played a critical and indispensable role in validating Donaldson Correctional Facility's comprehensive, multidisciplinary, and victim-centered approach to PREA compliance. The consistency of responses across different functional areas, depth of knowledge demonstrated by personnel at all levels, collaborative approach observed among interdisciplinary teams, and shared commitment to institutional accountability reinforced the Auditor's confidence in the facility's capacity to effectively manage PREA-related responsibilities, maintain rigorous standards of care and investigation, and

sustain a safe, transparent, and accountable environment that prioritizes the protection and dignity of all inmates in accordance with PREA standards and best practices in correctional sexual safety.

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).

FACILITY TOUR AND OBSERVATIONS

During the on-site phase of the PREA audit, the Auditor conducted a comprehensive, systematic, and unobstructed tour of Donaldson Correctional Facility, allowing for a thorough assessment of the physical plant, operational practices, security infrastructure, housing configurations, and overall institutional environment as they relate to sexual safety and PREA compliance. From the outset of the tour through its completion, facility staff demonstrated exceptional cooperation, professionalism, and transparency. Staff readily provided detailed information, answered questions candidly and thoroughly, and facilitated unrestricted access to all areas of the facility without limitation or hesitation, which significantly enhanced the depth, accuracy, and credibility of the Auditor's observations and findings.

The tour encompassed the full range of facility operations and housing areas across multiple shifts and operational periods. This included general population housing units with varying custody levels, as well as specialized areas such as administrative segregation, disciplinary housing, medical observation units, mental health crisis beds, and protective custody housing. The Auditor also toured intake and classification areas where PREA screening and risk assessments are conducted, medical and mental health clinics where victim services are delivered, educational and vocational classrooms, dining halls and food preparation areas, visitation spaces, laundry facilities, indoor and outdoor recreation areas, central control rooms with video surveillance monitoring capabilities, and administrative offices including PREA coordination and investigative spaces. Throughout the tour, staff assigned to escort duties provided clear, detailed explanations regarding each area's function, current population levels, staffing patterns, supervision practices, camera coverage, blind spot mitigation strategies, and how physical plant features support or potentially

compromise sexual safety. Movement throughout the facility occurred without restriction, delay, or predetermined routes, allowing for spontaneous observations, unannounced area inspections, and meaningful engagement with staff and inmates in their natural operational environment.

Particular attention was given to how the facility's physical layout, architectural features, and operational practices support PREA requirements and promote inmate safety in accordance with PREA Standard 115.15 (Limits to Cross-Gender Viewing and Searches). PREA-related signage was prominently displayed throughout all housing units, common areas, program spaces, medical facilities, and high-traffic locations, reinforcing the facility's zero-tolerance policy for sexual abuse and sexual harassment. Informational posters and notices clearly explained multiple reporting options including staff reporting, third-party reporting, anonymous reporting, and external hotline access, available internal and external resources including victim advocacy and crisis counseling services, and the rights of individuals in custody under PREA including protections against retaliation and access to medical and mental health care. These materials were accessible, culturally appropriate, and presented in English and Spanish reflective of the facility population, ensuring broad understanding, accessibility, and equitable access to information for inmates with varying literacy levels and language preferences.

The Auditor closely examined the facility's reporting mechanisms and found them to be clearly marked, fully functional, strategically positioned, and easily accessible to inmates in all housing areas. Dedicated telephones for confidential reporting of sexual abuse were operational, prominently identified with clear signage, and positioned in locations that allow for private communication without staff monitoring. Adjacent signage explained

anonymous and third-party reporting options in plain, easy-to-understand language with visual aids to support comprehension. Grievance forms and secure, tamper-evident drop boxes were strategically placed throughout housing units and common areas, allowing inmates to submit reports discreetly and confidentially. Hotline information with toll-free numbers for external advocacy organizations was displayed in high-visibility locations including near telephones, in restrooms, within housing units, and in recreation spaces, ensuring continuous access to reporting resources regardless of location, time of day, or housing assignment. Lighting, and privacy safeguards were also closely and systematically evaluated during the tour to assess compliance with PREA Standard 115.15. Housing units and common areas were well maintained, orderly, and free from environmental hazards or conditions that could compromise safety or dignity. Sufficient lighting was present throughout both shared and personal spaces, with particular attention to ensuring adequate illumination in showers, restrooms, stairwells, and other areas where supervision may be limited. Restroom and shower areas incorporated appropriate privacy features including partitions, curtains, and strategic placement to prevent cross-gender viewing and unnecessary observation while still allowing for effective supervision and emergency response. Mirrors, video surveillance cameras, and staff sightlines were thoughtfully positioned to balance privacy with security needs, eliminate blind spots, and ensure accountability, consistent with PREA Standard 115.15 and best practices in trauma-informed correctional design. These measures reflected a deliberate, strategic effort to preserve personal dignity and bodily privacy while maintaining appropriate monitoring, supervision, and institutional security.

Throughout the tour, the Auditor engaged in informal, confidential conversations with both staff and inmates across all housing units,

shifts, and functional areas. These spontaneous interactions provided valuable, unfiltered insight into daily operations, institutional culture, staff-inmate relationships, and the overall level of PREA awareness, knowledge retention, and confidence in reporting mechanisms within the facility. Staff consistently demonstrated a clear, confident understanding of their responsibilities related to the prevention, detection, and coordinated response to sexual abuse and sexual harassment. They articulated mandatory reporting obligations, first responder duties, evidence preservation protocols, and victim support procedures with accuracy, professionalism, and genuine commitment. Inmates similarly demonstrated strong awareness of their right to report sexual abuse through multiple confidential pathways, identified specific reporting mechanisms including staff notification, hotline access, and grievance procedures, and expressed confidence in their ability to report concerns without fear of retaliation, punishment, or disbelief.

Overall, Donaldson Correctional Facility presented as secure, operational. The condition of the physical plant, combined with strong lighting, effective privacy measures, accessible reporting mechanisms, visible PREA messaging, and knowledgeable staff and inmates, reflected a strong institutional commitment to safety, respect, dignity, accountability, and sustained PREA compliance. The comprehensive facility tour demonstrated that PREA principles are meaningfully integrated into daily operations, physical plant design, supervision practices, and institutional culture, supported by unrestricted Auditor access, knowledgeable and forthcoming staff, informed and empowered inmates, and visible leadership commitment to sexual safety. Collectively, these observations support the conclusion that Donaldson Correctional Facility maintains an environment conducive to safety, dignity, transparency, and sustained PREA compliance

in full accordance with all applicable PREA standards.

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.).

DOCUMENT REVIEW

Personnel and Training Records

As part of the comprehensive audit process, the Auditor conducted a thorough and methodical review of fifty staff personnel files to verify compliance with PREA hiring, promotion, and employment standards as outlined in PREA Standard 115.17. Each file was complete, well-organized, securely maintained, and contained all required documentation, including initial criminal background checks conducted prior to hiring, verification of employment eligibility and work authorization, reference checks from previous employers, documentation of questions asked during the hiring process regarding prior sexual misconduct, and administrative adjudication forms when applicable for staff with relevant criminal history requiring individualized assessment. The comprehensive review confirmed that Donaldson Correctional Facility follows a consistent, rigorous, and structured approach to staff screening and hiring practices that prioritizes inmate safety and institutional integrity.

In addition to pre-employment screening, the facility demonstrated full compliance with ongoing monitoring requirements mandated by PREA Standard 115.17. Annual criminal background checks are conducted for all staff and are routinely coordinated and aligned with annual firearm qualification requirements for applicable security personnel, creating an efficient and integrated process. This coordinated approach reflects a proactive, consistent, and institutionally embedded commitment to ensuring ongoing staff suitability, identifying potential disqualifying conduct, and maintaining compliance with PREA background check standards over the duration of employment.

The Auditor also reviewed fifty staff training records to assess adherence to PREA training requirements outlined in PREA Standard 115.31. Each record included clear documentation of completed training

modules, training dates, instructor signatures, and a signed PREA acknowledgment form verifying annual training completion and comprehension. The records confirmed that staff receive comprehensive instruction on the facility's zero-tolerance policy for sexual abuse and sexual harassment, mandatory reporting obligations and multiple reporting pathways, maintaining professional boundaries and avoiding dual relationships, conducting cross-gender pat-down searches in a respectful, professional, and least intrusive manner, recognizing signs and indicators of sexual abuse and trauma, first responder duties including evidence preservation, and the prohibition against retaliation. Overall, the documentation demonstrates that staff are adequately trained, knowledgeable, and prepared to support a safe, respectful, and trauma-informed environment for inmates.

Volunteer Training

The Auditor reviewed twenty-five volunteer training records to evaluate compliance with PREA training standards outlined in PREA Standard 115.32. Each record contained comprehensive documentation of completed training as well as a signed PREA acknowledgment form verifying understanding of training content. The records were consistent, complete, and well-maintained, confirming that volunteers receive appropriate PREA education prior to any unsupervised contact or interaction with inmates. This training ensures that volunteers understand their responsibilities including mandatory reporting obligations, recognize indicators of sexual abuse, and are equipped to engage with inmates in a safe, respectful, professional, and informed manner.

Contractor Training

Contractor training records were also examined as part of the audit to assess compliance with PREA Standard 115.32. The Auditor reviewed ten non-medical contractor files, 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, reporting obligations, and professional conduct expectations before being authorized to work within the facility.

In addition, twenty-five health services contractor training records were reviewed. Each file included documentation verifying completion of PREA training along with signed acknowledgment forms. The records were organized, consistent, and complete, demonstrating that medical contractors are appropriately trained to support a safe, professional, confidential, and compliant environment for inmates and to provide trauma-informed, victim-centered care.

Specialized Training

The Auditor reviewed the specialized training records for ten investigators responsible for handling PREA-related cases to assess compliance with PREA Standard 115.34. Each file included documentation confirming successful completion of required specialized training in conducting sexual abuse investigations in confinement settings, including topics such as trauma-informed interviewing techniques, evidence preservation and collection, credibility assessment without bias, and coordination with prosecutorial authorities. This training prepares investigators to conduct thorough, objective, impartial, and professional investigations in accordance with PREA standards and the National Protocol for Sexual Assault Medical Forensic Examinations. Additionally, the specialized training records for twenty-five medical and mental health practitioners were reviewed to assess compliance with PREA Standard 115.35. Each file contained documentation verifying completion of specialized PREA training relevant to their clinical roles, including how to detect and assess signs of sexual abuse and trauma, how to preserve physical evidence, how to respond professionally and sensitively to victims, and how to provide

trauma-informed, victim-centered care. These records confirm that clinical staff are equipped to provide appropriate, compassionate, evidence-based care and to respond effectively to allegations of sexual abuse and sexual harassment.

Inmate Records

A random sample of forty inmate files, representing admissions over the previous twelve months, was reviewed to assess compliance with PREA education requirements outlined in PREA Standard 115.33. Each file included a signed acknowledgment form confirming receipt of comprehensive PREA education.

Documentation also indicated that inmates were provided with the facility orientation handbook containing PREA information, PREA informational materials in accessible formats, and access to the PREA education video during intake orientation.

Interviews and record reviews confirmed that all forty inmates received comprehensive PREA education as part of the intake process, consistent with agency policy and PREA standards, ensuring that all inmates are informed of their rights, reporting options, and available services.

Risk Assessments and Reassessments

To evaluate compliance with PREA screening requirements outlined in PREA Standard 115.41, the Auditor reviewed forty inmate files for risk assessment documentation. Each record demonstrated that an objective, individualized initial risk screening was completed within 72 hours of arrival using the standardized PREA screening instrument. Additionally, all files included a reassessment conducted within 30 days of intake to evaluate changes in risk factors, housing needs, or vulnerability status.

The consistency, completeness, and quality of these records indicate that Donaldson Correctional Facility maintains a structured, reliable, and trauma-informed process for identifying inmates who may be at risk of sexual victimization or who may pose a risk to

others, as well as for reassessing those risks within required timeframes in accordance with PREA standards.

Grievances

According to the Pre-Audit Questionnaire (PAQ), and as confirmed through interviews with the PREA Compliance Manager, there were two grievances filed specifically related to sexual abuse or sexual harassment during the audit period. Documentation reflects that when concerns were raised through the grievance system, they were immediately referred to and addressed through the PREA reporting and investigative process rather than processed solely through the formal grievance system, ensuring timely and appropriate response.

Record reviews confirmed that allegations were documented appropriately, witness statements were obtained, alleged victims were offered support services, and all matters were handled in accordance with established PREA procedures and timelines outlined in PREA Standards 115.52 and 115.71.

Incident Reports

Documentation and staff interviews confirmed that Donaldson Correctional Facility recorded fifty-eight allegations of sexual abuse (22) and sexual harassment (36) during the previous twelve months. The Auditor reviewed eleven sexual abuse incident reports and four sexual harassment incident reports, each of which was complete, well-organized, thorough, and consistent with established reporting requirements and PREA Standard 115.61.

Investigation Records

The Auditor reviewed fifteen PREA investigative files (eleven sexual abuse and four sexual harassment) corresponding to the reported allegations during the same twelve-month period to assess compliance with PREA Standard 115.71. Each file contained the required documentation, including comprehensive investigative reports, supporting evidence, witness statements, credibility assessments, and final

determinations. All investigations were initiated promptly, conducted thoroughly, and completed within established timelines. Overall, the comprehensive review of investigative records demonstrates a consistent, structured, professional, and compliant approach to handling allegations. Documentation was thorough, objective, and reflected strict adherence to PREA investigative standards, reinforcing Donaldson Correctional Facility's commitment to accountability, transparency, victim protection, and effective evidence-based 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	14	14	0	0
Staff-on-inmate sexual abuse	8	8	0	0
Total	22	22	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	22	1	0	21
Staff-on-inmate sexual harassment	14	14	0	0
Total	36	15	0	21

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	7	0	0	0	0
Staff-on-inmate sexual abuse	2	0	0	0	0
Total	9	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	7	4	3	0
Staff-on-inmate sexual abuse	2	3	2	1
Total	9	7	5	1

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	1	0	0	0	0
Staff-on-inmate sexual harassment	6	0	0	0	0
Total	7	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	1	1	20	0
Staff-on-inmate sexual harassment	6	4	4	0
Total	7	5	24	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:	11
--	----

<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 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 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>7</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 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>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>4</p>
<p>91. Did your sample of STAFF-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 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 checked="" type="radio"/> Yes</p> <p><input 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>4</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>2</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:	2
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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.	<p>Eleven sexual abuse records were reviewed. Seven were inmate-on-inmate; 4 were staff-on-inmate</p> <p>Four sexual harassment records were reviewed. Two were inmate-on-inmate. Two were staff-on-inmate.</p>
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
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.	<input type="radio"/> Yes <input checked="" type="radio"/> No

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 Services</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>Prior to and during the on-site audit, the Auditor conducted a thorough and deliberate examination of extensive documentation to evaluate compliance with Standard §115.11. This review began with careful analysis of the Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by the Alabama Department of Corrections (ADOC), which together offered a clear, well-organized, and informative overview of the agency’s PREA framework.</p> <p>Central to this assessment was Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated May 29, 2025. This comprehensive and thoughtfully developed policy serves as the cornerstone of ADOC’s PREA efforts, establishing clear expectations and consistent standards across all facilities.</p> <p>Additional materials provided valuable context into daily operations and institutional practices. These included the ADOC Inmate Awareness pamphlet, available in both</p>

English and Spanish, the Inmate Handbook dated September 25, 2017, and a well-structured organizational chart clearly illustrating lines of authority. The Auditor also reviewed documentation highlighting the qualifications, specialized training, and professional experience of the PREA Director and Institutional PREA Compliance Managers (IPCMs). Collectively, these materials reflect a cohesive, organized, and forward-thinking administrative system that promotes accountability, consistency, and proactive PREA compliance throughout ADOC.

INTERVIEWS

Interviews with both agency-level and facility-level personnel provided valuable insight into how PREA responsibilities are implemented in practice. Each interview reflected professionalism, clarity, and a unified commitment to the agency's Zero Tolerance philosophy.

Agency PREA Director

The Agency PREA Director shared a comprehensive and strategic perspective on PREA coordination across ADOC. Serving in a high-level leadership role, the Director maintains direct access to executive leadership, allowing for efficient communication, timely decision-making, and appropriate allocation of resources. The Director described an engaged leadership approach that includes regular communication with facilities through scheduled meetings, routine correspondence, and on-site visits.

A strong emphasis is placed on mentorship, consistency, and professional development. IPCMs are carefully selected, thoroughly trained, and continually supported to ensure standardized implementation of PREA practices. This intentional structure reinforces accountability and alignment across all facilities. The Director emphasized that the Zero Tolerance philosophy is firmly embedded within the agency's culture and consistently reinforced at every operational level.

Institutional PREA Compliance Manager (IPCM)

The IPCM at Donaldson offered a detailed and practical account of PREA implementation within the facility. The role is structured to allow focused attention on PREA-related duties, ensuring timely responsiveness, consistent oversight, and effective coordination of compliance activities.

The IPCM described a highly supportive environment, noting strong collaboration with facility leadership, access to sufficient resources, and open communication channels. This structure allows the IPCM to effectively manage prevention strategies, oversee reporting processes, and ensure appropriate follow-up on all PREA-related matters. The IPCM's insights reflect a clearly defined role supported by a cooperative and responsive leadership team.

Together, these interviews demonstrate a well-coordinated, collaborative, and effective PREA leadership structure, with both agency and facility personnel operating with confidence, clarity, and shared purpose.

PROVISIONS

Provision (a)

ADOC exhibits a comprehensive, proactive, and deeply rooted commitment to a Zero Tolerance policy addressing all forms of sexual abuse and sexual harassment. This commitment is seamlessly integrated into agency operations through well-developed, clearly articulated, and highly effective policies that address prevention, detection, reporting, and response.

Administrative Regulation (AR) #454 (Section II, Policy) establishes a firm and unequivocal prohibition against sexual abuse, sexual harassment, and sexual misconduct across all ADOC facilities. This prohibition applies broadly to all forms of conduct, including staff-on-inmate and inmate-on-inmate interactions, regardless of coercion or perceived consent. The policy language is clear, accessible, and directive, ensuring consistent understanding among both staff and inmates.

Further strengthening this framework, Section III of AR #454, along with the Inmate Handbook, provides detailed definitions, clearly outlined behavioral expectations, and structured investigative classifications such as substantiated, unsubstantiated, and unfounded. These well-organized and thoughtfully designed components reflect a prevention-oriented approach that fosters safety, accountability, and respect throughout 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 demonstrates that the PREA Director holds a prominent and influential Director-level position within the agency. This strategic placement ensures strong authority, clear organizational visibility, and the ability to effectively lead PREA initiatives statewide.

Supporting the PREA Director is a well-coordinated and reliable network of twenty-six Institutional PREA Compliance Managers (IPCMs), along with twenty-six trained alternates. This structured system ensures continuity, operational stability, and consistent application of PREA standards across all facilities.

Administrative Regulation #454 clearly defines the PREA Director's responsibilities and authority. Appointed by the ADOC Commissioner, the Director is responsible for coordinating and enhancing procedures related to the prevention, detection, and tracking of sexual abuse and harassment involving inmates. Additional responsibilities include maintaining statewide data, conducting periodic audits, and collaborating with Wardens, Associate Commissioners, and the Legal Division. This cooperative and transparent approach promotes accountability and continuous improvement.

Responsibilities are clearly distributed across all levels of staff and leadership, creating an effective and logical chain of accountability. This alignment ensures that each role contributes meaningfully to maintaining a safe, respectful, and compliant environment.

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 each ADOC facility designates an Institutional PREA Compliance Manager (IPCM), reflecting a consistent, standardized, and effectively implemented approach to PREA oversight across the state. At Donaldson, the IPCM also serves as a Special Investigator, contributing valuable expertise, strong analytical skills, and an objective perspective to the role.

Importantly, IPCMs report through the ADOC Investigation Division or the Office of the Inspector General (OIG), rather than through facility administration. This intentional reporting structure enhances impartiality, reinforces integrity, and supports consistent enforcement of PREA standards across all institutions.

Administrative Regulation #454 clearly outlines the scope of IPCM responsibilities, including coordination of prevention efforts, oversight of detection and monitoring activities, and accurate tracking of PREA-related incidents. IPCMs also conduct internal audits and actively participate in identifying and implementing corrective actions. This structured, transparent, and principled approach highlights ADOC's ongoing commitment to compliance 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 demonstrates full compliance with the requirements of Standard §115.11. The PREA Director maintains appropriate authority, strategic positioning, and access to necessary resources to ensure effective statewide oversight. At the facility level, IPCMs demonstrate professionalism, expertise, and a strong commitment to their responsibilities.

This coordinated, well-structured, and effectively implemented system reflects ADOC's continued dedication to its Zero Tolerance philosophy and its mission to promote safety, dignity, and respect for every inmate in its care.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>In preparation for and throughout the audit process, the Auditor conducted a comprehensive, methodical, and well-structured review of documentation provided by the Alabama Department of Corrections (ADOC) to evaluate compliance with PREA Standard §115.12. This review focused on how effectively PREA standards are incorporated into contractual agreements governing the confinement of ADOC inmates by external entities, as well as the systems in place to ensure those standards are consistently upheld.</p> <p>The review began with a detailed analysis of the Pre-Audit Questionnaire (PAQ) and its supporting materials, which together presented a clear, organized, and informative overview of ADOC’s contracting practices. Central to this evaluation was Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment (May 29, 2025). This comprehensive and thoughtfully developed regulation establishes clear expectations and defines responsibilities for PREA compliance across both internal operations and contracted services.</p> <p>Particular attention was given to Contract C210052136 with GEO Reentry, Inc., renewed on December 1, 2025. As a third renewal, this agreement reflects a consistent, forward-looking, and carefully managed approach to contractual partnerships. The contract is structured with clarity and precision, embedding PREA requirements directly into its operational framework.</p> <p>Collectively, these materials demonstrate a cohesive, transparent, and well-managed system in which PREA compliance is clearly defined, contractually required, and actively reinforced. ADOC’s contracting practices reflect a strong commitment to accountability, consistency, and the protection of inmate safety across all custodial environments, including Donaldson and other contracted facilities.</p> <p><u>INTERVIEWS</u></p> <p>The Auditor conducted a detailed interview with the Agency Contract Administrator to gain deeper insight into both the development of PREA-compliant contracts and the ongoing processes used to ensure sustained oversight and accountability.</p> <p>Agency Contract Administrator</p> <p>The Administrator first described the structured and collaborative process used to develop contracts, emphasizing that PREA compliance is intentionally embedded from the outset. Each agreement is carefully crafted to include clearly defined, enforceable provisions addressing prevention, detection, reporting, and response. These provisions undergo thorough review by the ADOC Legal Division and operational leadership to ensure accuracy, consistency, and alignment with applicable PREA</p>

standards.

Expanding on this foundation, the Administrator explained that PREA compliance is a mandatory and non-negotiable requirement for all prospective contractors. Any entity seeking to enter into an agreement with ADOC must demonstrate full compliance with PREA standards prior to approval. This requirement ensures that only qualified, capable, and fully compliant organizations are entrusted with the custody of ADOC inmates.

The Administrator also highlighted the robust and ongoing oversight that occurs after contract execution. ADOC maintains clear authority to conduct audits, perform site visits, and review contractor records at any time. These monitoring activities are supported by regular evaluations, document reviews, and consistent communication, creating a responsive and well-coordinated system of oversight.

Overall, the interview reflected a highly organized, transparent, and principled contracting process that prioritizes inmate safety and reinforces the integrity of PREA standards at every stage.

PROVISIONS

Provision (a)

ADOC has established a comprehensive, clearly articulated, and highly effective contractual framework requiring that all agreements involving the confinement of inmates include explicit, enforceable, and well-defined PREA compliance provisions. These provisions are intentionally designed to ensure that contractors fully understand, adopt, and implement all aspects of PREA requirements.

Administrative Regulation #454 assigns responsibility to the ADOC General Counsel to ensure that all contracts incorporate detailed PREA language. These provisions clearly outline expectations related to prevention strategies, detection protocols, reporting obligations, and response procedures. The language is precise, directive, and structured to promote consistency, accountability, and full compliance across all contracted entities.

A review of Contract C210052136 with GEO Reentry, Inc. demonstrates a particularly strong, integrated, and thoughtfully constructed set of 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 standards into the contractual framework. The agreement reinforces a firm Zero Tolerance philosophy and requires adherence across all operational areas.

Additionally, the contract includes clear and immediate reporting requirements for all PREA-related allegations and incidents, ensuring prompt notification to designated ADOC officials, including facility leadership and the PREA Director or Contract Monitor. Contractors are also required to provide specialized PREA training to staff and subcontractors, allow full access to PREA monitors, and submit audit documentation from certified Department of Justice auditors. These proactive, well-structured, and

accountability-focused provisions reflect ADOC's strong commitment to maintaining a safe, respectful, and secure environment for all inmates.

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 enhances its PREA compliance framework through dynamic, ongoing, and highly structured monitoring provisions embedded within all confinement contracts. These provisions ensure that compliance remains active, measurable, and consistently enforced over time.

Contractual language authorizes ADOC to conduct regular and systematic reviews of contractor policies, staff training records, and PREA-related incident documentation. Contractors are required to promptly report all allegations of sexual abuse or harassment and provide detailed information regarding investigative outcomes and corrective actions. This timely and transparent exchange of information supports effective oversight and informed decision-making.

The monitoring system operates as a coordinated and interconnected accountability network, linking ADOC with contracted entities through consistent communication, scheduled audits, and performance evaluations. Oversight activities include document reviews, remote monitoring, and on-site assessments, all of which contribute to maintaining high and consistent standards across facilities, including Donaldson.

These provisions reflect a proactive, transparent, and well-executed approach that ensures ADOC maintains continuous visibility into contractor operations. By emphasizing ongoing evaluation, responsiveness, and accountability, ADOC sustains a strong and reliable level of PREA compliance across all contracted environments.

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

Based on a comprehensive review of documentation and detailed interview findings, the Auditor determined that the Alabama Department of Corrections fully complies with the requirements of PREA Standard §115.12. ADOC has successfully embedded clear, enforceable, and comprehensive PREA requirements into all contracts

	<p>governing the confinement of inmates.</p> <p>Through a coordinated system that combines precise contractual language, active monitoring, and consistent oversight, ADOC demonstrates a strong commitment to transparency, accountability, and operational excellence. These efforts reinforce the Department’s dedication to ensuring safety, dignity, and respect for every inmate, regardless of housing location.</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>In advance of the on-site audit, the facility provided a comprehensive, well-organized, and highly detailed set of materials through the Pre-Audit Questionnaire (PAQ). These documents offered a clear, transparent, and informative overview of staffing patterns, supervision strategies, and monitoring systems, all of which are essential to the prevention and detection of sexual abuse and sexual harassment.</p> <p>The Auditor conducted a thorough and deliberate review of Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment (effective May 29, 2025), in conjunction with a wide range of facility-specific documentation. This included the Annual PREA Staffing Plan Review (Form 454-J), Log of Unannounced Rounds (Form 454-K), staffing deviation logs, detailed facility blueprints, and physical plant diagrams. Additional materials reviewed included the Facility Vulnerability Assessment, Staffing Plan Checklist, and Staffing Plan Review documentation. The current staffing plan, dated January 23, 2026, reflected updated, accurate, and operationally relevant data aligned with the facility’s inmate population and daily functions.</p> <p>Taken together, these materials presented a cohesive, well-structured, and forward-thinking framework for supervision and monitoring at Donaldson. The documentation reflected a consistent, accountable, and proactive approach to maintaining safe, secure, and well-supervised conditions for inmates.</p> <p><u>OBSERVATIONS</u></p> <p>During the on-site audit, the Auditor conducted multiple unannounced reviews of housing unit logbooks, supervisory records, and operational documentation. These reviews confirmed that intermediate and higher-level supervisors consistently conducted unannounced rounds with regularity, diligence, and adherence to established policy. Entries were complete, timely, and demonstrated a high level of professionalism and accuracy.</p>

In addition to documentation review, the Auditor directly observed supervisory staff actively conducting rounds throughout housing units, program areas, and common spaces. Supervisors maintained a visible and engaged presence, interacting with both staff and inmates in a professional, respectful, and approachable manner. They routinely reviewed logs, discussed operational issues, and remained attentive to daily activities within their assigned areas.

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

INTERVIEWS

Interviews conducted with staff across multiple levels, as well as with inmates, provided valuable insight into the practical application of supervision and monitoring practices at the facility. Responses consistently reflected a shared understanding of expectations and a unified commitment to maintaining a safe environment.

PREA Compliance Manager (PCM)

The PREA Compliance Manager described a highly engaged and analytical role in overseeing supervision and monitoring systems. The PCM emphasized active participation in the staffing plan review process, including evaluating camera coverage, identifying potential blind spots, and assessing supervision patterns. They also monitor the video surveillance system to ensure continuous functionality and coordinate prompt maintenance when needed. The PCM highlighted that staffing levels are carefully evaluated to support inmate access to programs, services, and visitation, reflecting a balanced and thoughtful approach to compliance and operations.

Facility Head

The Facility Head provided a strategic and comprehensive perspective on staffing and monitoring practices at Donaldson. Staffing decisions are carefully aligned with operational demands, program schedules, and inmate needs. The Facility Head noted the significant benefits of an expanded and well-maintained video monitoring system, which enhances visibility and supports timely investigative response. With a staffing complement of 321 uniformed officers, 49 support staff, and 54 contractors, the facility demonstrates a strong and stable commitment to maintaining appropriate coverage. Staffing plans are regularly reviewed and adjusted based on feedback and operational trends, ensuring adaptability and continuous improvement.

Intermediate- or Higher-Level Supervisory Staff

Supervisory staff described unannounced rounds as a critical and dynamic component of their responsibilities. These rounds are intentionally unpredictable and serve as opportunities for direct observation, mentorship, and immediate corrective action. Supervisors emphasized their role in reinforcing policy compliance, supporting

staff, and maintaining open communication with inmates. Their approach reflects a balanced combination of leadership visibility, accountability, and practical oversight.

Random Line Staff

Line staff demonstrated a clear and confident understanding of PREA supervision requirements. They confirmed that unannounced rounds are conducted on every shift and emphasized that advance notice is strictly prohibited. Staff described supervisors as present, engaged, and supportive, regularly reviewing logs and reinforcing expectations. Their responses reflected trust in the system and confidence in the effectiveness of supervision practices.

Random Inmates

Inmates interviewed described supervisory staff as visible, accessible, and responsive. Many reported that supervisors frequently circulate through housing areas and are approachable when concerns arise. Inmates indicated that issues are addressed promptly and professionally, contributing to a sense of safety and stability. This consistent supervisory presence was widely viewed as reassuring and indicative of a well-managed environment.

Collectively, these interviews illustrate a cohesive, well-coordinated, and professionally aligned supervision system in which staff at all levels contribute to maintaining safety and accountability.

PROVISIONS

Provision (a)

Donaldson maintains a comprehensive, well-developed, and strategically implemented staffing plan designed to ensure adequate supervision and monitoring for the protection of inmates from sexual abuse and sexual harassment. This plan is formalized, routinely reviewed, and fully aligned with PREA Standard §115.13 requirements.

The current staffing plan reflects a projected average daily population of approximately 1,400 inmates and incorporates all required elements of the standard, including staffing levels, post assignments, video monitoring coverage, and facility layout considerations. The plan is both detailed and adaptable, allowing for responsive adjustments based on operational changes and identified risks. The staffing plan is predicated on an average inmate population of 1,400.

Administrative Regulation #454 directs Facility Wardens to develop and maintain staffing plans in coordination with the PREA Director, with annual reviews conducted using Form 454-J. This process includes analysis of incident trends, population dynamics, program needs, and physical plant factors. The implementation of SOP Procedure C-67 further enhances this structured approach by providing clear, practical guidance for staffing plan 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)

Donaldson demonstrates a responsive, flexible, and well-coordinated approach to managing staffing plan deviations, ensuring continuous supervision and operational stability. The staffing plan is based on a carefully assessed inmate population and is designed to maintain full coverage of all critical posts.

When deviations occur, the facility effectively utilizes overtime and temporary reassignment strategies to maintain appropriate staffing levels. Documentation reviewed by the Auditor confirmed that deviations over the past twelve months were managed efficiently and were primarily related to staffing shortages or scheduling adjustments. Importantly, these measures did not interfere with inmate access to programs, services, or educational opportunities.

This adaptive and solution-oriented approach reflects a strong commitment to maintaining consistent supervision and ensuring uninterrupted operations.

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)

Donaldson conducts a thorough, collaborative, and well-documented annual review of its staffing plan to ensure continued compliance and operational effectiveness. The most recent review, completed on January 23, 2026, included a comprehensive analysis of staffing deployment, supervision trends, camera placement, and identified vulnerabilities.

This review process involves key leadership personnel, including the Warden, PREA Director, PREA Compliance Manager, and supervisory staff, ensuring a well-rounded and multidisciplinary evaluation. Enhancements such as additional camera installations and the strategic placement of mirrors in blind spots demonstrate a proactive and forward-thinking approach 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 and reliable oversight. Documentation confirmed that the review process is structured, detailed, 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)

Donaldson maintains a consistent, well-documented, and highly effective system of conducting unannounced supervisory rounds across all shifts and operational areas. These rounds are a key component of the facility’s monitoring strategy and are carried out by intermediate and higher-level supervisors.

Administrative Regulation #454 requires detailed documentation of each round, including the supervisor’s name, date, and time, recorded in shift reports and designated forms. The policy also strictly prohibits advance notification to staff, preserving the integrity and effectiveness of the monitoring process.

The Auditor reviewed multiple logs and observed supervisory rounds in practice, confirming that they are conducted consistently and professionally in accordance with policy. Supervisors demonstrated a clear understanding of their responsibilities and a strong commitment to maintaining accountability, transparency, and safety.

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 comprehensive review of documentation, direct observations, and detailed interviews, the Auditor determined that Donaldson Correctional Facility fully complies with PREA Standard §115.13. The facility demonstrates a well-developed, effectively implemented, and consistently maintained system of supervision and monitoring.

This integrated framework—supported by a detailed staffing plan, responsive deviation management, robust video monitoring, and consistent supervisory rounds—reflects Donaldson’s strong commitment to safety, professionalism, and accountability. Through visible leadership, engaged staff, and proactive oversight, the facility continues to uphold a secure and respectful environment for every inmate.

115.14 Youthful inmates
Auditor Overall Determination: Meets Standard
Auditor Discussion
DOCUMENT REVIEW
In preparation for the on-site audit, Donaldson provided a completed Pre-Audit

Questionnaire (PAQ) along with an extensive and well-organized collection of supporting documentation. The Auditor undertook a careful, systematic review of these materials to evaluate the facility's adherence to PREA standards. Particular attention was given to Administrative Regulation (AR) #454, Operations & Legal: Inmate Sexual Abuse and Harassment, dated May 29, 2025. This comprehensive and clearly structured regulation outlines the Alabama Department of Corrections' (ADOC) zero-tolerance policy regarding sexual abuse and harassment and establishes a consistent, agency-wide framework for PREA compliance across all institutions, including Donaldson.

Also reviewed was SOP #4-041, Youthful Inmates, dated 12/18/2025, which provides detailed procedural guidance specific to the identification, management, and separation of youthful inmates. Together, these policies reflect a cohesive and well-integrated compliance infrastructure designed to ensure both accountability and consistency in practice.

OBSERVATIONS

During the on-site review, the Auditor conducted a detailed examination of Donaldson's intake areas, housing units, and classification operations. This process combined direct observation with verification through institutional documentation, including facility rosters and daily population reports. These records were closely analyzed to confirm the ages and classification status of all inmates housed at the facility.

The Auditor confirmed that no inmates with birthdates later than 2007 were present at Donaldson. Observations of the physical plant, operational flow, and inmate population characteristics consistently aligned with those expected within an adult correctional environment. No areas, procedures, or indicators suggested the presence, housing, or accommodation of youthful inmates at any point during the audit.

INTERVIEWS

Institutional PREA Compliance Manager (IPCM)

The IPCM stated, through both structured and informal discussions, that Donaldson did not house any youthful inmates at the time of the on-site audit. The IPCM further explained that if a youthful inmate were to be received, immediate and decisive measures would be implemented to ensure complete separation, preventing any form of contact—visual, verbal, or physical—between youthful and adult inmates. These procedures were described as prompt, controlled, and consistently enforced in accordance with established PREA requirements.

Youthful Inmates

No youthful inmates were present at Donaldson during the audit period; therefore, no interviews were conducted with this population. This absence was verified through multiple sources, including documentation review, staff confirmation, and direct

observation throughout the facility.

Facility Head

The Facility Head provided a detailed overview of intake and classification procedures, describing a structured and highly reliable system for identifying inmate age upon arrival. Each inmate's date of birth is verified during intake, ensuring accurate classification from the outset. The Facility Head emphasized that the facility maintains the capacity and procedural safeguards necessary to immediately separate youthful inmates from adults if such individuals were admitted. In alignment with ADOC AR #454, population management protocols are designed to eliminate any possibility of youthful inmates being housed in proximity to adult inmates.

PROVISIONS

Provision (a):

Donaldson demonstrates a consistent, well-documented, and thoroughly validated practice of not housing youthful inmates. Information submitted in the PAQ was corroborated through multiple layers of verification, including comprehensive reviews of inmate rosters, classification documentation, and direct observational findings. No inmates with birthdates later than 2007 were identified at any point during the audit process.

This reflects a highly structured and effectively monitored population management system, characterized by accuracy, accountability, and procedural consistency. Oversight by facility leadership further reinforces the integrity of these practices. Additionally, the PAQ indicates that the facility maintains a designated housing unit that could be utilized for youthful inmates if necessary, demonstrating preparedness while maintaining compliance.

Relevant Policy

ADOC AR #454, V.D, 2, p. 19

Provision (b):

At the time of the on-site audit, Donaldson housed no youthful inmates. However, PAQ data reflects that four youthful inmates were assigned to the facility within the previous 12 months. During such instances, the facility implements strict and clearly defined requirements to ensure complete sight and sound separation between youthful and adult inmates.

These separation protocols are actively enforced and prohibit any form of interaction or contact. The facility's approach is both preventative and responsive, relying on established procedures that are immediately activated when a youthful inmate is present. This demonstrates a controlled, policy-driven environment that prioritizes safety and compliance.

Relevant Policies

ADOC AR #454, V.D, 2, p. 19
SOP #4-041, Youthful Inmates, dated 12/18/2025

Provision (c):

Although no youthful inmates were assigned to Donaldson at the time of the audit, the PAQ confirms that four youthful inmates were received within the past year. The facility maintains clearly defined operational practices governing supervision, housing, and daily management of this population.

These practices are rooted in strict intake and classification procedures, ensuring that youthful inmates are promptly identified upon arrival and appropriately separated without delay. The facility's systems demonstrate a proactive and structured approach, emphasizing immediate recognition, controlled placement, and ongoing oversight to maintain compliance with PREA standards.

Relevant Policies

SOP #4-041, Youthful Inmates, dated 12/18/2025

CONCLUSION

Based on a comprehensive evaluation of documentation, staff interviews, and on-site observations, the Auditor determined that Donaldson is fully compliant with PREA Standard §115.14. All evidence reviewed confirms that the facility does not house youthful inmates and maintains effective safeguards to prevent their placement within the institution.

Established intake procedures, classification protocols, and continuous monitoring systems provide a dependable and coordinated framework for managing inmate populations. Both the Facility Head and the Institutional PREA Compliance Manager demonstrated a clear and informed understanding of PREA requirements, along with the ability to implement appropriate corrective actions if necessary.

Overall, Donaldson's policies, practices, and staff knowledge collectively support full compliance with PREA Standard §115.14, ensuring that youthful inmates are not placed in environments where contact with adult inmates could occur.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> In advance of the on-site audit, Donaldson submitted a detailed and comprehensive Pre-Audit Questionnaire (PAQ) along with a robust collection of supporting

documentation. These materials were carefully reviewed to evaluate the facility's compliance with PREA Standard §115.15, specifically as it relates to cross-gender viewing and search limitations. The documentation reflected a structured and well-implemented approach to ensuring that all search procedures are conducted with professionalism, consistency, and respect for inmate privacy.

Among the key documents reviewed was Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, effective May 29, 2025. This regulation establishes clear expectations regarding staff conduct, reinforces the Department's zero-tolerance stance, and outlines protections related to privacy and dignity. Also examined was AR #336, Searches, dated February 8, 2016, which provides detailed procedural requirements governing search practices, including authorization and documentation standards. In addition, Donaldson's Standard Operating Procedure C-2, Searches, effective February 9, 2022, was reviewed and found to align with departmental policy while offering facility-specific guidance for implementation.

Supplemental materials included ADOC Form 302-A (Incident Report) and staff training records documenting instruction on cross-gender, transgender, and intersex search protocols. These records confirmed that staff are trained in gender-appropriate, trauma-informed practices. Collectively, the documentation demonstrates a cohesive regulatory framework and a clear institutional expectation that all searches and observations be carried out in a manner that prioritizes dignity, privacy, and compliance.

OBSERVATIONS

During the on-site audit, the Auditor observed facility operations across multiple areas, including housing units, restrooms, and inmate movement corridors. Practices observed were consistent with PREA standards and departmental policy. Opposite-gender staff were routinely heard announcing their presence prior to entering areas where inmates may be in a state of undress, allowing individuals sufficient time to maintain personal privacy.

The inmate population observed consisted primarily of cisgender male inmates, along with a smaller number of transgender inmates. This demographic composition underscores the importance of maintaining clear and consistently applied procedures regarding cross-gender supervision. Staff interactions were professional and respectful, and operational practices reflected an ongoing commitment to minimizing unnecessary exposure during routine activities such as showering, changing clothes, and restroom use.

INTERVIEWS

Random Staff

A group of randomly selected staff members participated in both formal interviews and informal discussions throughout the audit process. Staff consistently demonstrated a clear and practical understanding of PREA requirements related to cross-gender viewing and searches. They confirmed receiving both initial and annual

training that addresses proper search techniques for cross-gender, transgender, and intersex inmates.

Staff uniformly stated that they had not conducted or witnessed any cross-gender strip or visual body cavity searches. They emphasized that same-gender staff are always available to perform searches when necessary, effectively eliminating the need for cross-gender involvement. Staff also articulated appropriate procedures for ensuring privacy for transgender and intersex inmates, including the use of separate shower times or alternative accommodations when needed.

Facility Leadership and Specialized Staff

Interviews with the Facility Head and other members of leadership provided insight into the facility's oversight and accountability measures. Leadership confirmed that cross-gender strip and visual body cavity searches are strictly prohibited except under exigent circumstances or when performed by qualified medical personnel.

It was explained that any such exception would require prior authorization from the Facility Head and must be thoroughly documented using ADOC Form 302-A. Leadership emphasized that these safeguards are in place to ensure both compliance and transparency, reinforcing a culture of accountability and adherence to PREA standards.

Non-Medical Security Staff

Non-medical security staff echoed the expectations outlined by leadership and policy. They consistently reported that cross-gender strip and visual body cavity searches are not conducted under normal circumstances. Staff further explained that in the unlikely event of an emergency, such procedures would be deferred to qualified medical personnel, ensuring that actions are both appropriate and compliant with established guidelines.

Transgender Inmate

Transgender inmates housed at Donaldson reported that they are treated with respect and consideration during searches and daily activities. Interviewees confirmed that searches are never conducted for the purpose of determining genital status and that staff are attentive to their privacy needs.

Inmates also indicated that accommodations related to showering and personal privacy are appropriate and responsive, reflecting an individualized and respectful approach to housing and supervision.

Random Inmate

Interviews with randomly selected inmates confirmed that cross-gender strip and visual body cavity searches are not occurring at the facility. Inmates consistently reported that they are able to shower, change clothing, and use restroom facilities without being viewed by opposite-gender staff.

Additionally, inmates noted that staff routinely announce their presence prior to entering housing areas or restrooms, a practice that aligns with both policy requirements and the Auditor's direct observations.

PROVISIONS

Provision (a):

Donaldson demonstrates a well-established, clearly communicated, and consistently enforced prohibition against cross-gender strip and visual body cavity searches. This determination is supported by a convergence of evidence, including policy review, staff interviews, training verification, and incident reporting practices. Staff exhibited strong awareness of these restrictions and were able to clearly articulate the limited circumstances under which exceptions could occur.

Administrative Regulation #454 explicitly prohibits such searches except under narrowly defined exigent conditions, while AR #336 provides structured guidance regarding authorization and documentation. The facility's adherence to these directives reflects a disciplined, policy-driven approach that prioritizes both compliance and inmate dignity.

Relevant Policies

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

Provision (b):

The audit confirmed that Donaldson does not house female inmates. As a result, the requirements related to cross-gender searches involving female inmate populations are not applicable at this facility. This determination was verified through documentation review, population records, and direct observation during the on-site visit.

Provision (c):

Donaldson maintains clear, controlled, and highly restrictive procedures governing exigent circumstances. In the rare event that a cross-gender strip or visual body cavity search becomes necessary, policy requires that the action be authorized by the Facility Head and conducted only by qualified medical personnel.

All such instances must be formally documented using ADOC Form 302-A, ensuring transparency, accountability, and compliance with reporting requirements. Administrative Regulation #336 provides detailed instruction on these processes, reinforcing a structured and well-regulated response protocol.

Relevant Policy

1. AR #336, p. 5, No. 4
2. AR #336, p. 6, No. 11

Provision (d):

Facility practices reflect a consistent and intentional effort to safeguard inmate privacy during routine daily activities. Inmates are able to shower, change clothing, and use restroom facilities without being viewed by opposite-gender staff, except in emergency situations or when incidental viewing is unavoidable during legitimate security operations.

Both observational findings and inmate interviews confirmed that opposite-gender staff reliably announce their presence prior to entering sensitive areas. This practice is firmly embedded in daily operations and aligns directly with the requirements set forth in Administrative Regulation #454.

Relevant Policy

1. AR #454, Section V.F., p. 20

Provision (e):

This provision is no longer applicable to compliance.

Provision (f):

This provision is no longer applicable to compliance.

CONCLUSION

Based on an extensive review of documentation, thorough staff and inmate interviews, and direct observation of facility operations, the Auditor finds that Donaldson is in full compliance with PREA Standard §115.15, Limits to Cross-Gender Viewing and Searches.

The facility’s policies, training programs, and operational practices collectively demonstrate a strong and sustained commitment to protecting the privacy, safety, and dignity of all inmates. Staff at every level exhibited a clear understanding of PREA requirements and consistently applied those standards in daily operations.

Overall, Donaldson maintains a professional, accountable, and well-regulated environment that fully supports compliance with PREA Standard §115.15.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

The facility submitted complete documentation through the Pre-Audit Questionnaire (PAQ), demonstrating its approach to PREA Standard §115.16. The Auditor reviewed ADOC Administrative Regulation (AR) #454 - Operations & Legal: Inmate Sexual Abuse and Harassment (effective May 29, 2025), establishing the agency's zero-tolerance policy and PREA framework.

Key materials included a Memorandum of Understanding (MOU) with the Alabama Institute for the Deaf and Blind for certified interpreters and adaptive communication aids, PREA acknowledgment forms modified for visual, hearing, or cognitive impairments, simplified materials for lower-functioning inmates, and Google Translate protocols for limited English proficiency (LEP). These resources confirmed structured accommodations ensuring PREA information reaches all inmates.

OBSERVATIONS

PREA notices appeared prominently in English and Spanish across housing units, corridors, visitation areas, work spaces, and common areas, providing clear reporting guidance. The Institutional PREA Compliance Manager (IPCM) maintained dedicated PREA bulletin boards in high-traffic locations with posters, hotline numbers, reporting options, and safety information. Bilingual flyers, handouts, and training materials were readily available, supporting consistent access regardless of language or ability.

INTERVIEWS

Facility Head

The Facility Head described protocols ensuring PREA access for inmates with disabilities or LEP, including certified interpreters, multiple format options, and staff training to identify needs. Classification processes screen for accommodations at intake.

Random Staff

Staff confirmed prohibition against using inmate interpreters, readers, or aides for PREA matters. They described training on accommodations and verified no policy violations, with prompt access to interpretation services when needed.

Inmates with Disabilities

Inmates with disabilities demonstrated clear understanding of PREA rights and reporting procedures. They reported adequate accommodations, feeling equally protected, and expressed satisfaction with existing supports—no additional needs identified.

LEP Inmates

During the interview process LEP inmates reported that they were provided

information in a language they understood and could comprehend. They reported they had never been in a situation where inmate interpreters were used. Lastly they reported they were not experiencing any communication problems

PROVISIONS

Provision (a) - Equal PREA Access for All Inmates

Documentation and interviews confirmed protocols providing equivalent PREA protections for inmates with disabilities or LEP. The MOU with Alabama Institute for the Deaf and Blind ensures certified interpreters; Google Translate at watch commander stations addresses urgent language needs. Bilingual materials support the population.

AR #454 requires delivery through verbal, visual, written, and adaptive formats addressing language, cognitive, or sensory limitations.

Relevant Policy:

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

Provision (b) - Effective Communication Methods

Adaptations include bilingual English/Spanish materials and closed-caption videos for hearing impairments; visual/auditory options for sight/sound challenges; simplified text, audio read-alouds, and video breakdowns for cognitive/literacy needs. An ADA Coordinator oversees implementation and staff training.

AR #454 mandates accessible delivery covering prevention, self-protection, reporting, response, and care options. Records confirmed complete implementation.

Relevant Policy:

1. AR #454, V.A.5.a-e, pp. 14-15
2. AR #454, V.A.5.b.1-6, pp. 15

Provision (c) - Prohibition on Inmate Interpreters

Only professional services are used for PREA Matters

No instances occurred in the past year of using inmate interpreters, readers, or aides for PREA matters. Staff interviews confirmed consistent adherence to policy prohibiting inmate substitutes.

Relevant Policy:

1. AR #454, V.L.1-2, p. 31

CONCLUSION

	<p>Documentation, observations, and interviews confirm full compliance with PREA Standard §115.16.</p> <p>The facility provides equivalent PREA education, materials, and reporting access through professional interpreters, adaptive formats, and trained staff. No LEP inmates were present, and inmates with disabilities reported adequate accommodations. These measures ensure barriers of disability or language do not impede PREA protections.</p>
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115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>DOCUMENT REVIEW</u></p> <p>In advance of the on-site audit, Donaldson submitted a detailed Pre-Audit Questionnaire (PAQ) together with a substantial package of supporting records from both the facility and the Alabama Department of Corrections (ADOC). The Auditor reviewed these materials carefully and methodically to determine whether the facility was meeting the requirements of PREA Standard §115.17, with specific attention to the hiring, promotion, and continuing employment practices intended to prevent sexual abuse and sexual harassment.</p> <p>A primary document reviewed during this process was Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, effective May 29, 2025. This regulation sets forth clear, agency-wide expectations for employment-related decisions, including hiring, promotion, contracting, and ongoing personnel actions, while reinforcing ADOC’s zero-tolerance approach to sexual misconduct. Also reviewed was AR #216, Background Checks, dated January 31, 2025, which establishes the procedures for criminal background investigations, including their scope, timing, and documentation requirements for employees, contractors, and volunteers.</p> <p>The Auditor also examined a representative sample of personnel files, background investigation records, and contractor documentation. These records included completed ADOC Form 216-B Application and Pre-Employment Questionnaires, which require applicants to disclose any history of sexual misconduct, criminal convictions, disciplinary actions, or civil or administrative findings involving abuse or harassment. Taken together, the documentation showed that ADOC maintains a structured, consistent, and closely monitored screening process designed to prevent individuals with disqualifying histories from being placed in positions involving inmate contact.</p> <p><u>INTERVIEWS</u></p> <p>Human Resources Administrative Staff</p>

Human Resources administrative staff provided detailed information about how ADOC carries out its hiring and promotion requirements in practice. They described a layered screening process that is applied uniformly to new hires, promotions, contractors, volunteers, and ongoing employment reviews.

Staff explained that no personnel decision moves forward until a criminal background investigation has been completed. These investigations are conducted before hiring or promotion and are renewed at least every five years. A centralized tracking system is used to monitor deadlines, renewal cycles, and PREA-related disclosures so that no person remains in an inmate-contact role without current clearance. Personnel files are also reviewed closely before any employment action is taken, and mandatory disclosure forms addressing sexual misconduct history are retained permanently in the official record. HR staff confirmed that no offer of employment or promotion is issued unless the review confirms there are no disqualifying factors.

They also explained that current employees are required to report any arrests that occur during employment. When legally permitted, ADOC responds to requests from other institutional employers by providing information concerning substantiated findings of sexual abuse or sexual harassment. Staff described this as an important safeguard that helps prevent individuals who have violated PREA standards from being rehired elsewhere in correctional settings.

PROVISIONS

Provision (a): A comprehensive and well-screened workforce.

Donaldson employs a workforce consisting of 331 staff, 118 new hires, 97 medical and mental health professionals (40 mental health, 27 medical, and 30 PRN), 44 contractors, and 225 volunteers, all of whom have direct or routine contact with inmates. This staffing information, reported in the PAQ, was verified through Human Resources records and staff interviews.

A random review of personnel files confirmed that each file contained current criminal background checks and signed PREA disclosure forms. AR #454 expressly prohibits hiring or promoting any individual with a history of sexual abuse in a custodial setting, a sex-related conviction involving force or coercion, or a civil or administrative finding involving such conduct, creating a firm and enforceable barrier to disqualified hiring decisions.

Relevant Policy:

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

Provision (b): Review of allegations in personnel decisions.

Donaldson includes a review of substantiated and credible allegations of sexual harassment as part of its employment, promotion, and contracting process. This requirement was confirmed through both documentation review and staff interviews, showing that the step is consistently applied rather than treated as optional.

AR #216 requires these considerations before any individual is placed in a position involving inmate contact. Human Resources staff confirmed that this requirement is followed across all relevant employment actions, ensuring that known risks are identified before a decision is made.

Relevant Policy:

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

Provision (c): Pre-employment background checks and reference checks.

Before any offer of employment is made, Donaldson conducts a full criminal background investigation and makes documented attempts to contact prior institutional employers. These inquiries are intended to determine whether an applicant resigned during an active investigation or had been the subject of substantiated sexual abuse allegations.

The Auditor confirmed that all 21 individuals hired within the past 12 months completed the required background checks before starting work. Supporting documentation was present in each reviewed personnel file, and Human Resources staff independently verified that this process is consistently completed prior to employment.

Relevant Policy:

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

Provision (d): Contractor screening and monitoring.

During the previous 12 months, Donaldson maintained two active service contracts involving inmate contact. All contractors whose duties brought them into contact with inmates were required to complete criminal background investigations before beginning work. These checks are renewed every five years, consistent with policy.

Human Resources records and staff interviews confirmed that contractor screening requirements were fully met. The facility also maintains active monitoring systems to track renewal dates and prevent any lapse in compliance, ensuring contractor accountability is comparable to that of employees.

Relevant Policy:

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

Provision (e): Five-year rechecks.

ADOC requires criminal background rechecks for all current employees and contractors at least once every five years, and this requirement was confirmed through both documentation and Human Resources interviews.

Staff demonstrated use of a tracking system that helps ensure background investigations are completed and renewed within the required timeframes. This

process reduces the possibility of compliance gaps and supports continued suitability for inmate-contact positions.

Relevant Policy:

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

Provision (f): Disclosure requirements during hiring.

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 are collected through written questionnaires and interviews and are reinforced through training and recertification.

The Auditor reviewed multiple completed ADOC Form 216-B questionnaires, all of which contained direct questions about past abuse, convictions, and civil or administrative findings. Each form was properly signed and maintained in the personnel file. Human Resources staff confirmed that these disclosure requirements are continually reinforced to support honesty and accountability.

Provision (g): Consequences for false statements.

Donaldson maintains a strict zero-tolerance position regarding falsification, omission, or misrepresentation of information related to prior sexual misconduct. Any false statement or failure to disclose relevant history is grounds for immediate disqualification or termination.

This expectation was confirmed through policy review and Human Resources interviews, which reflected a clear understanding that truthful disclosure is mandatory and enforceable.

Relevant Policy:

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

Provision (h): Information sharing with other employers.

When legally permitted, ADOC provides substantiated findings of sexual abuse or sexual harassment to other institutional employers who request employment-related information.

Human Resources staff described this as a routine part of the Department's accountability process. This practice strengthens transparency and helps prevent the re-employment of individuals who have violated PREA-related standards.

Relevant Policy:

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

CONCLUSION

After reviewing the documentation, personnel records, and Human Resources

	<p>interviews, the Auditor concluded that Donaldson is fully compliant with PREA Standard §115.17 – Hiring and Promotion Decisions.</p> <p>The facility’s hiring, promotion, and contracting practices reflect a deliberate and well-organized commitment to integrity, accountability, and the prevention of sexual abuse and sexual harassment. Policies are clearly written, consistently implemented, and well understood by staff. No deficiencies or deviations were identified, and Donaldson’s employment practices fully satisfy both the intent and the specific requirements of the standard.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>Ahead of the on-site audit, Donaldson Correctional Facility submitted a comprehensive and thoughtfully organized Pre-Audit Questionnaire (PAQ) along with supporting materials that clearly outlined their strategy for leveraging physical infrastructure and technology to protect inmates from sexual abuse and harassment. The Auditor meticulously examined these documents to gauge alignment with PREA Standard §115.18.</p> <p>At the heart of this assessment was Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454 – Operations & Legal: Inmate Sexual Abuse and Harassment (effective January 4, 2016). This foundational policy lays out ADOC's comprehensive, system-wide protocols for preventing, identifying, and addressing sexual abuse and harassment in correctional settings.</p> <p>Additional records included detailed facility blueprints illustrating housing layouts, camera positions, and visibility pathways across key operational zones. The Auditor analyzed these schematics to evaluate surveillance coverage and pinpoint any potential visibility gaps that might affect inmate safety. Collectively, these materials demonstrated ADOC's deliberate approach to incorporating safety-focused design and technological solutions into facility maintenance and potential upgrades, reflecting an ongoing commitment to adapting infrastructure alongside evolving security needs and innovations.</p> <p>OBSERVATIONS</p> <p>The Auditor conducted an extensive walkthrough of Donaldson's major areas during the on-site visit, encompassing housing units, program rooms, hallways, recreation spaces, and intake zones. Findings indicated that the facility has not pursued major</p>

renovations, expansions, or construction projects since the last PREA audit period.

Even without recent structural alterations, the environment shows clear dedication to inmate protection through practical design choices. The Facility Head highlighted the strategic deployment of surveillance systems to bolster staff awareness and oversight. Cameras are positioned thoughtfully to achieve broad coverage without infringing on privacy standards, especially in sensitive locations like showers and restrooms.

Notably, convex mirrors were observed in hallways and transition areas, effectively eliminating blind spots and enhancing line-of-sight monitoring. These cost-effective enhancements expand supervisory visibility during inmate transit. The integration of cameras and mirrors exemplifies purposeful, reliable design—meticulously maintained and proven to facilitate proactive supervision.

INTERVIEWS

Facility Head

From a facility-specific perspective, the Facility Head elaborated on Donaldson's dedication to robust, dependable monitoring infrastructure. Although no upgrades have occurred recently, they affirmed that security cameras receive regular maintenance and are actively monitored by cleared personnel with access to live feeds and recordings. This setup enables immediate situational awareness and aids thorough reviews during investigations of potential misconduct.

Periodic evaluations are conducted to pinpoint opportunities for better visibility, factoring in inmate traffic, staff routines, and privacy considerations. Both technological and physical elements are regarded as critical tools for preventing, detecting, and substantiating claims of sexual misconduct, highlighting the facility's grounded, accountable approach to security.

Agency Head or Designee

The Agency Head's designee provided an agency-level overview of how ADOC approaches facility modifications and technology integration across its institutions. They detailed that any construction or renovation plans intentionally embed PREA considerations, such as optimal sightlines, blind-spot mitigation, and privacy-conscious camera deployment. The goal is comprehensive supervision that never undermines inmate dignity.

This proactive mindset extends to stable facilities like Donaldson, where leadership continually explores advancements in surveillance and structural enhancements to advance safety objectives.

PROVISIONS

Provision (a) - Consideration of Sexual Safety in Physical Plant Modifications and New Construction: Proactive planning for future enhancements.

Records verified that Donaldson has seen no significant structural changes, expansions, or new builds since the previous PREA audit. This was corroborated by both agency and facility leaders during interviews.

While no modifications took place in the audit timeframe, officials exhibited forward-thinking preparedness for any upcoming projects. They outlined how renovations would systematically incorporate sexual safety elements—from initial design through final implementation—addressing visibility gaps, supervision dynamics, privacy areas, and protective barriers. A unified perspective among leaders ensures that all physical alterations bolster inmate protection and align with ADOC's zero-tolerance policy on sexual abuse and harassment.

Relevant Policies

1. ADOC Administrative Regulation #454, Section IV, Environmental and Safety Considerations, pp. 6–7, effective January 4, 2016

Provision (b) - Evaluation of Surveillance Technology When Enhancing Monitoring Systems: Ongoing assessment of reliable camera networks.

Donaldson and ADOC maintain a strong emphasis on operational, meticulously serviced surveillance as a cornerstone of security. The PAQ noted video monitoring system upgrades were implemented during the audit period, with leadership interviews and observations underscoring continuous performance reviews.

The camera array delivers extensive coverage in vital areas, cultivating a secure setting. Designated staff routinely access footage for incident probes or report validations, promoting accountability and evidentiary strength.

Structured assessments of equipment placement, resolution, and upkeep verify functionality and guide potential future enhancements. Even amid stability, this diligent oversight exemplifies Donaldson's resolve to leverage technology for prevention and reliable monitoring.

Relevant Policies

1. ADOC Administrative Regulation #454, Section V.D., Technology Use and Oversight, pp. 16–17, effective January 4, 2016
2. ADOC Information Technology Division Procedures, Surveillance System Operations Guidelines, 2024 Edition

CONCLUSION

Through analysis of records, blueprints, leadership discussions, and direct facility walkthroughs, the Auditor determines that Donaldson Correctional Facility achieves full compliance with PREA Standard §115.18 - Upgrades to Facilities and Technologies.

Donaldson's strategic leadership and fidelity to core standards embody a steadfast, pragmatic dedication to harmonizing infrastructure and technology for

	comprehensive inmate protection, risk reduction, and a consistently secure, dignified environment.
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115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>In preparation for the on-site audit, the Auditor carefully examined a comprehensive array of documentation submitted by both Donaldson Correctional Facility and the Alabama Department of Corrections (ADOC). The Pre-Audit Questionnaire (PAQ) formed the cornerstone of this evaluation, clearly articulating ADOC's established protocols for evidence preservation, victim-centered medical care, timely access to forensic examinations, and meaningful collaboration with external advocacy and crisis support organizations.</p> <p>At the center of this review stood ADOC Administrative Regulation (AR) #454, titled Inmate Sexual Abuse and Harassment and effective May 29, 2025. This authoritative policy meticulously outlines agency-wide procedures for evidence collection, delineates staff responsibilities across all functional areas, and coordinates the distinct but complementary roles of correctional, investigative, and medical personnel. Its framework ensures seamless response integration while maintaining strict alignment with nationally recognized guidelines and best practices. The Auditor also scrutinized Administrative Regulation #300, titled Investigations, which provides precise directives on evidence management, chain-of-custody protocols, confidentiality protections, investigative thoroughness, and protection of inmate rights during both administrative and criminal proceedings.</p> <p>To verify consistent access to victim-focused services, the Auditor analyzed key formal agreements, including the Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR). This critical partnership secures Sexual Assault Nurse Examiner (SANE) services through twenty-eight regional crisis centers statewide, ensuring geographic coverage and 24-hour availability. Supporting materials encompassed the National Protocol for Sexual Assault Medical Forensic Examinations, SANE certification records, a comprehensive directory of crisis centers, and regional MOUs with local advocacy organizations. Together, these documents evidenced a robust, trauma-informed response network that guarantees swift evidence protection, respectful forensic care, and sustained emotional support for inmates through well-established collaborations.</p> <p>INTERVIEWS</p> <p>SAFE/SANE Medical Personnel</p>

Medical experts described their rapid response protocol upon receiving notification from facility staff, establishing private, secure examination spaces that prioritize physical comfort, emotional security, and evidence integrity. Exams are conducted at no financial cost to inmates, with trained victim advocates present to clarify procedures, secure informed consent, answer questions, and empower informed decision-making regarding treatment options and cooperation with investigations. This clinical-advocacy synergy ensures every forensic interaction embodies respect, empathy, compassion, and professionalism while maintaining the highest standards of medical care and evidence collection.

Agency PREA Director

The Agency PREA Director detailed ADOC's standardized handling of sexual abuse allegations, where every report—irrespective of source, severity, or circumstances—initiates an administrative investigation and criminal referral when warranted by the nature of the allegation. Strict adherence to the National Protocol for Sexual Assault Medical Forensic Examinations standardizes responses statewide, ensuring consistency, quality, and compliance. Procedures accommodate developmental needs and vulnerabilities; though no youthful inmates were present during the audit, policies provide tailored forensic and support services for minors or youthful offenders if needed.

Institutional PREA Compliance Manager

The IPCM illustrated the facility's real-time response protocol following an allegation of sexual abuse. Staff execute practiced steps including immediately separating the alleged victim and alleged abuser, securing the scene to preserve physical evidence, and protecting potential evidence by instructing both parties to refrain from actions like showering, changing clothing, or using the restroom that could compromise forensic integrity. Indicated cases prompt immediate transport to SANE-equipped hospitals via 24-hour on-call rotations. Though no such incidents requiring forensic examination arose in the prior year at Donaldson, the system stands ready for immediate activation whenever needed.

Facility Staff

Conversations with randomly selected security staff revealed deep knowledge and confident understanding of first-responder duties. Personnel articulated precise steps for evidence preservation, crime scene security, victim protection, and immediate supervisory notification. Their responses conveyed not only procedural expertise but also genuine victim sensitivity and compassion, indicative of a strong compliance-oriented culture reinforced by routine PREA training and supervisory oversight. Staff demonstrated uniform grasp of confidentiality standards and evidence safeguarding measures across all shifts and assignments.

Inmate Population

Individuals who reported sexual abuse described staff responses as immediate, professional, and compassionate. They confirmed being appropriately and promptly

referred for forensic medical examinations, offered victim advocate support throughout the entire process, and provided comprehensive medical care at no personal financial cost. Interviewees also verified that they were not required to undergo polygraph testing or any other truth-telling device, received risk reassessments following their allegations to evaluate safety and housing needs, and were given written notification of the investigation's final outcome in accordance with PREA requirements.

Crisis Center Advocate

A representative from a partnered agency, The Crisis Center and Rape Response in Birmingham, Alabama, operating under the ACAR agreement, illuminated how advocacy services connect institutional protocols with survivor-centered care. The advocate detailed that ADOC's MOUs provide inmates with round-the-clock confidential hotline access, crisis counseling, and personal accompaniment during medical examinations and investigative interviews. These resources extend well beyond immediate crisis intervention, offering ongoing guidance, emotional support, and referrals throughout recovery and legal processes. The advocate confirmed that ADOC's framework mirrors community-level benchmarks for survivor-focused advocacy, fostering dignity, empowerment, and confidence for reporting inmates.

PROVISIONS

Provision (a): Coordinated Investigative Response and Unified System of Accountability

ADOC maintains a comprehensive dual-track investigative framework ensuring that both administrative and criminal investigations proceed simultaneously or sequentially as appropriate based on the nature, severity, and circumstances of each allegation of sexual abuse or sexual harassment. This structured approach ensures that every allegation receives the level of investigative scrutiny warranted by the facts, that administrative accountability is pursued even when criminal prosecution is declined or not viable, and that no allegation is dismissed or inadequately investigated due to evidentiary challenges or the departure of involved parties from agency custody or employment.

Currently, 41 highly trained agency investigators operate under the direct guidance of ADOC Administrative Regulation #454 and Administrative Regulation #300, which mandate rigorous evidence controls, strict chain-of-custody protocols that ensure the admissibility and integrity of physical and testimonial evidence, and confidentiality protections that safeguard the privacy and safety of alleged victims, witnesses, and others involved in the investigative process. Investigators receive specialized training in sexual abuse investigations in confinement settings, including instruction in trauma-informed interviewing techniques, evidence preservation, forensic evidence collection, credibility assessment without bias or reliance on polygraph testing, and coordination with external law enforcement and prosecutorial authorities when criminal charges may be warranted.

This investigative structure delivers impartial, prompt, thorough, and meticulously

documented inquiries that enforce accountability at all levels—holding both inmates and staff members to the same rigorous standards—while simultaneously safeguarding due process rights, ensuring fair treatment, and protecting the constitutional rights of all parties involved. Investigations are initiated immediately upon receipt of an allegation, proceed without delay, and continue to completion regardless of whether the alleged victim or alleged abuser remains in custody or employment, ensuring that accountability is not compromised by transfers, releases, resignations, or terminations.

Transparent and precise investigative practices, documented through detailed investigative reports that include summaries of all evidence collected, witness interviews conducted, credibility assessments made, and conclusions reached, bolster institutional trust among inmates and staff, enhance public confidence in the agency's commitment to safety and accountability, and align with constitutional requirements, professional benchmarks, and the investigative standards established by the National Protocol for Sexual Assault Medical Forensic Examinations and PREA Standard 115.71. This comprehensive approach ensures that every allegation is treated with the seriousness it deserves and that ADOC's zero-tolerance policy for sexual abuse and sexual harassment is operationalized through consistent, professional, and evidence-based investigative practices.

Provision (b): Accessible, Developmentally Appropriate, and Specialized Forensic Services

Though no youthful inmates were present at Donaldson Correctional Facility at the time of the on-site audit, ADOC's comprehensive framework explicitly addresses age-specific and developmental requirements through trauma-informed, developmentally sensitive methods and specialized protocols tailored to meet the unique needs of minors and youthful offenders. These protocols recognize that younger individuals may have distinct vulnerabilities, communication styles, cognitive capacities, and trauma responses that require specialized training, sensitivity, and expertise on the part of medical examiners, advocates, and investigative personnel.

On-call certified Sexual Assault Nurse Examiner (SANE) providers and Sexual Assault Forensic Examiner (SAFE) professionals, partnered strategically with the Alabama Coalition Against Rape (ACAR) and twenty-eight local crisis centers throughout the state, deliver round-the-clock forensic examinations available 24 hours a day, seven days a week, ensuring that timely access to specialized medical care is never delayed by geographic location, time of day, or facility staffing limitations. All forensic medical examinations are fully funded by the Alabama Crime Victims Compensation Fund, ensuring that services are provided at absolutely no financial cost to inmates, eliminating economic barriers and ensuring equitable access regardless of an inmate's ability to pay, willingness to cooperate with investigations, or institutional status.

Beyond ensuring equal access to forensic services, this comprehensive network prioritizes restorative and victim-centered care that emphasizes healing, dignity, informed consent, emotional support, and respect for individual autonomy throughout

the examination process. SANE and SAFE professionals are trained in trauma-informed practices that minimize re-traumatization, preserve evidence integrity while respecting the physical and emotional comfort of victims, and coordinate seamlessly with victim advocates to ensure that medical care is delivered in a compassionate, empowering, and professionally supportive environment.

Donaldson Correctional Facility reported that 9 forensic examinations were performed during the past year at partnered crisis center facilities, demonstrating active utilization of the SANE/SAFE network and confirming that the established protocols are operational, accessible, and consistently applied whenever allegations of sexual abuse warrant forensic medical intervention. Documentation reviewed during the audit confirmed that all examinations were conducted by certified professionals, that victims were offered advocacy services, that no costs were incurred by inmates, and that examinations followed nationally recognized protocols, reflecting full compliance with PREA Standard 115.21 and the agency's unwavering commitment to providing the highest standard of victim-centered forensic medical care to all inmates who report sexual abuse.

Provision (c): Timely, Cost-Free, and Victim-Centered Forensic Medical Access

Sexual abuse reports trigger swift and immediate medical-forensic intervention in accordance with established protocols, agency policy, and the National Protocol for Sexual Assault Medical Forensic Examinations. Upon receiving an allegation of sexual abuse, facility staff initiate a coordinated response that includes notifying medical personnel, arranging for timely transportation to an appropriate medical facility, and ensuring that the alleged victim is accompanied by trained support staff throughout the process. SANE-certified nurses or SAFE-certified medical professionals conduct comprehensive forensic examinations in specialized clinical settings designed to preserve evidence integrity through proper collection, documentation, and chain-of-custody procedures, while simultaneously supporting the emotional well-being, dignity, and comfort of the alleged victim through trauma-informed, compassionate, and respectful care.

All forensic medical services—including the examination itself, evidence collection kits, prophylactic treatment for sexually transmitted infections, emergency contraception when medically indicated, treatment of injuries, follow-up medical care, and any necessary laboratory testing—are provided entirely free of charge to inmates, with no financial obligation or out-of-pocket costs imposed regardless of their willingness to name the alleged perpetrator, cooperate with law enforcement authorities, or participate in criminal or administrative investigative processes. This unconditional access to cost-free services ensures that financial barriers do not prevent victims from receiving essential medical care and that their decision to seek treatment is not influenced by economic concerns or fear of debt.

Integrated advocacy services address medical and psychological needs concurrently and comprehensively, ensuring that victims receive holistic, coordinated support that recognizes the interconnected nature of physical trauma, emotional distress, and

recovery needs. Victim advocates from partnered crisis centers are present during examinations to provide emotional support, explain procedures, answer questions, ensure informed consent, and connect inmates with ongoing counseling and mental health services. This integrated approach ensures that no aspect of the victim's needs—whether medical, emotional, psychological, or informational—is neglected or addressed in isolation.

In the past year, multiple sexual abuse allegations at Donaldson Correctional Facility resulted in timely forensic examinations conducted by certified SANE professionals, with victim advocacy services offered routinely and consistently in all instances per established protocol and PREA requirements. Documentation reviewed during the audit confirmed that examinations were conducted promptly, that victims were transported safely and respectfully, that advocacy was offered in every case, and that all services were provided at no cost to the inmates involved, demonstrating full compliance with PREA Standard 115.21 and the agency's commitment to victim-centered, trauma-informed care.

Provision (d): Embedded Advocacy Services

Advocacy permeates every aspect of ADOC's forensic response system, partnering seamlessly and collaboratively with medical professionals, forensic examiners, investigative staff, and facility administrators to empower inmates' informed choices, protect their autonomy and decision-making capacity, and provide consistent emotional stability and psychological support throughout the entire examination and investigative process. Trained victim advocates from the Alabama Coalition Against Rape (ACAR) and regional crisis centers are embedded within the response framework, ensuring that their presence is not merely optional or incidental but rather a foundational element of the institutional response to sexual abuse allegations.

Advocates accompany inmates to forensic medical examinations, providing continuous emotional support, explaining each step of the examination process in clear and compassionate language, answering questions, helping inmates understand their rights and available services, and ensuring that informed consent is obtained before any medical procedure is performed. Advocates also serve as a confidential resource throughout investigative interviews, helping inmates navigate complex legal and administrative processes, connecting them with mental health services and ongoing counseling, and ensuring that their voices are heard and their concerns are addressed with respect and dignity.

During the audit period, inmates who reported sexual abuse were consistently and universally offered advocate services at the time of their disclosure, prior to forensic examinations, and throughout the investigative process, with comprehensive records confirming provision of these services in strict accordance with policy and PREA requirements. Documentation reviewed by the Auditor demonstrated that advocacy was offered in every applicable case, that inmates were informed of their right to accept or decline advocate presence, and that their choices were honored and respected without coercion or pressure.

This steadfast integration of advocacy services throughout the forensic and investigative response underscores the agency's deep trauma-informed commitment, genuine respect for survivor agency and dignity, and recognition that healing and recovery are facilitated when victims are treated as active participants in their own care rather than passive subjects of institutional processes. By embedding advocacy at every critical decision point and ensuring that advocates operate with independence, confidentiality, and victim-centered values, ADOC operationalizes PREA's vision of a compassionate, empowering, and professionally coordinated response to sexual abuse that honors the humanity and resilience of every survivor.

Provision (e): Ongoing Emotional Support Access

Inmates can request advocacy services or emotional support at any time, without restriction or prerequisite, through multiple accessible pathways including internal PREA staff such as the Institutional PREA Compliance Manager (IPCM), medical and mental health professionals, or through direct contact with external partner organizations such as the Alabama Coalition Against Rape (ACAR) and regional crisis centers. Upon request, inmates receive confidential crisis counseling delivered by trained advocates who specialize in trauma-informed care and sexual assault response, empathetic guidance that respects their autonomy and decision-making capacity, timely mental health referrals to licensed clinicians for ongoing therapeutic intervention, and connections to community resources that support long-term recovery and reintegration.

This comprehensive support structure ensures that personalized, professional, and compassionate advocacy is available and accessible throughout every stage of the response process—beginning at the moment of disclosure, continuing throughout forensic medical examinations where advocates provide emotional support and procedural explanations, extending through investigative interviews where advocates help inmates understand their rights and options, and persisting throughout ongoing recovery as inmates process trauma, participate in therapy, and work toward healing. Advocates operate independently of the correctional institution, ensuring confidentiality and creating a safe space for inmates to express concerns, ask questions, and receive nonjudgmental support without fear that their disclosures will be shared with custody staff or used against them in disciplinary proceedings.

By embedding advocacy at every critical juncture and ensuring that support services are voluntary, confidential, and survivor-centered, ADOC operationalizes PREA's mandate that victims receive the same level of compassionate care and professional support as sexual assault survivors in the community. This provision reflects the agency's recognition that emotional support and advocacy are not ancillary services but essential components of a trauma-informed response that honors the dignity, agency, and healing needs of every survivor.

Provision (f): Institutional Oversight and Investigative Responsibility

As the primary correctional authority responsible for the safety and security of all individuals in its custody, ADOC oversees and conducts unbiased, thorough, and professionally executed investigations of all sexual abuse and sexual harassment

claims, whether the allegations involve inmate-on-inmate conduct or staff-on-inmate misconduct. This comprehensive investigative authority ensures that no allegation is dismissed, minimized, or handled inadequately due to the identity of the alleged perpetrator or the nature of the institutional relationship.

Investigators, facility administrators, medical professionals, mental health practitioners, and PREA coordinators collaborate closely and systematically throughout the investigative process to ensure evidence-based integrity, procedural fairness, and equitable outcomes. This multidisciplinary collaboration includes coordinated evidence collection and preservation, timely forensic medical examinations conducted by certified SANEs or SAFEs, victim advocacy support, retaliation monitoring, and comprehensive documentation of all investigative steps and findings. Investigators apply uniform standards of proof, conduct objective credibility assessments without reliance on polygraph testing or bias, and ensure that all parties—alleged victims, alleged abusers, and witnesses—are treated with dignity and respect throughout the process.

This integrated investigative model upholds transparency by ensuring that findings are thoroughly documented, reviewed by supervisory personnel, and communicated to all involved parties in writing. It reinforces accountability by holding both inmates and staff members to the same rigorous standards and ensuring that substantiated allegations result in appropriate disciplinary, administrative, or criminal consequences. Most importantly, this framework operationalizes PREA's zero-tolerance philosophy across all confinement contexts, making clear that sexual abuse and sexual harassment will not be tolerated, ignored, or inadequately addressed regardless of where it occurs, who commits it, or the perceived status of those involved. Through this unwavering commitment to professional, impartial, and victim-centered investigations, ADOC demonstrates its dedication to protecting the safety, dignity, and constitutional rights of every individual in its care.

Provision (g): Auditor Exemption

This provision is properly excluded from external audits per PREA guidelines and is not applicable to this compliance review.

Provision (h): Strengthened Partnerships and Statewide Network of Advocacy

ADOC's Memoranda of Understanding with the Alabama Coalition Against Rape (ACAR) and twenty-eight regional crisis centers throughout the state forge a robust, comprehensive, and geographically diverse statewide care continuum that ensures equitable access to victim advocacy services and specialized forensic medical care across all ADOC facilities, regardless of location or inmate population. This network enables immediate 24-hour advocate access, crisis intervention services, confidential emotional support, and certified Sexual Assault Nurse Examiner (SANE) services across all correctional institutions within the agency's jurisdiction.

This strategic alliance advances transparency by ensuring that external, independent advocates are consistently available to support inmates throughout the forensic

examination and investigative process. It promotes trauma-informed care through partnerships with community-based organizations that specialize in sexual assault response and survivor services, ensuring that institutional practices align with evidence-based, victim-centered approaches used in community settings. The collaboration enhances survivor wellness by providing continuity of care that extends beyond the immediate crisis, offering ongoing counseling, referrals to mental health services, and connections to community resources upon release.

By harmonizing ADOC institutional practices with community-level standards of care and national PREA goals, these partnerships eliminate disparities between the quality of services available to incarcerated survivors and those available to survivors in the community. The MOUs establish clear protocols for advocate notification, timely response, confidential communication, and coordinated service delivery, ensuring that every inmate who reports sexual abuse receives comprehensive, compassionate, and professional support. This statewide network reflects ADOC's unwavering commitment to survivor dignity, institutional accountability, and adherence to the highest standards of victim-centered care as mandated by PREA Standard 115.21.

CONCLUSION

After exhaustive examination of records, policies, MOUs, and comprehensive discussions with agency executives, medical specialists, facility personnel, investigators, and victim advocates, the Auditor confirms full compliance by Donaldson Correctional Facility and ADOC with PREA Standard 115.21 governing evidence protocol and forensic medical examinations.

This integrated framework blends compassion with precision, rooted in trauma-informed practices, equitable procedures, victim-centered care, and unwavering accountability. From initial staff response through forensic examinations and ongoing advocacy, each phase honors the dignity, care, and respect owed to every victim. Through enduring partnerships, expert training, and leadership vigilance, ADOC exemplifies PREA principles—delivering justice, security, healing, and recovery for all inmates.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>The Auditor conducted a meticulous and comprehensive examination of the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by both Donaldson Correctional Facility and the Alabama Department of Corrections (ADOC) to evaluate compliance with PREA Standard §115.22. This in-depth review encompassed authoritative policies, operational records, and procedural frameworks that</p>

systematically guide the agency's approach to reporting, referring, and investigating allegations of sexual abuse and sexual harassment.

Central to this assessment was ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes precise, mandatory protocols for documenting, referring, and thoroughly investigating every PREA-related allegation. The Auditor also analyzed ADOC Standard Operating Procedure – Investigations & Intelligence #454 and Administrative Regulation #300 – Operations, which provide detailed specifications for investigative jurisdiction, evidence preservation protocols, and rigorous documentation standards.

Additional records included ADOC Duty Officer Reports (DORs), serving as the primary formal mechanism for recording allegations and launching investigative processes, along with National Institute of Corrections (NIC) Investigations Course certificates and professional development documentation. These training materials confirmed that investigators assigned to PREA cases possess the specialized expertise, formal credentials, and ongoing education necessary to conduct impartial, professional, and legally robust investigations. Collectively, these documents demonstrate ADOC's establishment of a centralized, disciplined investigative infrastructure that ensures swift and appropriate referral of all allegations to qualified personnel.

INTERVIEWS

Agency Head or Designee

The Agency Head's designee articulated ADOC's unwavering commitment to addressing every allegation of sexual abuse and sexual harassment with maximum seriousness and immediacy. They emphasized that the Department maintains complete internal investigative authority through its Law Enforcement Services Division (LESD) and does not outsource these critical responsibilities. All allegations are immediately documented through formal channels, promptly referred for investigation, systematically tracked, and—when criminal in nature—formally recorded for prosecutorial review. The designee noted that these comprehensive policies are publicly accessible on the ADOC website, promoting transparency and institutional accountability across the system.

Investigative Staff

Investigative personnel provided detailed confirmation that all allegations of sexual abuse and sexual harassment—regardless of whether they involve administrative or criminal matters—are handled exclusively by highly trained ADOC staff within the Law Enforcement Services Division (LESD). As sworn peace officers, LESD investigators possess full legal authority to conduct both criminal and administrative investigations. Staff outlined standardized protocols for evidence preservation, comprehensive case documentation, and seamless coordination with prosecutorial authorities when criminal conduct is substantiated, reflecting procedural consistency and professional excellence.

PROVISIONS

Provision (a): Systematic Referral to Specialized Investigators — Centralized Expertise and Capacity

Every allegation of sexual abuse and sexual harassment is methodically referred to the ADOC Law Enforcement Services Division (LESD) for thorough investigation. Per the PAQ, LESD maintains 41 trained investigators, each having completed specialized investigative training through the National Institute of Corrections. Documentation review and interviews with investigative staff verified consistent fulfillment of these rigorous training requirements.

Over the preceding 12-month period, the agency documented 22 allegations of sexual abuse and 36 allegations of sexual harassment. In response to the 22 sexual abuse allegations, 9 forensic medical examinations were conducted, all performed by certified SAFE/SANE personnel from Crisis Center and Rape Response in Birmingham, Alabama. Administrative Regulation #454 clearly delineates LESD's responsibilities, mandating prompt, thorough, and objective investigations irrespective of the accused individual's employment status or any parallel criminal proceedings. When criminal conduct is substantiated, cases are forwarded to the appropriate District Attorney for prosecution, with LESD remaining available to provide comprehensive investigative support as needed.

Relevant Policy:

AR #454, IV.C, p. 5
AR #454, G. d, p. 21

Provision (b): Legal Authority and Victim Notification — Empowered Investigations with Clear Communication

ADOC upholds robust policies and operational practices ensuring that all allegations of sexual abuse and sexual harassment are investigated by personnel with unequivocal legal authority. During the audit period, all 22 sexual abuse allegations and 15 of the 36 sexual harassment allegations were referred for criminal investigations. LESD investigators, functioning as sworn peace officers, possess comprehensive authority to address both criminal and administrative matters. The ADOC Duty Officer Report (DOR) serves as the formal mechanism for documenting each allegation and initiating the appropriate investigative response.

In accordance with Administrative Regulation #454, LESD provides written notification to the alleged victim regarding the investigation's outcome—whether substantiated, unsubstantiated, or unfounded. Both documentation analysis and staff interviews confirmed that this notification protocol is consistently implemented with precision and sensitivity.

Relevant Policy:

AR #454, IV.H.1.b, p. 23
AR #454, V.G.1.h, p. 26

Provision (c): Internal Investigative Control — Uniform Standards Without

	<p>External Reliance</p> <p>All investigations related to sexual abuse and sexual harassment allegations are conducted exclusively by the ADOC Law Enforcement Services Division. By maintaining complete internal investigative responsibility, the agency ensures uniformity, accountability, and strict adherence to departmental standards without delegation to external entities.</p> <p>Relevant Policy:</p> <p>AR #454, IV.C, p. 5</p> <p>Provisions (d) and (e): Outside Audit Parameters – Not Subject to Compliance Review</p> <p>Provisions designated as (d) and (e) fall outside the scope of this audit evaluation and were therefore not assessed for compliance determination.</p> <p>CONCLUSION</p> <p>Through analysis of agency documentation, comprehensive interviews with leadership and investigative personnel, and rigorous scrutiny of investigative protocols, the Auditor determines that both the Alabama Department of Corrections and Donaldson Correctional Facility fully comply with PREA Standard §115.22 – Referral of Allegations for Investigations.</p> <p>The agency exemplifies a disciplined, professional, and systematic approach to referring and investigating all allegations of sexual abuse and sexual harassment. Conducted by credentialed, legally authorized personnel in strict alignment with PREA standards and ADOC policy, these investigations deliver accountability, transparency, and comprehensive protection for all individuals in custody.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>The Auditor carried out a thorough and methodical review of the Pre-Audit Questionnaire (PAQ) along with an extensive collection of supporting documentation submitted by Donaldson Correctional Facility to evaluate compliance with PREA Standard §115.31. This review focused closely on how employee training is structured, delivered, documented, and reinforced, with particular attention to how effectively staff are prepared to prevent, detect, report, and respond to sexual abuse</p>

and sexual harassment involving inmates.

Central to this assessment was Alabama Department of Corrections (ADOC) Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines mandatory training expectations for all personnel who interact with inmates. The Auditor also reviewed the PREA training curriculum developed by The Moss Group, which forms the foundation of the facility's training program.

Additional materials examined included the pamphlet titled "What Staff Should Know About Sexual Misconduct with Inmates," a PREA knowledge assessment designed to evaluate staff comprehension, and specialized training resources for the Institutional PREA Compliance Manager (IPCM) to support effective oversight. The Auditor reviewed annual training records for 88 staff members, confirming completion dates, acknowledgment signatures, and compliance with required timelines. Documentation from staff meetings and shift briefings illustrated that PREA topics are consistently reinforced, while the PREA Information Bulletin Board further demonstrated ongoing efforts to maintain awareness throughout the facility.

OBSERVATIONS

During the on-site tour, the Auditor observed a prominently displayed and well-maintained PREA Information Board located in a high-traffic area accessible to both staff and inmates. The board presented clearly organized and easy-to-understand information designed to reinforce PREA awareness on a continual basis. Materials included definitions of sexual abuse and sexual harassment, the agency's zero-tolerance policy, and straightforward instructions for reporting concerns.

The display also highlighted inmates' rights to remain free from sexual abuse and harassment and prominently listed the internal reporting hotline (*661) for immediate access. Its placement and presentation reflected a deliberate effort to keep PREA information visible, accessible, and relevant beyond formal training sessions, reinforcing a culture of awareness and accountability.

INTERVIEWS

Random Staff

Interviews conducted with randomly selected staff were rearranged and considered collectively, revealing a consistent and confident understanding of PREA responsibilities across all participants. Staff described completing PREA training prior to any contact with inmates and confirmed ongoing participation in annual in-service training sessions. They also noted that PREA concepts are routinely revisited during shift briefings and staff meetings, ensuring the material remains current and actively reinforced.

Staff demonstrated clear knowledge of key training components, including the agency's zero-tolerance policy, proper reporting procedures, maintaining professional boundaries, and appropriate responses to allegations. Their explanations reflected not

only familiarity with required training elements but also an ability to apply those principles in real-world situations, indicating strong retention and practical understanding.

PROVISIONS

Provision (a): Comprehensive Core Curriculum — A Fully Integrated and Detailed Training Framework

Documentation and responses within the Pre-Audit Questionnaire confirmed that all employees who have contact with inmates receive comprehensive PREA training that addresses every required element of the standard. The training program clearly communicates the agency's zero-tolerance stance on sexual abuse and harassment while outlining employee responsibilities related to prevention, detection, reporting, and response. It also reinforces inmates' rights to be free from such misconduct.

The curriculum explores the dynamics of sexual abuse within confinement settings, including common victim responses and the importance of recognizing behavioral and physical indicators. It further addresses protection from retaliation, emphasizes maintaining appropriate professional boundaries, and provides guidance on preventing inappropriate relationships. Staff are instructed on respectful communication with LGBTI and gender-nonconforming individuals, along with clear direction on mandatory reporting laws and obligations. Developed by The Moss Group, the curriculum uses a combination of visual aids, written materials, and reinforcement strategies to enhance understanding and retention. Review of 88 staff training records confirmed that all staff received and acknowledged this training, with additional role-specific instruction provided where applicable.

Relevant Policy:

AR #454, V.A.1.a-b, p. 12

Provision (b): Facility-Specific Customization — Context-Aware and Gender-Neutral Training Delivery

Training at Donaldson Correctional Facility has been tailored to reflect the specific operational environment while maintaining strict adherence to PREA standards. Although the curriculum addresses gender-related considerations as required, the delivery remains professional, inclusive, and gender-neutral in tone, ensuring relevance to the inmate population and institutional setting.

The Auditor verified documentation, including signed attendance records and training logs, confirming that staff consistently participate in all required sessions. This approach ensures that training is both compliant and meaningful within the facility's unique context.

Relevant Policy:

AR #454, V.A.1.a-b, p. 12

Provision (c): Universal Recent Training Compliance — Verified Completion and Practical Reinforcement Tools

A review of 50 staff files confirmed that all personnel had completed PREA training within the previous twelve months, demonstrating full compliance with annual training requirements. In addition to formal instruction, staff are provided with the pamphlet “PREA: What Staff Should Know About Sexual Misconduct with Inmates,” which summarizes key definitions, reporting responsibilities, and foundational PREA principles in a concise format.

Staff also receive a pocket-sized laminated reference card titled “Prison Rape Elimination Act (PREA): A Trauma-Informed Guide for First Responders.” This resource serves as a practical, on-the-job tool, offering quick access to essential information such as response protocols, prevention strategies, and key definitions, reinforcing training in real-time situations.

Relevant Policy:

AR #454, V.A.1.a-b, p. 12

Provision (d): Meticulous Training Documentation — Accurate Records and Consistent Accountability

All PREA training activities are formally documented through a structured and reliable system. Staff members sign attendance sheets or acknowledgment forms upon completing each training session, ensuring verification of participation. The Auditor confirmed that these records were consistently maintained, well-organized, and readily accessible across all reviewed files.

Training logs and acknowledgment forms demonstrated careful tracking and adherence to documentation requirements, reflecting a high level of administrative oversight and accountability in maintaining compliance records.

Relevant Policy:

AR #454, V.A.1.a-b, p. 12

CONCLUSION

Based on a comprehensive review of documentation, direct observations made during the facility tour, and information gathered through staff interviews, the Auditor finds that Donaldson Correctional Facility is fully compliant with PREA Standard §115.31 - Employee Training.

The facility has effectively implemented all required training provisions, ensuring that content is thorough, relevant, and consistently reinforced. Staff demonstrate a strong understanding of PREA principles and the ability to apply them appropriately in practice. Overall, the training program reflects a clear and sustained commitment to maintaining a safe environment through prevention, detection, reporting, and response to sexual abuse and sexual harassment involving inmates.

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 completed a detailed and methodical review of documentation submitted by Donaldson. This review included the Pre-Audit Questionnaire (PAQ) along with all comprehensive supporting materials provided by the agency. Central to this assessment were Alabama Department of Corrections (ADOC) Administrative Regulation #454, Inmate Sexual Abuse and Harassment, effective May 29, 2025, and Administrative Regulation #216, Background Checks, dated January 31, 2025.</p> <p>The Auditor also carefully examined PREA training documentation for both contractors and volunteers, including medical and non-medical personnel. Training curricula specifically designed for these groups were reviewed alongside well-maintained records confirming successful completion of all required PREA instruction prior to being granted access to the facility. The documentation reflected a structured, organized, and compliant approach to training oversight.</p> <p>INTERVIEWS</p> <p>As part of the compliance review, the Auditor conducted informative interviews with individuals serving Donaldson in non-employee roles, gaining valuable insight into training effectiveness and practical understanding.</p> <p>Volunteer</p> <p>The volunteer shared that PREA training was completed prior to being approved to provide services within the facility. They described the training as clear, engaging, and directly relevant to their responsibilities. The volunteer demonstrated a confident and accurate understanding of PREA, including its purpose and the agency’s strong zero-tolerance stance. When discussing response expectations, the volunteer clearly explained the importance of immediately reporting any observed or disclosed incidents of sexual abuse or sexual harassment and identified appropriate reporting channels.</p> <p>Contractor</p> <p>The contractor reported completing PREA training before any interaction with inmates was permitted. They described the training as thorough and well-aligned with their assigned duties and level of inmate contact. When asked about PREA, the contractor provided a knowledgeable explanation of its purpose and requirements, including the obligation to promptly report any allegations, suspicions, or observed incidents. Their responses reflected a solid understanding of both prevention and reporting responsibilities.</p>

PROVISIONS

Provision (a)

Donaldson reported in the PAQ that all contractors and volunteers who have contact with inmates receive comprehensive training on their responsibilities related to the prevention, detection, and response to sexual abuse and sexual harassment. At the time of the audit, the agency identified 70 approved contractors and volunteers; excluding health services contractors. However, facility staff explained that the number of individuals who actively enter the facility is notably lower. This clarification was consistently supported through both documentation and interviews.

The Auditor reviewed PREA training records from a representative and well-distributed sample of non-medical contractors, health services contractors, and volunteers. Every record examined confirmed timely completion of PREA training. The thoughtfully developed curriculum, created in collaboration with The Moss Group, comprehensively addresses all ten required elements of the standard. It is intentionally structured to align with the specific roles and levels of inmate interaction, ensuring that the material is both relevant and appropriately detailed.

Agency policy designates the Institutional PREA Compliance Manager (IPCM) as responsible for ensuring all contractors and volunteers receive required PREA training prior to facility access. The policy also emphasizes that all employees, contractors, and volunteers must adhere to ADOC standards regarding sexual abuse, sexual harassment, and custodial sexual misconduct.

Relevant Policies:

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

Provision (b)

Information provided in the PAQ and supported by comprehensive documentation reflects that PREA training for contractors and volunteers is thoughtfully tailored based on job responsibilities and level of interaction with inmates. All individuals receive clear instruction on the agency's zero-tolerance policy and are educated on proper procedures for reporting allegations or suspicions of sexual abuse or sexual harassment. Both interviewed individuals confirmed that these expectations were clearly communicated during their training experiences.

Supporting materials included a well-organized four-page handout titled "PREA Training for Volunteers and Contractors," which provides an accessible overview of PREA, outlines reporting procedures, and defines key terms such as sexual assault, sexual harassment, and custodial sexual misconduct. Each participant signs an acknowledgment form confirming both receipt and understanding of the material, which is securely maintained within IPCM training files.

Contract health services personnel receive additional specialized instruction through a focused training module titled "Health Care Response to Sexual Assault in a

Confinement Setting,” complementing ADOC-specific PREA training requirements. The facility also distributes an informative tri-fold PREA pamphlet highlighting essential concepts and reporting expectations, along with a practical PREA First Responder Duties card that provides clear, step-by-step guidance for responding to allegations.

Relevant Policies:

1. ADOC AR #454, Training and Reporting Requirements
2. ADOC AR #216, Background Checks

Provision (c)

Donaldson maintains thorough and reliable documentation verifying that contractors and volunteers understand the PREA training they receive. As outlined in Provision (b), signed acknowledgment forms are retained in IPCM training files, serving as clear evidence of comprehension and compliance.

The Auditor reviewed PREA training sign-in sheets or training certificates dated within the previous 12 months. Each document included participant signatures affirming both receipt of training and understanding of PREA-related responsibilities. These records reflect a consistent, organized, and accountable approach to documentation practices.

Relevant Policies:

1. ADOC AR #454, Documentation and Training Verification

CONCLUSION

Based on a comprehensive and well-supported review of policies, training materials, documentation, and interviews, the Auditor determined that Donaldson is in full compliance with PREA Standard §115.32. All contractors and volunteers who have contact with inmates receive appropriate, role-specific training prior to entering the facility and demonstrate a clear, confident understanding of their responsibilities under the Prison Rape Elimination Act.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.33, the Auditor conducted a comprehensive and carefully structured review of the Pre-Audit Questionnaire (PAQ) along with extensive supporting documentation submitted by Donaldson and the</p>

Alabama Department of Corrections (ADOC). The review concentrated on the methods used to inform, educate, and continually reinforce inmate awareness of their rights under PREA, as well as the reporting mechanisms available for sexual abuse and sexual harassment.

A key component of this review was ADOC Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines requirements for inmate orientation, ongoing education, accessibility accommodations, and documentation practices. The Auditor also evaluated the inmate PREA training curriculum, orientation materials addressing sexual abuse prevention, and the ADOC Inmate Handbook, which provides clear written guidance on PREA protections and reporting options.

Additional materials reviewed included PREA receipt and acknowledgment forms (ADOC Form 454-A), the informational pamphlet titled "What You Should Know About Sexual Abuse and Assault," and a wide range of PREA educational posters displayed throughout the facility. The Auditor also examined supplementary PREA materials, including visual aids and posters available in Spanish and formats designed to support individuals with low vision or other accessibility needs.

Further review included postings identifying outside confidential support services, inmate PREA orientation sign-in sheets spanning January 2025 through November 2025, PREA 30-day education attendance logs from the same timeframe, and a detailed inmate PREA education tracking spreadsheet documenting participation and completion dates. Collectively, these materials reflected a thorough, organized, and well-documented inmate education program.

OBSERVATIONS

During the on-site tour of Donaldson, the Auditor observed PREA educational materials prominently and thoughtfully displayed throughout inmate housing units, common areas, and near inmate telephones. These materials presented clear, accessible information regarding sexual abuse and sexual harassment, including both internal and external reporting options. Internal reporting instructions directed inmates to the ADOC PREA Unit through the designated reporting number (*661), while external reporting resources identified Constituent Services as a confidential support option.

Posters reinforcing the agency's zero-tolerance policy were consistently visible, accompanied by informational materials from external confidential service providers. The Auditor noted that all materials were available in both English and Spanish, with additional accessibility features such as Braille formats, closed-captioned video content, and American Sign Language (ASL) interpretation.

The facility also utilizes the "Discussing PREA" educational video, available in English and Spanish, with both closed captioning and ASL interpretation. The strategic placement, variety, and accessibility of these materials demonstrated a strong and ongoing commitment to effective inmate education and awareness.

INTERVIEWS

Intake Staff

Intake staff described a well-coordinated and immediate approach to PREA education, beginning at the point of arrival. Upon intake, inmates receive essential PREA information, including their right to be free from sexual abuse and retaliation, as well as clear guidance on reporting options. Staff explained that this initial education is intentionally designed to provide early awareness and reassurance.

They further detailed that comprehensive PREA education is delivered within 15 days of arrival, typically through structured video presentations or in-person instruction. Staff emphasized that education is thoughtfully adapted to meet diverse needs, including accommodations for inmates with limited English proficiency, hearing or vision impairments, or cognitive challenges. Intake staff also confirmed that all inmates receive the Inmate Handbook and complete acknowledgment forms verifying their understanding of the material.

Random Inmates

Interviews with randomly selected inmates reflected consistent and positive experiences with PREA education. Inmates reported receiving the Inmate Handbook and PREA-related materials shortly after arrival and recalled participating in the PREA educational video. They demonstrated a clear understanding of how to report sexual abuse or sexual harassment and were able to identify both internal and external reporting options, indicating effective retention and comprehension of the information provided.

PROVISIONS

Provision (a) - Timely and Foundational PREA Education at Intake

All inmates receive PREA-related education immediately upon intake, ensuring early awareness of their rights and available protections. This initial instruction includes the agency's zero-tolerance policy, clear definitions of sexual abuse and sexual harassment, and detailed guidance on reporting procedures. Documentation and interview findings confirmed that all 692 inmates admitted during the previous 12 months received this foundational education at intake, establishing a consistent and reliable process.

Relevant Policies:

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

Provision (b) - Comprehensive and Reinforced PREA Education

Inmates who remain housed at the facility beyond 30 days receive comprehensive PREA education within the required timeframe. This enhanced instruction builds upon initial intake information through structured discussion, video-based learning, and opportunities for questions, ensuring a deeper understanding of PREA protections.

Documentation, including attendance logs and inmate records, confirmed that all eligible inmates received this comprehensive education, demonstrating full compliance with policy requirements.

Relevant Policies:

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

Provision (c) - Consistent and Verifiable Documentation Practices

The facility maintains well-organized and reliable documentation confirming inmate participation in PREA education. The Auditor reviewed 79 inmate records, each containing signed and dated PREA acknowledgment forms (ADOC Form 454-A). These records consistently documented receipt of the Inmate Handbook, completion of PREA orientation, and participation in educational programming, reflecting strong documentation practices and accountability.

Relevant Policies:

ADOC AR #454, Documentation Requirements

Provision (d) - Accessible and Inclusive Education Delivery

PREA education at Donaldson is delivered through a variety of accessible and inclusive formats to ensure all inmates can fully understand the information presented. Materials are available in English and Spanish, with additional accommodations such as closed-captioned videos, ASL interpretation, and accessible printed materials. The facility ensures that inmates with limited English proficiency or other needs receive appropriate support while maintaining confidentiality and accuracy, as policy prohibits the use of other inmates as interpreters.

Relevant Policies:

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

Provision (e) - Documented Acknowledgment and Centralized Tracking

All inmates complete and sign a PREA acknowledgment form (ADOC Form 454-A), which is securely maintained within their institutional file. In addition, ADOC maintains a centralized PREA education database that allows staff to efficiently verify an inmate's education history across facilities. This system provides an added layer of accountability and continuity in tracking PREA education.

Relevant Policies:

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

Provision (f) - Ongoing Reinforcement Through Multi-Modal Education

The facility employs a dynamic and engaging approach to reinforcing PREA awareness through multiple educational methods. Inmates are regularly exposed to

	<p>PREA information through posters, handbooks, videos, and structured orientation sessions. Posters displayed throughout the facility vary in design and presentation, helping maintain visibility and engagement. Observations during the on-site tour confirmed that PREA materials were consistently present in all areas visited, highlighting the facility’s proactive and sustained commitment to inmate education.</p> <p>CONCLUSION</p> <p>Based on a comprehensive evaluation of the PAQ, supporting documentation, inmate records, interviews with staff and inmates, and direct observations, the Auditor determined that Donaldson meets all requirements of PREA Standard §115.33 – Inmate Education. Inmates are informed of their rights in a timely, accessible, and well-documented manner, and the facility demonstrates a consistent, inclusive, and proactive approach to PREA education and overall inmate safety.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.34 – Specialized Training: Investigations, the Auditor conducted a detailed and comprehensive review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by Donaldson and the Alabama Department of Corrections (ADOC). This review focused on verifying that investigative staff receive appropriate, specialized training to effectively conduct sexual abuse investigations within a correctional environment.</p> <p>Key documents examined included ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines the agency’s training requirements for investigators. The Auditor also reviewed the specialized training curriculum for investigators, training certificates documenting course completion, and instructional materials developed by The Moss Group, ADOC, Training Force USA, and the National Institute of Justice (NIJ). These materials collectively reflected a well-structured and professionally developed training program designed to equip investigators with the necessary skills and knowledge.</p> <p>INTERVIEWS:</p> <p>Investigative Staff</p> <p>Interviews with investigative staff provided meaningful insight into the practical application of their training. Staff confirmed that they had successfully completed specialized instruction focused on conducting sexual abuse investigations in confinement settings prior to performing investigative duties. They described the</p>

training as thorough, relevant, and directly applicable to their roles.

During discussions, investigative staff demonstrated a confident and well-informed understanding of key investigative procedures. They clearly explained the appropriate use of Miranda and Garrity warnings, described trauma-informed and victim-centered interview techniques, and outlined evidence collection practices specific to correctional environments. Their responses reflected both strong comprehension and the ability to apply training principles effectively in real-world situations.

PROVISIONS

Provision (a) - Comprehensive and Specialized Investigator Training Requirements

The PAQ and supporting documentation confirm that ADOC policy requires all investigators to complete specialized training specific to conducting sexual abuse investigations in confinement settings. This requirement is clearly established in agency policy and reinforced through consistent implementation.

Interviews with investigative staff supported this requirement, as staff demonstrated familiarity with training content and articulated key concepts with clarity. The Auditor reviewed training certificates for 8 investigators affiliated with Donaldson, confirming successful completion of courses provided by The Moss Group, ADOC, and Training Force USA. These courses covered a range of critical and thoughtfully designed topics, including trauma-informed sexual assault investigations, human trafficking awareness, prison rape and sexual assault investigations, and specialized PREA investigative techniques.

In addition to facility-based investigators, all 52 Institutional PREA Compliance Managers (IPCMs) statewide have completed the same specialized training, further reflecting a unified and comprehensive training approach. The Auditor also reviewed relevant portions of the National Institute of Justice's online training Sexual Abuse and the Initial Responder, which includes instruction on PREA investigations, collaboration with victims, effective interviewing strategies, and understanding institutional culture within investigative contexts.

Relevant Policies:

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

Provision (b) - Detailed and Skill-Focused Investigative Training Content

The agency ensures that investigator training includes detailed and practical instruction across several critical areas necessary for effective investigations. Documentation and staff interviews confirmed that training encompasses techniques for interviewing victims of sexual abuse in a respectful and trauma-informed manner, as well as the proper application of Miranda and Garrity warnings.

Training also addresses evidence collection procedures tailored to confinement settings, ensuring investigators understand how to properly identify, preserve, and

document evidence within a correctional environment. Additionally, investigators are trained to evaluate allegations and determine whether they meet criteria for administrative action or potential criminal prosecution.

The Auditor reviewed NIJ and NIC training materials and verified completion through training records and direct confirmation from investigative staff, confirming that the training program is both comprehensive and consistently delivered.

Relevant Policies:

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

Provision (c) - Thorough and Reliable Training Documentation Practices

The agency maintains detailed, accurate, and well-organized documentation verifying completion of specialized training for each investigator. The Auditor confirmed this through a review of signed training certificates for PREA investigators currently assigned to the ADOC Law Enforcement Services Division, as well as documentation reflecting completion of both in-person and online training modules.

Agency policy requires that all training be properly documented, signed, and retained within personnel files. The Auditor verified that these requirements are consistently followed, resulting in a reliable and verifiable record of training for each investigator. These practices support accountability and ensure that only properly trained personnel are assigned investigative responsibilities.

Relevant Policies:

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

Provision (d) - Non-Applicable Provision

This provision does not apply to the scope of this audit and was therefore not assessed.

CONCLUSION:

Based on a comprehensive review of policy documentation, training curricula, investigator training records, and interviews with investigative staff, the Auditor determined that Donaldson is in full compliance with PREA Standard §115.34 - Specialized Training: Investigations. The agency has implemented a strong, well-coordinated, and effective training program that ensures investigators are thoroughly prepared to conduct professional, objective, and trauma-informed sexual abuse investigations within a correctional setting.

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 conducted a comprehensive review 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 training requirements and delivery of both general and specialized PREA instruction for medical and mental health care practitioners who work regularly within the facility.

Central to this review was ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025, which establishes mandatory training standards for medical and mental health practitioners. The Auditor also examined specialized training curricula, lesson plans, and training records maintained for medical and mental health staff. These records documented participation, completion, and acknowledgment of required training. Collectively, the documentation demonstrated a structured and policy-driven approach to ensuring practitioners are appropriately trained to respond to PREA-related matters.

INTERVIEWS

Interviews were conducted with a cross-section of facility leadership and clinical staff to assess understanding and implementation of PREA training requirements.

Institutional PREA Compliance Manager

The Institutional PREA Compliance Manager explained that all medical and mental health practitioners receive the same foundational PREA training required of all employees under §115.31, in addition to specialized training tailored to their clinical roles.

Medical and Mental Health Practitioners

Medical and mental health practitioners independently confirmed that they had completed both the general PREA training and the specialized instruction designed specifically for clinical professionals. Staff described training content focused on recognizing indicators of sexual abuse and harassment, responding appropriately and professionally to victims, and fulfilling mandatory reporting obligations.

Facility Leadership

Facility leadership further affirmed that compliance with PREA training requirements is actively monitored and documented. Leadership emphasized that no medical or mental health practitioner is permitted to work in the facility without completion of the required PREA training components.

PROVISIONS

Provision (a): Specialized Training Requirements

Through the PAQ and supporting documentation, the facility reported that agency policy requires all medical and mental health practitioners who work regularly at the facility to complete specialized PREA training. At the time of the audit, a total of 27 medical practitioners, 40 mental health practitioners, and 30 PRN health services professional were contracted through Yes Care and assigned to the facility. A review of a representative sample training documentation confirmed that each records reviewed had successfully completed the required training in accordance with agency policy.

Review of lesson plans and training materials verified that the specialized curriculum addresses key areas relevant to clinical practice in a correctional setting. Training content includes identifying and assessing signs of sexual abuse and sexual harassment, preserving physical evidence when applicable, responding in a professional and trauma-informed manner to victims, and following established reporting protocols. Additional instruction addresses the unique medical and mental health needs of inmates who may be victims of sexual abuse, as well as the assessment of risk factors associated with sexual victimization.

Agency policy mandates that completion and comprehension of this training be documented through staff acknowledgment. The Auditor's review of training records, combined with staff interviews, confirmed full compliance with this provision.

Relevant Policy:

AR #454, V.A.5.4.a-b, p. 14

Provision (b): Forensic Examinations

This provision is not applicable. Facility procedures expressly prohibit medical staff from conducting forensic examinations of victims of sexual abuse.

Provision (c): Maintenance of Training Records

The PAQ indicated, and documentation confirmed, that the agency maintains records verifying completion of required PREA training for all medical and mental health practitioners. The Auditor reviewed training records and personnel files, which consistently documented participation in both general and specialized training. Staff interviews further supported the idea that all training requirements have been met and appropriately recorded.

Relevant Policy:

AR #454, V.A.5.4.a-b, p. 14

Provision (d): General PREA Training

In addition to specialized instruction, medical and mental health practitioners also receive the general PREA training required of all employees, contractors, and volunteers. The PAQ, sign-in sheets, and training materials reviewed by the Auditor confirmed participation in these general PREA training sessions. Documentation

	<p>demonstrated that required training is delivered consistently and that attendance is tracked in accordance with policy.</p> <p>Relevant Policy:</p> <p>AR #454, V.A.5.4.a-b, p. 14</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of agency policy, training curricula, training records, the Pre-Audit Questionnaire, and interviews with facility leadership and medical and mental health staff, the Auditor concludes that the agency/facility meets all requirements of PREA Standard §115.35 – Specialized Training: Medical and Mental Health Care.</p> <p>The facility has implemented a consistent and well-documented training program that ensures medical and mental health practitioners are appropriately prepared to respond to PREA-related concerns in a professional, informed, and trauma-responsive manner.</p>
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115.41 Screening for risk of victimization and abusiveness	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.41, the Auditor completed a broad review of agency and facility records related to intake screening, later reassessment, and the control of sensitive information involving sexual victimization and abusiveness. The review included the Pre-Audit Questionnaire (PAQ) and a set of Alabama Department of Corrections (ADOC) policies, screening tools, and local intake records used by staff to guide the PREA process.</p> <p>The policy base for this process is ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025, which sets out the department’s rules for PREA screening, reassessment, and confidentiality. The Auditor also reviewed ADOC Administrative Regulation #637, Gender Dysphoria, which addresses protections and assessment issues for transgender and intersex inmates.</p> <p>Additional documents included ADOC Form 454-C, Classification PREA Risk Factors Checklist, and ADOC Form 454-K, PREA Risk Assessment, along with the facility’s internal Risk Assessment Checklist. The file review also included inmate-specific records showing intake screenings and 30-day reassessments. Taken together, these materials show how PREA risk information is gathered, checked, recorded, and used to support housing, supervision, and program decisions.</p>

INTERVIEWS

Random Inmate

Inmates selected 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 a first commitment. Inmates also reported that the initial screening usually happened within the first day, and follow-up screening was completed within the first several weeks. Their responses showed that they understood the purpose of the process, which was to improve safety inside the facility.

Transgender Inmates

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

Risk Screening Staff

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

PREA Compliance Manager

The PREA Compliance Manager explained that screening and reassessment are central parts of the facility's safety plan. Information from the process is used to identify inmates who may face a higher risk of sexual victimization or who may pose a risk of sexually abusive behavior. That information helps guide housing, supervision, and program placement decisions in a careful and practical way. The PREA Compliance Manager also said that the process is applied in a steady and uniform way and is reviewed with classification, medical, and mental health staff when needed.

PREA Director

The PREA Director confirmed that access to PREA screening information is limited to staff with a real need to know. This includes medical and mental health staff, classification staff, the PREA Compliance Manager, and others who need the information for treatment, security, or management purposes. The PREA Director also stated that ADOC does not hold people solely for civil immigration enforcement and

that immigration status, when relevant, is used only as a PREA risk factor and not for discipline or detention.

PROVISIONS

Provision (a): Intake and Transfer Screening Requirements

The facility's PAQ and related records show that all inmates are screened on admission or transfer for the risk of sexual victimization and the risk of sexually abusing others. During the on-site review, intake staff walked the Auditor through the screening process and showed how each form is completed, scored, and filed. Staff explained the purpose of the questions and how answers are used, which gave the Auditor a clear view of how intake and classification operate in practice.

The Auditor reviewed 43 inmate files and confirmed that each one contained documentation showing completion of the initial PREA risk screening within the required 72-hour window, with most completed within the first 24 hours. The policy requirements tied to admissions and transfers, and the use of ADOC Form 454-C, were reflected in both the written policy and actual practice.

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. 3, 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 reported that, during the past 12 months, 100 percent of the 809 inmates admitted to the facility were screened within that timeframe.

The Auditor's review of 43 randomly selected inmate records confirmed the reported 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 process. These findings support full compliance with the 72-hour requirement.

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. 3, 17-18

Provision (c): Objective Screening Tools

ADOC uses standard screening instruments, including Forms 454-C and 454-K, to assess PREA risk in a consistent and objective way. These tools guide staff through a

set of weighted risk factors that align with PREA standards. Staff showed that they understood how to use the forms and could explain how the information is scored and recorded. The file review confirmed that the tools were used in a steady and proper manner.

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. 3, 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 included in Part 1 of ADOC Form 454-C.

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. 3, 17-18

Provision (e): Abusiveness Factors Considered

Document review and staff interviews also confirmed that the screening process looks at possible indicators 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.

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. 3, 17-18

Provision (f): Thirty-Day Reassessment

Policy requires that all inmates receive a reassessment within 30 days of intake. The Auditor reviewed 43 inmate files and confirmed that every file included a documented 30-day reassessment, showing consistent compliance with the requirement.

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. 3, 17-18

Provision (g): Additional Reassessment Triggers

Staff explained that reassessments are completed when an inmate is referred, requests one, reports sexual abuse, or when new PREA-related information is received. They gave practical examples of these situations and described the process in a clear and confident way, showing a strong understanding of when reassessment is needed.

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. 3, 17-18

Provision (h): No Discipline for Refusal

Facility policy prohibits discipline for inmates who choose not to answer PREA screening questions. Screening staff confirmed that they may explain why the questions matter and may revisit them later, but participation is voluntary and refusals are accepted without penalty.

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. 3, 17-18

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

The Auditor confirmed through interviews and document review that PREA screening information is limited to staff with a legitimate need to know. This includes medical staff, mental health staff, classification staff, and PREA personnel. The policies provide clear protection against misuse or improper release of sensitive information, and staff showed that they understood these privacy rules.

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. 3, 17-18

CONCLUSION

Based on the review of records, applicable policies, staff and inmate interviews, and direct observation of intake and classification practices, the Auditor concludes that the facility meets the requirements of PREA Standard §115.41, Screening for Risk of

	<p>Sexual Victimization and Abusiveness.</p> <p>Screening and reassessment procedures are clearly set out, carried out in a steady way, and supported by staff training and oversight. Risk information is used properly to guide housing and management decisions, reassessments are completed on time, and confidentiality protections are enforced in a careful and consistent way.</p>
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115.42	Use of screening information
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	<p>Auditor Overall Determination: Meets Standard</p>
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	<p>Auditor Discussion</p>
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DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.42, the Auditor conducted a comprehensive and carefully organized review of the Pre-Audit Questionnaire (PAQ) along with supporting documentation submitted by Donaldson and the Alabama Department of Corrections (ADOC). The review focused on how PREA screening information is actively used to guide housing decisions, classification processes, and access to work assignments, educational opportunities, and programming.

Central to this review was ADOC Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), as well as Standard Operating Procedure 454-5, which provides clear and practical guidance on the application of screening information at the facility level. These policies establish a structured framework for using risk assessment data to enhance inmate safety and minimize the likelihood of sexual abuse.

The Auditor also examined classification tools, including ADOC Form 454-C (Classification PREA Risk Factors Checklist) and ADOC Form 454-K (PREA Risk Assessment), in addition to inmate files, intake documentation, reassessment records, and housing assignment logs. The documentation consistently demonstrated that PREA screening information is actively incorporated into decision-making processes and serves as a meaningful tool rather than simply a recordkeeping requirement.

OBSERVATIONS

During the on-site review, the Auditor observed that classification and housing decisions at Donaldson reflect a thoughtful, structured, and safety-centered approach. Documentation confirmed that PREA screening results are consistently considered when determining housing placements and supervision levels.

Records showed that staff evaluate a range of important factors, including risk of victimization, potential for abusive behavior, mental health considerations, and

concerns expressed directly by inmates. This balanced and informed approach supports well-reasoned decisions that prioritize safety while maintaining appropriate operational efficiency within the facility.

INTERVIEWS

PREA Director (PD)

The PREA Director described a deliberate and individualized approach to classification and housing decisions. While initial placements may begin with standard identifying information, the PD emphasized that decisions are promptly refined based on each inmate's specific risk factors and safety needs. The PD explained that all inmates are assessed on a case-by-case basis to ensure appropriate placement.

Particular attention is given to transgender and intersex inmates, with the PD noting that the inmate's own perception of safety is carefully considered in placement decisions. Housing assignments are not static and are routinely reviewed and adjusted when concerns arise. The PD also highlighted that staff proactively assess potential conflicts, including known enemies or prior incidents, when making placement determinations.

Institutional PREA Compliance Manager (IPCM)

The IPCM described a structured, attentive, and collaborative approach to classification and housing. The IPCM confirmed that Donaldson does not rely on segregated housing units for LGBTI inmates but instead uses individualized assessments to determine the most appropriate and safe placements.

The IPCM explained that PREA screening results are evaluated alongside classification data and mental health information to form a comprehensive understanding of each inmate's needs and risks. Decisions are made with careful consideration to ensure that inmates who may be vulnerable are not placed with individuals who may present a higher risk of harm.

Staff Responsible for Risk Screening

Staff responsible for conducting PREA risk screenings outlined a consistent and interactive process that combines standardized assessment tools with direct communication. They explained that inmates are given meaningful opportunities to share safety concerns, housing preferences, and any relevant personal factors.

Staff emphasized that this input is taken seriously and incorporated into classification decisions, including housing assignments, job placements, and program participation. Their responses reflected a practical and consistent application of screening information, reinforcing a process that is both structured and responsive to individual needs.

PROVISIONS

Provision (a) - Consistent and Safety-Driven Use of Screening Information

Donaldson utilizes PREA screening information in a consistent, structured, and purposeful manner to guide decisions related to housing assignments, bed placements, work details, educational access, and program participation. The primary objective of this process is to reduce risk by thoughtfully separating inmates who may be vulnerable from those who may pose a higher risk of abusive behavior.

The Auditor reviewed 43 inmate files and found that PREA screening results were clearly documented and actively used in classification decisions. Records reflected that staff consider multiple relevant factors, including assessed risk levels and mental health needs, when making placement determinations. The overall process was found to be organized, reliable, and firmly centered on maintaining inmate safety.

Relevant Policies:

1. ADOC AR #454, V.D.1-7, pp. 17-18
2. ADOC SOP 454-5

Provision (b) - Individualized and Inmate-Centered Classification Decisions

All housing and classification decisions at Donaldson are made on an individualized basis, ensuring that each inmate's specific risks, needs, and concerns are carefully evaluated. The facility applies clear and practical criteria that incorporate PREA screening results, mental health considerations, and direct inmate input.

This individualized approach supports informed decision-making regarding housing placements, work assignments, and program access, ultimately reducing the potential for harm. Documentation and interviews consistently confirmed that this process is applied reliably and remains focused on promoting a safe and respectful environment for all inmates.

Relevant Policies:

1. ADOC AR #454, V.D.1-7, pp. 17-18
2. ADOC SOP 454-5

Provision (c) - Non-Applicable Provision

This provision is not applicable under current PREA standards and was not evaluated as part of this audit.

Provision (d) - Non-Applicable Provision

This provision is not applicable under current PREA standards and was not evaluated as part of this audit.

Provision (e) - Non-Applicable Provision

This provision is not applicable under current PREA standards and was not evaluated as part of this audit.

	<p>Provision (f) - Non-Applicable Provision</p> <p>This provision is not applicable under current PREA standards and was not evaluated as part of this audit.</p> <p>Provision (g) - Non-Applicable Provision</p> <p>This provision is not applicable under current PREA standards and was not evaluated as part of this audit.</p> <p><u>CONCLUSION</u></p> <p>Based on a thorough review of documentation, inmate records, staff interviews, and on-site observations, the Auditor concludes that Donaldson is in full compliance with PREA Standard §115.42. PREA screening information is applied in a clear, consistent, and practical manner to guide classification and housing decisions. The facility’s use of individualized assessments, combined with careful consideration of inmate safety concerns, reflects a well-structured and proactive approach that supports a secure and compliant environment.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To evaluate compliance with PREA Standard §115.43, the Auditor conducted a detailed review of the Pre-Audit Questionnaire (PAQ) and supporting documentation related to the use of protective custody and segregated housing. The review focused on how the facility limits the use of involuntary segregation for inmates at risk of sexual victimization and how such placements are documented and reviewed.</p> <p>The Auditor examined Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes clear limits on the use of protective custody and emphasizes the use of alternative housing whenever possible. Administrative Regulation #435 - Segregated Housing was also reviewed to assess requirements for documentation, conditions of confinement, and review timelines.</p> <p>Additional records reviewed included housing logs, segregation unit rosters, holding cell documentation, crisis cell records, and Post-Allegation Protective Custody forms. These materials were reviewed to determine whether any inmates were placed in segregated housing for protection from sexual abuse and whether required procedures were followed.</p>

OBSERVATIONS

During the on-site review, the Auditor observed that segregated housing is used for administrative and disciplinary purposes and not for PREA-related protective custody. Documentation and housing records showed no indication that inmates were placed in segregation due to risk of sexual victimization.

Records also reflected that segregation placements are documented and reviewed in a structured and consistent manner.

INTERVIEWS

Staff Supervising Segregated Housing

The Auditor interviewed staff assigned to supervise segregated housing units. Staff reported that inmates housed in these units were placed there for administrative or disciplinary reasons and not for protection related to sexual abuse or retaliation.

Staff demonstrated a clear understanding of policy and confirmed that protective custody for PREA-related concerns is not used unless absolutely necessary.

Inmates in Segregated Housing

The Auditor spoke with inmates assigned to segregated housing. Inmates confirmed that their placement was not related to sexual abuse concerns or requests for protection. Their responses were consistent with documentation reviewed.

PREA Compliance Manager (IPCM)

The IPCM confirmed that no inmates were placed in involuntary segregated housing for protection from sexual victimization during the previous 12 months. The IPCM explained that the facility uses alternative housing options whenever possible and follows policy that limits the use of protective custody.

Facility Head or Designee

The Facility Head confirmed that all segregation placements are documented and reviewed at least every 30 days. This review process ensures that placements remain appropriate and necessary, with attention to safety and policy requirements.

PROVISIONS

Provision (a): Limited Use of Protective Custody

The facility does not place inmates at high risk of sexual victimization in involuntary segregated housing unless no other option is available. Documentation and interviews confirmed that no such placements occurred during the past 12 months.

This reflects a clear and consistent effort to avoid unnecessary isolation and to use alternative housing when possible.

Relevant Policies:

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

Provision (b): Access to Programs and Services

Policy requires that inmates placed in protective custody, if ever necessary, maintain access to programs, privileges, education, and work opportunities to the greatest extent possible.

Although no cases occurred during the audit period, staff demonstrated an understanding of this requirement and described how services would be maintained in a limited but meaningful way.

Relevant Policies:

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

Provision (c): Use as a Last Resort

Protective custody is used only as a last option when no other safe housing alternatives are available. Policy requires that any such placement be temporary, clearly documented, and regularly reviewed.

The Facility Head confirmed that this approach is followed in practice. No placements meeting this criterion occurred during the review period.

Relevant Policies:

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

Provision (d): Not Applicable During Audit Period

No inmates were placed in protective custody for PREA-related reasons during the previous 12 months. As a result, no specific inmate interviews were required for this provision.

Relevant Policies:

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

Provision (e): Ongoing Review of Segregation

Policy requires that all segregated housing placements be reviewed at least every 30 days. Documentation confirmed that this review process is in place and consistently followed.

Although no PREA-related placements occurred, the system for review is structured and reliable.

Relevant Policies:

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

CONCLUSION

Based on the review of documentation, staff and inmate interviews, and on-site observations, the Auditor concludes that the facility is in compliance with PREA Standard §115.43.

The facility does not rely on involuntary segregated housing for protection from sexual abuse and instead uses alternative measures to support inmate safety. Policies are clear, practices are consistent, and any use of segregation is documented and reviewed. These efforts reflect a careful and balanced approach to inmate protection and compliance with PREA standards.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.51, the Auditor completed a careful and organized review of the Pre-Audit Questionnaire (PAQ) along with all supporting documents submitted by the facility. This review focused on how inmates are informed about reporting options and whether those options are simple, accessible, and dependable.</p> <p>The Auditor reviewed Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025). This policy clearly defines expectations for both inmates and staff regarding reporting sexual abuse and harassment. The ADOC Inmate Handbook was also examined and was found to contain clear and simple instructions outlining how inmates can report concerns, along with explanations of confidentiality protections.</p> <p>Additional documentation included the Memorandum of Understanding (MOU) with Securus Technologies, which supports outside reporting through a telephone hotline system. The Auditor also reviewed PREA awareness materials, including "NO MEANS NO" posters, which present key information in a direct and easy-to-understand format. Legal mail procedures were evaluated and confirmed to provide inmates with a secure and private method to communicate with outside authorities.</p> <p>Overall, the reviewed materials demonstrate a well-organized and effective system that promotes awareness, supports multiple reporting pathways, and reinforces the agency's zero-tolerance approach.</p>

OBSERVATIONS

During the on-site review, the Auditor observed that PREA reporting information was clearly displayed and easy to locate throughout the facility. Posters were placed in housing units, intake areas, hallways, common spaces, and the dining area. These materials used simple language and were available in both English and Spanish, making them easy to understand for a wide population.

Secure PREA drop boxes were positioned in accessible areas, allowing inmates to submit written reports in a private manner, including anonymous submissions.

The Auditor tested inmate telephones in multiple housing units and confirmed that the *661 PREA hotline was active, simple to use, and clearly explained. The system allowed inmates to leave recorded messages for follow-up.

Mailroom operations were also reviewed. Staff explained that inmates may request pre-addressed envelopes to contact the Law Enforcement Services Division (LES), offering a safe and confidential external reporting option.

These observations confirm that reporting tools are visible, working properly, and consistently available to inmates.

INTERVIEWS

Random Inmates

The Auditor interviewed inmates from different housing areas, who consistently demonstrated awareness of available reporting methods. Inmates explained that they could report concerns by speaking directly to staff, placing written reports in PREA drop boxes, calling the hotline, contacting the IPCM, or asking family members or other outside individuals to report on their behalf.

Inmates described the reporting information as easy to understand and widely available throughout the facility.

Institutional PREA Compliance Manager (IPCM)

The IPCM described the facility's reporting system as structured, flexible, and easy to access. According to the IPCM, inmates have several options, including reporting to staff, submitting written reports, using PREA drop boxes, calling the hotline, or contacting outside agencies.

The IPCM confirmed that the agreement with Securus Technologies allows inmates to leave anonymous hotline messages that are forwarded to the PREA Director. Additional outside reporting options include contact with the Office of Victim Services and the State Board of Pardons and Paroles.

Random Staff

Randomly selected staff were interviewed and demonstrated a clear understanding of their responsibilities. Staff explained that all reports—whether verbal, written,

anonymous, or submitted by a third party—must be accepted and reported without delay.

Staff stated that they document all allegations and forward them through the chain of command promptly. They also confirmed that confidential reporting options are available to them through supervisors, the IPCM, or the PREA Director.

PROVISIONS

Provision (a): Multiple and Accessible Reporting Methods

The facility provides a wide range of simple, safe, and easy-to-use reporting options for inmates. These methods are designed to be flexible and accessible, allowing inmates to choose the option that feels most comfortable and secure. Inmates may report concerns verbally or in writing, either anonymously or through third parties.

Available reporting methods include direct reporting to staff, secure PREA drop boxes, the PREA hotline, the grievance system, and confidential legal mail. This variety ensures that inmates have practical and reliable ways to report concerns at any time.

Relevant Policies:

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

Provision (b): External Reporting Options

The facility provides inmates with dependable and continuous access to outside reporting options. Through the Securus Technologies agreement, inmates can use the *661 hotline and other external services to report allegations.

These options support anonymous reporting and are available at all times. Some external services also allow inmates to communicate confidentially without recording, offering an added level of privacy and protection.

Relevant Policies:

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

Provision (c): Staff Reporting Responsibilities

Staff are required to accept and report all allegations of sexual abuse and harassment, regardless of how the information is received. This includes reports that are anonymous or submitted by third parties.

Documentation and staff interviews confirm that employees understand these responsibilities and follow them consistently. Reports are handled quickly, documented properly, and shared only with appropriate personnel.

Relevant Policies:

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

	<p>Provision (d): Confidential Staff Reporting</p> <p>The facility provides staff with secure and private reporting options, allowing them to report concerns without fear of retaliation. These systems are designed to protect staff confidentiality while ensuring that all allegations are properly addressed.</p> <p>Interviews confirm that staff are aware of these options and understand how to use them when needed.</p> <p>Relevant Policies:</p> <p>ADOC AR #454, Section V.G., pp. 21-22</p> <p>CONCLUSION</p> <p>Based on the review of documentation, on-site observations, and interviews with inmates and staff, the Auditor finds that the facility is in compliance with PREA Standard §115.51.</p> <p>The facility maintains a clear, structured, and accessible reporting system with multiple options available to both inmates and staff. Reporting methods are easy to understand, simple to use, and consistently available throughout the facility. Staff demonstrate a strong understanding of their responsibilities, and inmates show clear awareness of their reporting rights. These practices support a safe environment and reflect consistent adherence to PREA standards.</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 conducted a thorough and well-organized review of the Pre-Audit Questionnaire (PAQ) along with supporting documentation submitted by Donaldson and the Alabama Department of Corrections (ADOC). The review focused on how the grievance process is applied to allegations of sexual abuse and sexual harassment, with particular attention to whether inmates are provided clear, safe, and unobstructed access to administrative remedies.</p> <p>As part of this review, the Auditor examined ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes PREA-specific grievance requirements. Administrative Regulation #406 – Inmate Grievance Policy (effective August 1, 2023) was also reviewed, as it governs the</p>

broader grievance system. In addition, the ADOC Inmate Handbook was evaluated and found to present grievance procedures in a clear, straightforward, and easy-to-understand format.

The documentation demonstrated that PREA-related grievances are handled through a distinct and well-defined process that includes clear timelines, protective safeguards, and consistent documentation practices. Information gathered from both staff and inmate interviews further confirmed that these procedures are applied in a reliable and consistent manner.

OBSERVATIONS

During the on-site visit, the Auditor observed that grievance procedures were clearly communicated and readily accessible to inmates. Written materials and posted notices throughout the facility provided simple and direct instructions on how to submit grievances, including those related to sexual abuse and sexual harassment.

A review of facility records confirmed that PREA-related grievances are carefully documented, tracked, and processed through a structured system that separates them from standard grievances. This separation supports timely review, ensures appropriate handling, and helps preserve the integrity of any associated investigation. Overall, the system appeared organized, dependable, and user-friendly.

INTERVIEWS

Random Inmates

Inmates interviewed from various housing areas demonstrated a clear and practical understanding of the grievance process. They explained that grievances can be submitted at any time and noted that anonymous reporting is available if preferred. Inmates identified multiple reporting methods, including written grievances, PREA drop boxes, and the hotline (*661).

Several inmates shared that in urgent situations they would report directly to staff while still recognizing that the formal grievance system remains available. Their responses reflected confidence in the system and an understanding that PREA-related grievances are taken seriously and handled appropriately.

Random Staff

Staff members interviewed during the audit described the grievance process in a consistent and knowledgeable manner. They explained that all allegations of sexual abuse or sexual harassment must be accepted and processed regardless of how they are reported. Staff emphasized that PREA-related grievances are immediately forwarded to designated personnel and removed from the standard grievance process.

They further highlighted the importance of confidentiality, timely response, and protection from retaliation. Their responses demonstrated a strong understanding of policy requirements and reflected consistent application of established procedures.

PROVISIONS

Provision (a) - Structured and PREA-Specific Grievance Process

Donaldson maintains a clear, structured, and well-defined process for managing grievances related to sexual abuse and sexual harassment. When a PREA-related grievance is received, it is promptly forwarded to designated PREA personnel, and a separate, secure case file is created. At that point, the grievance is removed from the standard grievance system and managed through the PREA investigative process, ensuring focused and appropriate handling by trained staff.

The facility reported in the PAQ that two grievances alleging sexual abuse were submitted during the previous 12 months, demonstrating that the process is active and utilized.

Relevant Policies:

1. ADOC AR #454, Section V.G.1(a-j), pp. 20-22
2. ADOC AR #406

Provision (b) - Open Access Without Time Limits or Informal Barriers

The facility provides inmates with unrestricted access to submit PREA-related grievances at any time, regardless of when the alleged incident occurred. There is no requirement to attempt informal resolution prior to filing a grievance. This approach removes unnecessary barriers and supports a fair, accessible, and straightforward reporting process for all inmates.

Relevant Policies:

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

Provision (c) - Safeguards Ensuring Neutral and Fair Handling

Policies establish clear safeguards to ensure that grievances involving staff misconduct are handled impartially. Any grievance alleging staff involvement is not assigned to or handled by the staff member who is the subject of the complaint. Documentation and staff interviews confirmed that this protection is consistently implemented, reinforcing fairness and maintaining trust in the grievance process.

Relevant Policies:

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

Provision (d) - Timely and Reliable Response Requirements

The grievance system incorporates clear timelines to ensure prompt and appropriate responses. The Institutional Grievance Officer is responsible for addressing grievances within established timeframes, supporting timely resolution and accountability.

The facility reported that two grievances alleging sexual abuse were submitted during the past 12 months, with no emergency grievances reported during that same period. While emergency grievances were not filed, policies clearly define expectations for immediate and timely response when such situations arise.

Relevant Policies:

1. ADOC AR #454, Section V.G.1(a), pp. 20-21
2. ADOC AR #406

Provision (e) - Supportive Access to Assistance and Emergency Reporting Options

Donaldson allows inmates to receive assistance in preparing grievances from a variety of sources, including staff, other inmates, family members, or outside advocates. If an inmate chooses not to accept assistance, that decision is formally documented. This flexibility ensures that inmates can access support while maintaining autonomy.

The facility also maintains a clearly defined emergency grievance process for situations involving immediate risk. This process includes expedited timelines and structured response procedures designed to ensure prompt action. Although no emergency grievances were reported during the audit period, policies are clearly written and readily available for use when needed.

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

Provision (f) - Efficient and Expedited Emergency Grievance Processing

The facility has established a streamlined and responsive process for handling emergency grievances involving immediate risk of sexual abuse or sexual harassment. This process includes rapid initial review and timely final decisions to ensure inmate safety is addressed without delay.

Although no emergency grievances were filed during the review period, documentation and staff interviews confirmed that personnel understand the process and are prepared to implement it effectively when necessary.

Relevant Policies:

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

Provision (g) - Strong Protections Against Retaliation and Improper Discipline Policies clearly prohibit disciplinary action against inmates who file PREA-related grievances, unless it is determined that the grievance was submitted in bad

faith. During the audit period, no inmates were disciplined for filing such grievances.

Additional safeguards are in place to protect inmates from retaliation by staff or other inmates. These protections are clearly defined, consistently applied, and reinforced through both policy and practice, contributing to a safe and supportive reporting environment.

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 comprehensive review of documentation, on-site observations, and interviews with staff and inmates, the Auditor concludes that Donaldson is in full compliance with PREA Standard §115.52. The grievance process is clear, structured, and accessible, allowing inmates to report sexual abuse and sexual harassment without barriers. Strong protections for confidentiality, timely response, and prevention of retaliation are consistently implemented, reflecting a reliable and well-managed approach to PREA compliance.

115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <p>To evaluate compliance with PREA Standard §115.53, the Auditor completed a careful and detailed review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation provided by the facility and the Alabama Department of Corrections (ADOC). The review focused on how inmates are informed about and provided access to outside confidential emotional support services.</p> <p>The Auditor reviewed Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines requirements for providing victim support and access to advocacy services. The facility’s Memorandum of Understanding (MOU) with the Alabama Coalition Against Rape (ACAR) was also examined. This agreement establishes a formal and active partnership to provide confidential advocacy services to inmates.</p> <p>Additional materials reviewed included PREA informational posters, advocacy hotline details, and contact information for community-based providers such as Crisis Center. These materials were presented in both English and Spanish using clear, simple language. Documentation shows that the facility maintains a structured, steady, and</p>

well-managed approach to connecting inmates with outside support services.

OBSERVATIONS

During the on-site tour, the Auditor observed PREA educational materials displayed throughout housing units and common areas. Posters were easy to see, simple to read, and placed in locations where inmates regularly pass or gather.

These materials included clear instructions on how to contact outside advocacy services and reinforced the facility's zero-tolerance message. The consistent placement and good condition of the materials reflected ongoing attention to visibility and access.

Information related to outside support services and reporting options was available across the facility, supporting a system that is both reliable and easy for inmates to use.

INTERVIEWS

Institutional PREA Compliance Manager (IPCM)

The IPCM explained the facility's process for connecting inmates with outside advocacy services in a clear and detailed manner. According to the IPCM, inmates who report sexual abuse are informed of their right to receive support from victim advocates, and staff assist with referrals when needed.

The IPCM also described regular coordination with community providers to ensure that services are available in a timely and consistent way. Documentation reviewed during the interview confirmed that these partnerships are active and well maintained.

Alabama Coalition Against Rape (ACAR)

An ACAR representative confirmed that the organization works closely with ADOC to provide statewide advocacy services. ACAR partners with local crisis centers to ensure that inmates across facilities have access to support.

The representative explained that inmates may contact ACAR through a designated hotline or by mail. Services are available regardless of when the abuse occurred. The hotline is not recorded or monitored, which allows for a higher level of privacy and supports confidential communication.

Crisis Center

During a telephone interview, a representative from Crisis Center confirmed that trained advocates are available to provide emotional support, crisis intervention, and follow-up care to inmates.

The representative stated that services are offered before, during, and after forensic examinations. Inmates are informed of any limits to confidentiality at the time services are provided, ensuring that expectations are clear and understood.

Random Inmates

Inmates interviewed during the audit showed general awareness of outside support services. They stated that they had been informed about available resources and understood how to access them if needed.

Several inmates mentioned the PREA hotline and noted that calls may be monitored or recorded. They also expressed an understanding that outside advocacy services may offer additional support and that some limits to confidentiality may apply depending on the situation.

Overall, inmate responses reflected a basic but clear understanding of available services and how to use them.

PROVISIONS

Provision (a): Access to Advocacy Services

The facility provides inmates with steady and reliable access to outside victim advocacy services for emotional support. These services include crisis response, ongoing support, and assistance during medical examinations and investigative processes.

Inmates are clearly informed of their right to receive these services, and staff provide assistance when needed to connect inmates with advocates. Formal partnerships, including the active MOU with ACAR and coordination with Crisis Center, support a consistent and dependable system of care.

Relevant Policies:

ADOC AR #454, Sections V.D. and V.G., pp. 17-22

Provision (b): Access and Confidentiality of Communication

The facility provides inmates with simple and reasonable access to outside support services through telephone and mail. Testing confirmed that communication systems are working properly and are easy to use.

Inmates are informed that while advocacy services are designed to be confidential, certain information may need to be reported depending on the situation. Advocacy providers confirmed that inmates are clearly advised of these limits before services are provided.

This approach supports both privacy and transparency, allowing inmates to make informed decisions.

Relevant Policies:

ADOC AR #454, Section V.G., pp. 21-22

Provision (c): Agreements with Service Providers

	<p>The facility maintains a current, active, and clearly defined agreement with the Alabama Coalition Against Rape. This agreement outlines responsibilities for providing confidential emotional support services and ensures coordination with local advocacy organizations.</p> <p>Documentation confirms that services are available to inmates regardless of when or where the abuse occurred. The agreement is well maintained and supports a stable and reliable connection to outside care.</p> <p>Relevant Policies:</p> <p>ADOC AR #454, Sections V.D. and V.G., pp. 17-22</p> <p>CONCLUSION</p> <p>Based on a thorough review of documentation, on-site observations, and interviews with inmates, staff, and outside advocacy providers, the Auditor determines that the facility is in compliance with PREA Standard §115.53.</p> <p>The facility provides clear information and dependable access to outside confidential support services. Partnerships with advocacy organizations are active, organized, and effective. Inmates demonstrate awareness of available resources, and systems are in place to support timely and appropriate access to care. These efforts contribute to a safe, informed, and supportive environment for inmates who report sexual abuse.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.53, the Auditor completed a careful and detailed review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation provided by the facility and the Alabama Department of Corrections (ADOC). The review focused on how inmates are informed about and provided access to outside confidential emotional support services.</p> <p>The Auditor reviewed Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines requirements for providing victim support and access to advocacy services. The facility's Memorandum of Understanding (MOU) with the Alabama Coalition Against Rape (ACAR) was also examined. This agreement establishes a formal and active partnership to provide confidential advocacy services to inmates.</p> <p>Additional materials reviewed included PREA informational posters, advocacy hotline details, and contact information for community-based providers such as Crisis Center.</p>

These materials were presented in both English and Spanish using clear, simple language. Documentation shows that the facility maintains a structured, steady, and well-managed approach to connecting inmates with outside support services.

OBSERVATIONS

During the on-site tour, the Auditor observed PREA educational materials displayed throughout housing units and common areas. Posters were easy to see, simple to read, and placed in locations where inmates regularly pass or gather.

These materials included clear instructions on how to contact outside advocacy services and reinforced the facility's zero-tolerance message. The consistent placement and good condition of the materials reflected ongoing attention to visibility and access.

Information related to outside support services and reporting options was available across the facility, supporting a system that is both reliable and easy for inmates to use.

INTERVIEWS

Institutional PREA Compliance Manager (IPCM)

The IPCM explained the facility's process for connecting inmates with outside advocacy services in a clear and detailed manner. According to the IPCM, inmates who report sexual abuse are informed of their right to receive support from victim advocates, and staff assist with referrals when needed.

The IPCM also described regular coordination with community providers to ensure that services are available in a timely and consistent way. Documentation reviewed during the interview confirmed that these partnerships are active and well maintained.

Alabama Coalition Against Rape (ACAR)

An ACAR representative confirmed that the organization works closely with ADOC to provide statewide advocacy services. ACAR partners with local crisis centers to ensure that inmates across facilities have access to support.

The representative explained that inmates may contact ACAR through a designated hotline or by mail. Services are available regardless of when the abuse occurred. The hotline is not recorded or monitored, which allows for a higher level of privacy and supports confidential communication.

Crisis Center

During a telephone interview, a representative from Crisis Center confirmed that trained advocates are available to provide emotional support, crisis intervention, and follow-up care to inmates.

The representative stated that services are offered before, during, and after forensic

examinations. Inmates are informed of any limits to confidentiality at the time services are provided, ensuring that expectations are clear and understood.

Random Inmates

Inmates interviewed during the audit showed general awareness of outside support services. They stated that they had been informed about available resources and understood how to access them if needed.

Several inmates mentioned the PREA hotline and noted that calls may be monitored or recorded. They also expressed an understanding that outside advocacy services may offer additional support and that some limits to confidentiality may apply depending on the situation.

Overall, inmate responses reflected a basic but clear understanding of available services and how to use them.

PROVISIONS

Provision (a): Access to Advocacy Services

The facility provides inmates with steady and reliable access to outside victim advocacy services for emotional support. These services include crisis response, ongoing support, and assistance during medical examinations and investigative processes.

Inmates are clearly informed of their right to receive these services, and staff provide assistance when needed to connect inmates with advocates. Formal partnerships, including the active MOU with ACAR and coordination with Crisis Center, support a consistent and dependable system of care.

Relevant Policies:

1. ADOC AR #454, Sections V.D. and V.G., pp. 17-22

Provision (b): Access and Confidentiality of Communication

The facility provides inmates with simple and reasonable access to outside support services through telephone and mail. Testing confirmed that communication systems are working properly and are easy to use.

Inmates are informed that while advocacy services are designed to be confidential, certain information may need to be reported depending on the situation. Advocacy providers confirmed that inmates are clearly advised of these limits before services are provided.

This approach supports both privacy and transparency, allowing inmates to make informed decisions.

Relevant Policies:

1. ADOC AR #454, Section V.G., pp. 21-22

Provision (c): Agreements with Service Providers

The facility maintains a current, active, and clearly defined agreement with the Alabama Coalition Against Rape. This agreement outlines responsibilities for providing confidential emotional support services and ensures coordination with local advocacy organizations.

Documentation confirms that services are available to inmates regardless of when or where the abuse occurred. The agreement is well maintained and supports a stable and reliable connection to outside care.

Relevant Policies:

1. ADOC AR #454, Sections V.D. and V.G., pp. 17-22

CONCLUSION

Based on a thorough review of documentation, on-site observations, and interviews with inmates, staff, and outside advocacy providers, the Auditor determines that the facility is in compliance with PREA Standard §115.53.

The facility provides clear information and dependable access to outside confidential support services. Partnerships with advocacy organizations are active, organized, and effective. Inmates demonstrate awareness of available resources, and systems are in place to support timely and appropriate access to care. These efforts contribute to a safe, informed, and supportive environment for inmates who report sexual abuse.

115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>As part of the compliance review for PREA Standard §115.61, the Auditor conducted a detailed evaluation 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 carry out reporting duties, maintain confidentiality, and follow required notification procedures.</p> <p>The Auditor reviewed Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which provides clear direction on reporting</p>

expectations and confidentiality standards. Administrative Regulation #302 was also examined to confirm procedures related to incident reporting and documentation.

Supporting materials, including staff training records, informed consent documents, and instructional tools, were also reviewed. These resources reflect a structured and easy-to-follow system that supports immediate reporting, careful handling of information, and steady communication across all levels of staff.

OBSERVATIONS

The Auditor observed that reporting responsibilities are clearly outlined and reinforced through policy and training. Staff are given simple guidance that explains reporting steps, confidentiality expectations, and proper documentation practices.

The overall system appears organized, consistent, and easy for staff to follow in daily operations.

INTERVIEWS

PREA Director

The PREA Director described a clear and reliable process for handling reports. All allegations, including those received anonymously or from third parties, are immediately sent to trained investigative staff.

The Director emphasized the importance of quick reporting and strong communication between all involved parties to ensure proper handling of each case.

Random Staff

Staff members across various roles explained that they are required to report any knowledge, suspicion, or information related to sexual abuse or sexual harassment without delay.

They described maintaining confidentiality by sharing information only with appropriate personnel. Their responses showed a consistent and working understanding of both reporting and privacy expectations.

Facility Head or Designee

The Facility Head confirmed that reporting requirements apply to all staff and include incidents involving staff misconduct, retaliation, and neglect.

The Facility Head also confirmed that cases involving inmates under 18 or vulnerable adults are reported to outside agencies as required. This process is clear, timely, and consistently followed.

Medical and Mental Health Practitioners

Medical and mental health staff explained that they inform inmates at the start of services about the limits of confidentiality and mandatory reporting requirements.

They described balancing reporting duties with respectful care, ensuring that inmates are treated with dignity while meeting all policy requirements.

PROVISIONS

Provision (a): Immediate Reporting Requirement

The facility maintains a firm and clear expectation that staff report all relevant information related to sexual abuse or sexual harassment without delay. This requirement applies to all forms of knowledge or suspicion and includes incidents involving staff or inmate actions.

Staff understanding of this requirement is consistent and supported by policy and training.

Relevant Policies:

1. ADOC AR #454, Section V.G.2.a, p. 22

Provision (b): Controlled Information Sharing

The facility follows a simple and careful approach to confidentiality. Staff share information only with individuals who have a direct role in response, investigation, or care.

This controlled approach protects sensitive information while allowing necessary action to take place.

Relevant Policies:

1. ADOC AR #454, Section V.G.2.b, p. 23

Provision (c): Practitioner Notification of Limits

Medical and mental health practitioners clearly explain the limits of confidentiality to inmates at the start of services. This includes informing inmates of mandatory reporting duties in a way that is easy to understand.

This practice supports openness and helps inmates make informed decisions.

Relevant Policies:

1. ADOC AR #454, Section V.G.2.d, p. 23

Provision (d): Mandatory External Reporting

The facility ensures that allegations involving inmates under 18 or vulnerable adults are reported to appropriate outside agencies as required by law.

This process is direct, timely, and consistently applied across cases.

	<p>Relevant Policies:</p> <p>1. ADOC AR #454, Section V.G.2.e, p. 23</p> <p>Provision (e): Reporting to Investigative Staff</p> <p>All allegations are forwarded to designated investigative staff in a prompt and organized manner. This includes anonymous and third-party reports.</p> <p>The process ensures that all concerns are reviewed and addressed by trained personnel.</p> <p>Relevant Policies:</p> <p>1. ADOC AR #454, Section V.G.2.c, p. 23 2. ADOC AR #302</p> <p>CONCLUSION</p> <p>Based on documentation review and interviews with staff and leadership, the Auditor concludes that the facility is in compliance with PREA Standard §115.61. The facility demonstrates a clear, structured, and dependable approach to reporting, confidentiality, and required notification procedures.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>The Auditor conducted an extensive and systematic review of documentation to evaluate the facility's adherence to immediate protection protocols when an inmate is subject to substantial risk of imminent sexual abuse. This comprehensive examination included the Pre-Audit Questionnaire (PAQ), Alabama Department of Corrections (ADOC) Administrative Regulation #454, housing unit logs, incident reports, protective custody records, and internal memoranda related to emergency response procedures. Each document was carefully analyzed to assess not only policy compliance, but also the facility's capacity to respond swiftly and effectively to credible threats against inmate safety.</p> <p>ADOC Administrative Regulation #454 establishes a robust and clearly articulated framework for recognizing immediate threats and implementing protective interventions without delay. Supporting documentation, including incident response records and housing reassignment logs, confirmed that Donaldson Correctional Facility applies these requirements in a timely, consistent, and well-coordinated</p>

manner, demonstrating institutional readiness to act decisively when inmate safety is at stake.

INTERVIEWS

Facility Head or Designee

The Facility Head articulated a decisive and safety-focused philosophy regarding the facility's responsibility to protect inmates from imminent harm. The administrator emphasized that when staff become aware that an inmate faces a substantial risk of sexual abuse, immediate action is always taken. This action is not delayed for administrative review or procedural formality. Instead, the response is rapid, individualized, and driven entirely by the urgency of the safety concern. The Facility Head described a process in which staff are empowered and expected to act immediately, utilizing available resources such as emergency housing reassignments, separation protocols, and direct supervision to eliminate the threat. Each protective decision is carefully documented and reviewed afterward to ensure appropriateness and effectiveness, reflecting a leadership culture that prioritizes swift intervention and accountability.

Random Staff

Staff members across multiple shifts and housing units consistently demonstrated a clear and confident understanding of their responsibilities under this standard. They described a straightforward and practiced response protocol: immediately take action to protect the inmate, ensure physical separation from any individual posing a threat, notify supervisory staff without delay, and document all actions taken. Staff emphasized that protection is the first priority, and that reporting or investigation follows only after the inmate's safety has been secured. Their responses reflected not only familiarity with written policy, but also a shared institutional expectation that protection duties are non-negotiable and must be executed without hesitation. This consistency across interviews suggests that training and supervisory reinforcement have been effective in establishing a culture of immediate responsiveness.

PROVISIONS

Provision (a): Immediate and Individualized Protective Action

The facility reported on the PAQ that in the past 12 months there were zero incidents of an inmate being at a substantial risk of imminent sexual abuse.

Donaldson Correctional Facility has established and consistently implements a clear and effective process for taking immediate action when any inmate is subject to a substantial risk of imminent sexual abuse. Protective measures are initiated without delay and are tailored to the specific circumstances and needs of the individual at risk. Actions include, but are not limited to, emergency housing reassignments, direct supervision, separation from potential aggressors, and mobilization of security resources to ensure continuous monitoring. All protective interventions are thoroughly documented in incident reports, housing logs, and supervisory review records,

ensuring transparency, accountability, and continuity of care. The facility's approach reflects a balance of urgency and deliberation, allowing staff to act swiftly while also ensuring that each response is appropriate, sustainable, and subject to later evaluation and adjustment as needed.

Relevant Policies

The practices observed and described are directly supported by ADOC Administrative Regulation #454, specifically Section IV.K.3, page 11, which mandates immediate protective action in response to credible threats of sexual abuse. This regulation aligns with the requirements of PREA Standard 115.62 and provides operational guidance to ensure that all staff understand their obligations and have the authority to act decisively in emergency situations.

CONCLUSION

Donaldson Correctional Facility demonstrates full compliance with PREA Standard 115.62. The facility has established a dependable, well-organized, and proactive system for identifying and responding to situations in which an inmate is at substantial risk of imminent sexual abuse. Through consistent application of policy, decisive leadership, clear staff training, and a shared institutional commitment to immediate action, the facility maintains a secure and responsive environment that prioritizes inmate safety above all other considerations.

115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>To determine compliance with PREA Standard 115.63, the Auditor conducted a comprehensive and methodical review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation related to inter-facility reporting protocols. This review was designed to assess how Donaldson Correctional Facility identifies, processes, and documents allegations of sexual abuse or sexual harassment that allegedly occurred while an inmate was confined at another facility, as well as how the facility reports allegations involving individuals currently housed elsewhere.</p> <p>Key materials examined during this review included ADOC Administrative Regulation #454, which provides detailed guidance on reporting timelines, notification responsibilities, and documentation standards for cross-facility allegations. The Auditor also carefully reviewed ADOC Form 454-F, the standardized reporting instrument used to ensure consistency and completeness in all notifications, as well as an institutional memorandum from the Institutional PREA Compliance Manager (IPCM) confirming that inter-facility reporting procedures are in place, actively</p>

maintained, and routinely monitored for compliance. Collectively, the documentation reflects a straightforward, well-structured, and dependable system that facilitates timely communication and accountability between confinement facilities, ensuring that no allegation is overlooked or delayed due to jurisdictional boundaries.

INTERVIEWS

Facility Head

The Facility Head confirmed that Donaldson Correctional Facility follows a clearly defined and consistently applied process for managing allegations that involve other confinement facilities. When an inmate reports an allegation of sexual abuse or sexual harassment that allegedly occurred at a different facility, staff immediately document the allegation and notify the Facility Head or designated administrator. The Facility Head then ensures that formal notification is made to the head of the facility where the alleged abuse occurred, and that this notification occurs within the required timeframe. The Facility Head emphasized that even though no such cases were reported during the past 12 months, staff remain trained and prepared to execute these procedures promptly and accurately should the need arise. This readiness reflects ongoing training, supervisory oversight, and a commitment to ensuring that inter-facility communication does not delay or diminish the investigative response.

Agency Head Designee

The Agency Head Designee described a coordinated and agency-wide process that ensures all allegations received from other facilities are reviewed, assigned, and addressed in accordance with PREA requirements. When Donaldson Correctional Facility receives notification from another institution regarding an allegation involving an inmate previously or currently housed at Donaldson, the allegation is immediately entered into the agency's tracking system, assigned to an investigator, and handled using the same investigative protocols that apply to allegations originating within the facility. The Designee confirmed that procedures are standardized across all ADOC facilities, ensuring consistency, clarity, and accountability regardless of where an allegation originates or where it is reported. This systemic approach reflects strong agency leadership and a shared commitment to transparency and thoroughness in responding to all allegations of sexual abuse and sexual harassment.

PROVISIONS

Provision (a): Clearly Defined Notification Responsibilities and Structured Process

Donaldson Correctional Facility has established and maintains a well-organized process for notifying the head of another confinement facility when an inmate alleges sexual abuse or sexual harassment that occurred while confined at that facility. Responsibility for initiating and completing this notification is clearly assigned to the Facility Head or designee, ensuring accountability and eliminating confusion about who is responsible for compliance. Staff understand their role in identifying and

escalating these allegations promptly, and the facility's procedures ensure that notification is not delayed by administrative barriers or unclear lines of authority.

Relevant Policies:

ADOC Administrative Regulation #454, Section IV.H.7, page 9

Provision (b): Timely Notification Within Established Timeframes

Notifications to other confinement facilities are required to be made within 72 hours of receiving the allegation, ensuring that investigative processes can begin without unnecessary delay and that the receiving facility has timely knowledge of the reported incident. This standard is straightforward, measurable, and consistently applied across all cases. The 72-hour timeframe balances the need for prompt action with the practical realities of verifying information, locating appropriate contacts, and completing required documentation. Documentation reviewed by the Auditor confirmed that the facility understands and adheres to this requirement.

Relevant Policies:

ADOC Administrative Regulation #454, Section IV.H.7, page 9

Provision (c): Standardized and Comprehensive Documentation Practices

The use of ADOC Form 454-F ensures that all inter-facility notifications are documented in a consistent, complete, and auditable manner. This standardized form captures essential information including the nature of the allegation, the identity of the reporting inmate, the facility where the abuse allegedly occurred, the date and time of notification, and the receiving administrator's contact information. By utilizing a uniform documentation tool, the facility supports transparency, accountability, and continuity, making it easier for investigators, auditors, and administrators to track and verify compliance. This practice also reduces the risk of incomplete or inconsistent reporting that could delay or undermine investigative efforts.

Relevant Policies:

ADOC Administrative Regulation #454, Section IV.H.7, page 9

Provision (d): Consistent Investigative Response to Allegations Received from Other Facilities

All allegations received by Donaldson Correctional Facility from other confinement facilities are handled using the same established investigative procedures that govern internally reported allegations. This ensures that no allegation is treated as secondary or less urgent simply because it was reported by another institution. Staff are trained to recognize that inter-facility reports carry the same investigative and protective obligations as direct reports, and the facility's investigative protocols—including evidence preservation, inmate interviews, staff interviews, and coordination with law enforcement when appropriate—are applied uniformly. This consistency reinforces the facility's commitment to thoroughness and fairness in all sexual abuse and sexual

	<p>harassment investigations.</p> <p>Relevant Policies:</p> <p>ADOC Administrative Regulation #454, Section IV.H.7, page 9</p> <p>CONCLUSION</p> <p>Based on a thorough review of policy documentation, standardized forms, inter-facility communication records, and interviews with facility and agency leadership, the Auditor concludes that Donaldson Correctional Facility is in full compliance with PREA Standard 115.63. The facility has developed and consistently implements a clear, reliable, and accountable process for reporting allegations to other confinement facilities and for investigating allegations received from external institutions. The procedures in place ensure timely communication, consistent documentation, and equitable investigative responses, reflecting a strong institutional and agency-wide commitment to transparency, collaboration, and the protection of inmate safety across all correctional settings.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard 115.64 governing staff first responder duties, the Auditor conducted a comprehensive and detailed examination of Donaldson Correctional Facility's Pre-Audit Questionnaire (PAQ) and all supporting documentation provided by both the facility and the Alabama Department of Corrections (ADOC). This thorough review encompassed multiple layers of policy, procedural guidance, and training materials designed to ensure that all staff members are prepared to respond appropriately and effectively when confronted with allegations of sexual abuse or sexual harassment.</p> <p>Central to this review was ADOC Administrative Regulation #454, dated May 29, 2025, a comprehensive directive that establishes agency-wide expectations for responding to allegations of sexual abuse and sexual harassment in a manner that is trauma-informed, evidence-preserving, and victim-centered. The Auditor also examined the PREA First Responder Duty Card, a laminated quick-reference tool issued to all staff members, and the PREA Pocket Guide for First Responders, a spiral-bound resource that provides foundational education on PREA definitions, prevention strategies, detection indicators, and step-by-step response protocols. Collectively, these materials reflect the agency's unwavering commitment to ensuring that personnel at every level are not only trained and informed, but also equipped with practical tools that reinforce appropriate, compassionate, and policy-compliant</p>

responses whenever allegations arise. The documentation demonstrates a well-coordinated system that prioritizes inmate safety, evidence integrity, and investigative accountability from the moment an allegation is reported.

INTERVIEWS

Security Staff

Security personnel at Donaldson Correctional Facility consistently demonstrated a clear, confident, and comprehensive understanding of their first responder responsibilities under PREA Standard 115.64. During interviews, these staff members described receiving ongoing first responder training through multiple channels, including annual in-service sessions, continuous job-specific instruction, scenario-based drills, and reinforced discussions during regular shift briefings and staff meetings. When asked to describe their immediate response actions upon learning of an allegation of sexual abuse, security staff articulated a precise and practiced protocol. They explained that their first priority is to separate the alleged victim and the alleged abuser, ensuring that neither individual has any opportunity for further contact or potential retaliation. Next, they secure the scene to preserve physical evidence, preventing unauthorized access and ensuring that the area remains undisturbed until investigators arrive. They also ensure that both the alleged victim and the alleged abuser are instructed not to take any actions that could destroy or compromise physical evidence, including washing, brushing teeth, changing clothing, eating, drinking, smoking, or using the restroom. Finally, they immediately notify supervisory personnel and document their observations and actions. Their familiarity with these expectations and their ability to describe each step in their own words underscored the effectiveness of training and the integration of PREA protocols into daily operations.

Non-Security Staff

The Auditor also interviewed a diverse selection of non-security staff, including medical personnel, mental health professionals, administrative staff, and support service employees. These individuals clearly articulated the steps they would take if they were the first to receive a report of sexual abuse from an inmate. Non-security staff confirmed that their immediate action would be to request the presence of security staff, ensure that the alleged victim and alleged abuser are separated and supervised, and instruct both individuals not to engage in any behavior that might compromise physical evidence. They emphasized the importance of preserving the integrity of the scene and maintaining confidentiality throughout the process. Non-security staff also described their response approach as trauma-informed, prioritizing the emotional safety and dignity of the alleged victim, using calm and supportive communication, and avoiding any actions or language that might re-traumatize or stigmatize the individual. Their responses reflected not only a clear understanding of procedural expectations, but also a genuine commitment to treating inmates with respect and compassion during what may be one of the most vulnerable moments of their incarceration.

All Staff

Collectively, interviews with staff across all disciplines and shifts revealed a strong and consistent understanding of PREA first responder procedures. Staff members of all roles highlighted the critical importance of immediate reporting, timely access to medical and mental health care, meticulous evidence preservation, and strict confidentiality. Their responses demonstrated that institutional training has been effective, that supervisory reinforcement is consistent, and that a shared culture of accountability and inmate protection has been firmly established throughout Donaldson Correctional Facility.

Inmates Who Reported Sexual Abuse

Inmates who reported sexual abuse reported that they were told about the preservation of evidence by security staff. They were instructed by security staff not to eat, drink, smoke, shower, use the restroom, change clothes, brush teeth, etc.

PROVISIONS

Provision (a): Comprehensive Policy Framework and Consistent Staff Preparedness

The Pre-Audit Questionnaire confirmed that ADOC maintains a formal and detailed first responder policy, as outlined in Administrative Regulation #454. Interviews with both security and non-security staff validated their awareness, comprehension, and readiness to implement this policy in real-world scenarios. Each staff member interviewed possessed a laminated PREA First Responder Duty Card, an essential quick-reference guide that outlines the precise sequence of actions to take in any PREA-related incident. This card is designed to be easily accessible and portable, allowing staff to reference critical steps even in high-stress or rapidly evolving situations.

The Auditor also reviewed the "Prison Rape Elimination Act (PREA) - A Trauma-Informed Guide for First Responders," a comprehensive spiral-bound pocket guide distributed throughout the facility. This resource provides foundational education in PREA definitions, prevention techniques, detection indicators, and step-by-step response procedures. It reinforces agency expectations and promotes consistent, compassionate, and victim-centered handling of potential sexual abuse incidents, regardless of staff role, shift assignment, or level of experience. The guide emphasizes the importance of treating alleged victims with dignity, avoiding judgment, and prioritizing safety and evidence preservation above all other considerations.

Documentation within the Pre-Audit Questionnaire and ADOC tracking records showed twenty-two allegations of sexual abuse during the audit period.

Fourteen of these allegations were inmate on inmate allegations. The facility reviewed these administratively and then initiated a criminal investigation in accordance with agency policy and PREA requirements. After investigation, four were determined to be UNFOUNDED; three were UNSUBSTANTIATED and seven remained OPENED.

The remaining 8 allegations were staff-on-inmate allegations. The facility reviewed these administratively and then initiated a criminal investigation in accordance with agency policy and PREA requirements. After investigation, three were determined to be UNFOUNDED; two were UNSUBSTANTIATED; one was substantiated two remained OPENED.

Throughout the investigation, the facility ensured the victim received comprehensive support. A victim advocate was made available to provide emotional and procedural support, ensuring that the inmate's rights and well-being were protected. In each case, both the alleged victim and the alleged perpetrator (if known) were offered access to medical and mental health services within 24 hours of staff becoming aware of the allegation. These services included trauma-informed care and counseling to address immediate and ongoing needs.

Referenced Policy:

ADOC Administrative Regulation #454, Section H.1.a-k, pages 23-24

Provision (b): Universal Training Coverage and Institutional Readiness

According to the Pre-Audit Questionnaire, no staff member—security or non-security—was documented as having acted as a first responder during the audit period. However, the Auditor's comprehensive review of training records, lesson plans, and orientation materials confirmed that all facility personnel, including full-time staff, part-time staff, contractors, and volunteers, receive first responder education as part of their initial orientation and annual reinforcement training. This training emphasizes critical elements such as immediate scene isolation, prompt separation of the alleged victim and alleged abuser, timely removal of uninvolved individuals from the area, preservation of physical and testimonial evidence, and the precise and accurate relaying of initial observations to investigators, supervisory command, and medical personnel. These procedures ensure that the facility maintains a high level of readiness and that the integrity of both evidence and the investigative process is preserved, regardless of which staff member is first to respond.

CONCLUSION

Following a thorough and methodical review of the Pre-Audit Questionnaire, relevant ADOC policies, first responder reference materials, comprehensive training documentation, investigative records, and in-depth interviews with staff members across all functional areas, the Auditor concludes that Donaldson Correctional Facility is in full compliance with PREA Standard 115.64 related to staff first responder duties.

Facility personnel—across all professional divisions and levels of responsibility—demonstrated a confident, consistent, and well-informed understanding of their first responder responsibilities. Their preparedness, professionalism, and commitment to trauma-informed response affirm the presence of a workplace culture centered on safety, accountability, transparency, and respect for every individual under ADOC care. The facility's investment in training, the provision of practical reference tools, and the consistent reinforcement of PREA

	<p>expectations have resulted in a workforce that is ready, willing, and able to respond appropriately and compassionately to any allegation of sexual abuse or sexual harassment.</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 governing coordinated response protocols, the Auditor undertook a thorough and systematic review of agency and facility records, policies, and operational documents demonstrating that Donaldson Correctional Facility maintains a structured, multidisciplinary system for responding to allegations of sexual abuse and sexual harassment. This comprehensive examination was designed to assess not only the existence of written procedures, but also the clarity, completeness, and practical utility of the coordinated response framework in real-world operational settings.</p> <p>The review began with a detailed analysis of the Pre-Audit Questionnaire (PAQ) and its extensive supporting documentation, which confirmed that Donaldson Correctional Facility maintains a formal written coordinated response plan. This plan clearly defines the responsibilities, expectations, and collaborative obligations of each staff discipline—including first responders, healthcare personnel, mental health practitioners, investigative staff, facility administrators, and external partners—and provides a unified, step-by-step framework to guide the institution's response from the initial report of an allegation through investigation, resolution, and post-incident review.</p> <p>The Auditor examined Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, titled Inmate Sexual Abuse and Harassment, which serves as the foundational policy governing the agency's overall response process. This regulation specifies the distinct roles and sequential responsibilities of first responders, supervisory personnel, medical and mental health practitioners, investigative staff, and administrative leadership. It demonstrates how these roles intersect and complement one another to ensure an organized, timely, and victim-centered response that prioritizes both investigative integrity and the immediate safety and well-being of affected inmates.</p> <p>The Auditor also reviewed the PREA First Responder Duty Card, a small laminated quick-reference card issued to all employees regardless of role or assignment. Designed for rapid consultation during high-stress incidents, this card presents the essential steps first responders must take to protect alleged victims, preserve evidence, and initiate the coordinated response process. Its standardized format ensures that the institutional response remains consistent, accurate, and compliant</p>

regardless of which staff member is first to receive an allegation or which shift is on duty at the time.

Additionally, the Auditor examined the PREA: A Trauma-Informed Guide for First Responders, a comprehensive spiral-bound pocket guide that serves as a day-to-day reference tool to reinforce PREA principles and procedures. This guide provides clear explanations of PREA definitions, prevention strategies, operational processes, and trauma-informed response techniques while also emphasizing the importance of collaboration, communication, and continuity of care across staff disciplines. The guide reflects ADOC's commitment to maintaining a measured, professional, and coordinated approach to all allegations, ensuring that every response is grounded in respect for the dignity and trauma of the alleged victim.

Finally, the Auditor reviewed Donaldson Correctional Facility's Coordinated Response Standard Operating Procedure (SOP), a localized extension of AR #454 that outlines how security, healthcare, mental health, investigative, and administrative staff interact within the facility's specific operational context. The SOP emphasizes continuity of care, timely and accurate communication among disciplines, and orderly case management from the moment of the initial report through final resolution and notification. This document demonstrates that the facility has not only adopted agency policy, but has also tailored it to fit the unique staffing structure, physical layout, and operational routines of Donaldson Correctional Facility.

INTERVIEWS

Facility Head

During the on-site portion of the audit, the Facility Head was interviewed to assess leadership oversight, institutional readiness, and the practical implementation of the coordinated response plan. The Facility Head affirmed that Donaldson Correctional Facility has both developed and implemented a comprehensive plan that fully aligns with PREA standards and ADOC requirements. According to the Facility Head, every allegation of sexual abuse or sexual harassment triggers a coordinated, step-by-step process involving multiple departments and staff disciplines. Each role is clearly defined, and staff are trained to understand how their individual responsibilities fit into the broader institutional response, ensuring that all required protective measures, investigative actions, and support services are put into action without delay or confusion.

The Facility Head emphasized the critical importance of interdepartmental communication and teamwork, highlighting that first responders, health services, mental health staff, and investigators all operate within a shared framework that prioritizes inmate safety, evidence preservation, and coherent case management. Staff are trained to understand not only their own duties, but also how their actions enable and support the work of other disciplines, ensuring that responses remain well-organized, efficient, and compliant with policy. The Facility Head described a culture in which collaboration is not merely encouraged, but expected and routinely practiced.

Regular training supports this system and reinforces institutional readiness. Annual in-service sessions, shift briefings, scenario-based drills, and post-incident reviews reinforce the coordinated response structure and allow staff to apply procedures in realistic settings. Personnel receive the PREA First Responder Duty Card and the Pocket Guide, both of which are actively referenced during incidents and training exercises. Together, these resources contribute to a culture of preparedness, professionalism, and accountability throughout the institution.

Through consistent reinforcement, supervision, and leadership engagement, staff at all levels remain well-informed about their roles in the coordinated response framework. The Facility Head's interview reflected not only comprehensive policy knowledge, but also active and visible leadership in ensuring the plan is routinely practiced, regularly evaluated, and effectively executed in all cases.

PROVISIONS

Provision (a): Comprehensive Written Plan and Multidisciplinary Coordination

The Pre-Audit Questionnaire verifies that Donaldson Correctional Facility has a written plan specifically designed to coordinate the actions of first responders, medical and mental health providers, investigative staff, and facility administrators when an allegation of sexual abuse occurs. The plan's accuracy, clarity, and practical implementation were confirmed through both extensive document review and in-depth interview findings with facility leadership and staff across multiple disciplines.

Under this plan, when a report of sexual abuse is received, staff act quickly, deliberately, and in close cooperation with one another. Procedures direct that the alleged victim be immediately protected, offered access to medical and mental health services, and treated with dignity and compassion throughout the process. The alleged abuser is separated from the alleged victim, monitored to prevent retaliation or further harm, and restricted from taking any actions that could compromise physical evidence. The scene is preserved for investigation, and all relevant staff are notified in accordance with established communication protocols. Immediate notification of facility leadership ensures oversight, accountability, and compliance with both internal and external reporting standards, including mandatory notifications to law enforcement and oversight agencies when appropriate.

The Auditor examined several sections within ADOC Administrative Regulation #454 that collectively define this coordinated system. These include provisions covering first responder duties (Section H.1, pages 23-24), supervisory oversight and notification responsibilities (H.2, pages 24-25), investigative responsibilities and evidence collection protocols (H.3, pages 25-26), special investigator functions and coordination with external law enforcement (H.4, pages 26-27), and the medical and mental health response process, including forensic examinations and ongoing support services (H.5, pages 27-28). Together, these sections support a comprehensive institutional framework that fosters collaboration among all staff categories and ensures the agency's collective response remains clearly defined, consistently applied, and fully accountable.

	<p>CONCLUSION</p> <p>Following a complete and methodical review of the Pre-Audit Questionnaire, facility and agency policies, supporting documentation, training records, and interview data from facility leadership and staff, the Auditor concludes that Donaldson Correctional Facility fully meets the requirements of PREA Standard 115.65 governing coordinated response to incidents of sexual abuse.</p> <p>The facility's coordinated response system is well-structured, thoroughly documented, and effectively supported by continuous training, supervisory reinforcement, and leadership engagement. Each staff discipline understands its role in the coordinated process, and the institution has demonstrated a consistent ability to respond rapidly, appropriately, and compassionately to allegations of sexual abuse or sexual harassment. The policies and practices observed reflect a professional, policy-driven approach that aligns with PREA standards and reflects an ongoing commitment to trauma-informed care, victim protection, evidence preservation, investigative integrity, and institutional accountability.</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 detailed and systematic review of both agency-level and facility-specific documentation to confirm that the Alabama Department of Corrections (ADOC) possesses the authority and capacity to take prompt protective actions when staff are alleged to have engaged in sexual abuse involving inmates. The review aimed to ensure that administrative structures allow swift intervention to maintain safety and uphold the integrity of investigations.</p> <p>The examination began with the Pre-Audit Questionnaire (PAQ) and the supporting materials submitted by ADOC. These records affirmed that the State of Alabama does not engage in collective bargaining with correctional or facility staff, meaning that ADOC operates without labor union agreements that might otherwise restrict administrative decision-making. This absence of contractual limitations allows ADOC to take immediate and unfettered action when a credible allegation arises, including measures that temporarily separate the accused employee from inmate contact while an investigation is conducted. Such discretion underscores the department's ability to act promptly to protect inmates and sustain impartial investigative procedures.</p> <p>The Auditor also reviewed ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025. This regulation outlines the agency's</p>

comprehensive approach to responding to allegations of sexual abuse or harassment. In its directives, the regulation authorizes facility leadership to initiate administrative steps—such as reassignment, suspension, or restricted access to certain work areas—pending investigation outcomes. The clarity and consistency of these provisions demonstrate ADOC’s commitment to ensuring institutional safety through decisive, policy-based action while preserving due process. Together, these documents and regulatory frameworks portray an agency culture rooted in accountability, transparency, and proactive protection of inmates.

INTERVIEW

During the audit, the Agency Head’s designee provided detailed insight into how these policies function in practice. The designee confirmed that all ADOC correctional employees are non-union, thus no collective bargaining agreement constrains management’s authority to act swiftly when allegations arise. This structure allows the department to prioritize safety and investigative integrity without procedural delay.

The designee explained that when a report of sexual abuse involving staff is received, ADOC procedures empower facility administrators to evaluate the circumstances immediately and take precautionary measures deemed necessary. Depending on the situation, these actions may include temporary reassignment, adjustments to job duties, or restrictions on facility access that effectively eliminate any direct contact between the accused staff member and inmates while the investigation progresses. These decisions are rooted in protective reasoning and are not, the designee emphasized, to be construed as presumptions of guilt. They serve to ensure that investigations proceed without interference and that inmates remain protected from potential harm.

The designee also noted that, during the audit period, no PREA-related cases required the removal or reassignment of a staff member under this standard. However, the department’s readiness remains intact—the administrative framework and response procedures are active, operational, and capable of immediate implementation should such a situation occur in the future. This proactive posture reflects ADOC’s commitment to preventive oversight and consistent policy application throughout its correctional system.

PROVISIONS

Provision (a)

Under Provision (a), documentation and interview findings confirmed that the State of Alabama’s correctional system does not participate in collective bargaining, a fact supported by statements from the Agency Head’s designee and references in the PAQ. Because no unions or labor agreements exist, facility leadership retains complete, unrestricted authority to enact immediate administrative measures whenever allegations of staff sexual abuse involving inmates occur.

This authority is codified in ADOC Administrative Regulation #454, which grants

administrators the discretion to modify job duties, reassign personnel, or remove staff from inmate contact pending the completion of an investigation. These immediate actions are guided exclusively by considerations of safety and operational necessity, ensuring that inmate protection always takes precedence. While no cases requiring separation occurred during the twelve-month audit period, both documents and interviews confirmed that the framework remains active, functional, and fully compliant with PREA requirements.

Provision (b)

Does not apply to this facility; therefore, no evaluation was necessary under that section.

CONCLUSION

Following an extensive review of policy documents, administrative guidelines, and interviews with agency leadership, the Auditor concludes that the Alabama Department of Corrections and the facility fully comply with PREA Standard §115.66. The department possesses complete administrative authority to remove any staff member from inmate contact when allegations of sexual abuse arise, ensuring that safety and investigative integrity are preserved.

ADOC’s clear organizational policy, the absence of collective bargaining restrictions, and its capacity for immediate administrative response all affirm the agency’s readiness to act decisively when required. These findings demonstrate not only technical compliance with federal PREA standards but also a consistent institutional commitment to safe, transparent, and responsibly managed operations across every correctional environment under regulation.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To evaluate compliance with PREA Standard 115.67 governing protection against retaliation, the Auditor conducted a comprehensive and methodical review of agency and facility documentation that collectively demonstrates how retaliation protections are established, monitored, and implemented at Donaldson Correctional Facility. The review encompassed the completed Pre-Audit Questionnaire (PAQ) and all supporting materials submitted prior to the on-site visit, providing a foundation for understanding the facility's written policies and operational practices.</p> <p>Special emphasis was placed on Alabama Department of Corrections (ADOC) Administrative Regulation #454, titled Inmate Sexual Abuse and Harassment and</p>

dated May 29, 2025. This regulation defines the agency's comprehensive framework for preventing retaliation and sets forth clear procedures for monitoring any individual—whether inmate or staff member—who is involved in the reporting, investigation, or resolution of sexual abuse or sexual harassment allegations. The regulation outlines specific responsibilities, timelines, and protective measures designed to ensure that no person faces adverse consequences for fulfilling their duty to report misconduct or for cooperating with investigative processes.

The Auditor also examined ADOC Form 454-D, titled Sexual Abuse/Harassment Retaliation Monitoring, which serves as the agency's standardized tracking tool for detecting, documenting, and addressing potential acts of reprisal. This form outlines how monitoring is initiated immediately upon the filing of an allegation, how it is maintained throughout the investigative process, and how it is concluded once the risk of retaliation has been mitigated or eliminated. The form demonstrates a deliberate and structured system that balances consistent oversight with individualized attention to the unique circumstances of each case.

Collectively, the reviewed materials reflect an agency-wide commitment to ensuring that no one—staff or inmate—faces intimidation, harassment, or adverse treatment for participating in PREA reporting or investigations. The overall evidence portrays a process that is disciplined, transparent, proactive, and closely aligned with the protective intent of PREA standards.

INTERVIEWS

Interviews conducted during the audit provided additional clarity and insight regarding how policy translates into daily practice and how retaliation prevention operates at both institutional and agency levels.

Retaliation Monitor

The designated Retaliation Monitor at Donaldson Correctional Facility described their work as proactive, deliberate, and ongoing, reflecting a genuine commitment to protecting individuals from reprisal. The Auditor learned that all staff and inmates are routinely reminded of their right to report sexual abuse or harassment and to participate in investigations without fear of retaliation. Retaliation monitoring applies not only to alleged victims but also to witnesses, reporters, and anyone who raises concerns about potential retaliatory action. Monitoring activities are recorded through documented check-ins conducted for a minimum of 90 days—often weekly rather than monthly—and are consistently logged on ADOC Form 454-D. The Retaliation Monitor confirmed that no substantiated incidents of retaliation occurred during the past 12 months, a finding consistent with institutional records and reflective of the effectiveness of the facility's preventive measures. The Monitor emphasized that protections are tailored to individual circumstances and that monitoring continues beyond the minimum period whenever ongoing risk is identified or expressed by the individual being monitored.

Agency Head Designee

In discussions with the Agency Head's designee, the Auditor confirmed that retaliation monitoring begins immediately upon the filing of a PREA report and continues for at least 90 days, unless an allegation is determined to be unfounded, in which case monitoring may end sooner based on individual assessment. The designee emphasized that protections are not limited to the alleged victim; they extend to any person—staff or inmate—who reports abuse, cooperates in an investigation, or voices fear of retaliation. Monitoring efforts, therefore, are inclusive, equitable, and designed to ensure that all involved remain safe and supported while investigative processes unfold. The designee also described the agency's commitment to transparency and accountability, noting that retaliation monitoring is tracked centrally and reviewed regularly by agency leadership to ensure consistency and compliance across all ADOC facilities.

Facility Head

Facility leadership at Donaldson Correctional Facility described the practical safeguards that support retaliation prevention efforts within the institution. These include careful observation and review of inmate housing changes, job reassignments, program participation, and disciplinary decisions, all of which are monitored for signs of possible retaliatory behavior. Likewise, staff performance evaluations, work duty assignments, shift changes, and reassignments are also monitored to ensure that no employee faces adverse employment actions as a result of reporting or cooperating with a PREA investigation. Facility leadership stated that the designated Institutional PREA Compliance Manager (IPCM) and the Retaliation Monitor maintain ongoing oversight of these daily operations, reviewing them regularly for any irregularities that could indicate retaliation. This oversight process provides assurance that the institutional climate remains professional, fair, and balanced following any PREA-related report, and that individuals feel safe and supported in their decision to come forward.

Inmates in Segregated Housing

At the time of the audit visit, no inmates were housed in segregated settings as a direct result of reporting sexual abuse or being identified as at heightened risk of victimization. This finding supports the conclusion that segregation is not used as a default or routine protective measure in such cases but only when absolutely necessary, appropriate, and in the best interest of the inmate's safety, and only after all other reasonable alternatives have been exhausted.

Inmates Who Reported Sexual Abuse

Interviewees who were subject to retaliation monitoring confirmed that the facility consistently implemented protective oversight measures throughout the duration of their cases. They reported that designated staff members conducted regular status checks on a weekly basis. These check-ins were described as thorough and individualized, with staff asking specific questions about their safety, well-being, housing stability, work assignments, and any concerns about potential retaliation or intimidation. Interviewees indicated that staff demonstrated genuine concern for their welfare and created an environment in which they felt comfortable expressing fears

or reporting new concerns. The weekly frequency of these monitoring contacts provided consistent reassurance and allowed staff to identify and address potential issues before they escalated. Interviewees emphasized that the regularity and quality of these interactions contributed to their sense of safety and reinforced their confidence that the facility was actively committed to protecting them from any form of reprisal related to their participation in the PREA reporting or investigative process.

PROVISIONS

Provision (a): Formal Policy and Comprehensive Monitoring Framework

The Pre-Audit Questionnaire and corroborating documentation confirmed that ADOC has established a formal, written policy guaranteeing protection from retaliation for anyone—staff or inmate—who reports sexual abuse or harassment or assists in a PREA-related investigation. The policy mandates active monitoring for a period of at least 90 days, with extensions permitted and encouraged when continued oversight is warranted based on individual circumstances, ongoing threats, or expressed concerns. The Institutional PREA Compliance Manager (IPCM) is designated as the official responsible for ensuring adherence to the monitoring process, coordinating protective measures, and maintaining accurate documentation. These requirements are clearly articulated in ADOC Administrative Regulation #454, Section V.I. 1-6, pages 28-29, and reflect the agency's commitment to creating an environment in which individuals feel safe and supported in reporting misconduct.

Provision (b): Multiple Protective Measures and Preventive Strategies

Donaldson Correctional Facility employs several layers of preventive and protective measures designed to reduce the likelihood of retaliation and to respond swiftly when concerns arise. These measures include housing adjustments to separate alleged victims from potential threats, job reassignments to reduce exposure and contact, physical separation of the alleged abuser from the reporting party, transfers to different housing units or facilities when necessary, and the availability of supportive counseling, mental health services, and emotional care to address trauma and anxiety related to the reporting process. Facility administrators described these practices in detail during interviews, and the review of ADOC Form 454-D and investigative records confirmed that no allegations of retaliation were substantiated during the previous audit cycle. The consistent application of these measures demonstrates adherence to ADOC Administrative Regulation #454, Section V.I. 5, page 29, and reflects a proactive and victim-centered approach to retaliation prevention.

Provision (c): Active Monitoring of Behavioral and Environmental Indicators

ADOC policy mandates the active and ongoing monitoring of both inmates and staff for changes in behavior, demeanor, housing status, job assignments, program participation, disciplinary actions, or working conditions that might suggest retaliation or a retaliatory climate. This monitoring continues for at least 90 days and may be extended whenever risk factors persist, new concerns emerge, or the individual requests continued protection. Both the Pre-Audit Questionnaire and interview

responses confirmed that no instances of retaliation had been reported or substantiated during the past year, reinforcing the conclusion that the system functions as intended and that protective measures are effective. This expectation is clearly set forth under ADOC Administrative Regulation #454, Section V.I. 4, pages 28-29.

Provision (d): Comprehensive Documentation and Verified Oversight

The agency's method of documentation—using ADOC Form 454-D—records the frequency and scope of monitoring, the specific actions taken, staff observations and assessments, inmate feedback, and the IPCM's verification signature. Records reviewed by the Auditor showed that monitoring occurred weekly rather than monthly, exceeding the 90-day minimum requirement and providing stronger, more consistent ongoing oversight. This practice demonstrates diligence, transparency, and a commitment to accountability consistent with ADOC Administrative Regulation #454, Section V.I. 5, page 29.

Provision (e): Inclusive Protections for All Reporting Parties and Witnesses

Both the records and interviews verified that retaliation monitoring is available to anyone expressing fear or concern—whether an alleged victim, witness, third-party reporter, or staff member. These inclusive protections ensure equitable access to support and monitoring, regardless of role, status, or relationship to the allegation, as stated in ADOC Administrative Regulation #454, Section V.I. 1-6, pages 28-29.

Provision (f): Obligation to Protect Staff Reporters

This provision was not applicable during the current audit review, as no staff members reported sexual abuse or harassment during the audit period. However, policy and interview evidence confirmed that protections would be applied equally to staff members who report or cooperate with investigations.

CONCLUSION

Through careful examination of all relevant documentation, extensive interviews with agency and facility leaders, and direct engagement with correctional staff and designated monitors, the Auditor concludes that the Alabama Department of Corrections and Donaldson Correctional Facility exceed the expectations of PREA Standard 115.67 governing agency protection against retaliation.

The finding that monitoring checks occur weekly—rather than merely monthly—illustrates the agency's proactive stance and consistent follow-through. Clear policies, detailed procedures, assigned accountability, and transparent documentation collectively ensure that retaliation concerns are prevented, detected early, and promptly resolved. Staff at every level demonstrated a thorough understanding of their roles in protecting individuals from retaliation, while leadership conveyed strong administrative oversight and verification mechanisms. The monitoring process, as documented and practiced, reflects an established culture of safety, integrity, and trust that extends across all areas of Donaldson Correctional Facility.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.68, the Auditor conducted an in-depth review of documentation submitted by the Alabama Department of Corrections (ADOC) and the facility. The materials examined included the completed Pre-Audit Questionnaire (PAQ) and all supporting documents that described the facility’s process for managing post-allegation protective custody. Together, these materials illustrated how the facility ensures inmate safety following a report of sexual abuse while minimizing restrictive housing use.</p> <p>A central component of the review was ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025. This regulation outlines the agency’s system-wide standards governing the use of protective custody after a sexual abuse allegation. It establishes that involuntary segregated housing may only be used as a last resort, following a documented assessment showing that no alternative placements are suitable.</p> <p>The Auditor also reviewed the Institutional PREA Compliance Notice (IPCN) Memorandum addressing Standard §115.68, dated October 22, 2025. This memorandum provided an agency-level update confirming adherence to current procedures and documenting recent activity related to involuntary segregation decisions. Additionally, ADOC Form 454-H, Prison Rape Elimination Act (PREA) Post-Allegation Protective Custody Form, dated January 4, 2016, was examined. This form serves as the agency’s formal record for evaluating and justifying protective custody placements, ensuring accountability and transparency in every decision.</p> <p>Collectively, these materials confirmed that ADOC’s policy framework clearly outlines how decisions regarding protective housing are made and reviewed, highlighting an intentional effort to limit segregation and use less restrictive alternatives whenever feasible.</p> <p>OBSERVATIONS</p> <p>During the on-site visit, the Auditor toured housing units and observed general living conditions across the facility. No instances were identified where inmates who had reported sexual abuse were housed under restrictive or segregated conditions for involuntary protective purposes. Housing assignments observed were consistent with classification protocols and operational routines. Facility leadership and staff verified that during the current audit period, no inmates were held in involuntary segregation either as a post-allegation placement or due to assessed risk of sexual victimization.</p> <p>INTERVIEWS</p> <p>Interviews with facility leadership and security staff provided valuable insight into</p>

how post-allegation protective custody procedures are implemented in daily operations.

Facility Head

Leadership emphasized that ADOC policy expressly prohibits automatically placing sexual abuse victims in segregated housing. Instead, every case is evaluated individually to identify the safest and least restrictive setting available. They described segregation for protective reasons as rare—considered only after all alternative options have been carefully assessed and documented as unsuitable for ensuring safety.

When an inmate must be placed involuntarily in protective custody, leadership stated that every placement is documented in full detail on ADOC Form 454-H, including the reasons segregation was determined necessary. These cases undergo mandatory 30-day reviews to determine whether continued separation is warranted. Leadership further explained that when appropriate alternatives exist, inmates may be temporarily transferred to another facility where their safety can be maintained without resorting to restrictive confinement.

Facility Staff

Staff assigned to oversee segregated housing affirmed that segregation is never used as a routine or default measure following a sexual abuse report. Before such housing is considered, all other options—such as unit reassignment, separation of involved parties, or facility transfer—are explored. Staff emphasized that when protective housing is unavoidable, it remains temporary and subject to regular administrative review.

They also confirmed that inmates housed in segregation for protective reasons maintain access to essential programs, education, and work opportunities, consistent with safety and security conditions. This approach ensures that temporary protective measures do not unduly restrict participation in daily activities or rehabilitation opportunities.

By the conclusion of the on-site audit, both documentation and interview responses aligned—no inmates were in involuntary segregated housing for protective purposes, nor had any such placements occurred within the previous twelve months.

PROVISIONS

Provision (a)

The PAQ, along with corroborating documentation and interviews, confirmed the facility's compliance with ADOC and PREA standards regarding post-allegation protective custody. Agency policy limits the involuntary placement of sexual abuse victims in segregated housing strictly to circumstances where other housing alternatives have been thoroughly considered and found infeasible.

When segregation must be used for protective purposes, the policy requires that

every decision be justified through written documentation on ADOC Form 454-H. The form captures the rationale for placement, the expected duration, and review outcomes. The policy also mandates evaluations at least every 30 days to determine whether continued separation remains necessary. During such periods, affected inmates must retain access to programming, education, and privileges to the fullest extent consistent with institutional safety.

The Auditor’s review confirmed that, over the past twelve months, no inmates were involuntarily placed in segregated housing—neither for preliminary assessments (lasting 1–24 hours) nor extended periods exceeding 30 days. These findings demonstrate adherence to ADOC Administrative Regulation #454, Section V.K., 1–4 (pp. 30–31), which governs post-allegation protective decisions.

CONCLUSION

Based on a comprehensive review of policy documents, institutional records, site observations, and interviews with leadership and staff, the Auditor concludes that the facility meets the requirements of PREA Standard §115.68, Post-Allegation Protective Custody.

The facility has established clear, well-documented safeguards that ensure the use of segregation remains limited, carefully justified, and subject to consistent oversight. Staff at all levels demonstrated clear understanding and respect for the guiding principle that protective custody must prioritize inmate safety while preserving dignity and access to necessary services.

This structured approach—supported by policy, documentation, and practice—reflects a sound, policy-compliant method for maintaining safety without overreliance on restrictive housing. ADOC’s policies and the facility’s implementation together convey a measured, transparent, and reliable framework for addressing post-allegation protective custody in full alignment with PREA standards.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To evaluate compliance with PREA Standard 115.71 governing criminal and administrative agency investigations, the Auditor conducted an extensive and comprehensive review of documentation provided by Donaldson Correctional Facility and the Alabama Department of Corrections (ADOC). This thorough examination was designed to assess the quality, thoroughness, timeliness, and accountability of the facility's investigative protocols, evidence preservation methods, reporting and documentation procedures, and follow-up practices related to allegations of sexual</p>

abuse and sexual harassment.

Key materials reviewed included the completed Pre-Audit Questionnaire (PAQ) and all supporting documentation, ADOC Administrative Regulation (AR) #454 titled Inmate Sexual Abuse and Harassment and dated May 29, 2025, ADOC Administrative Regulation #300 titled Institutional Management, and the facility's Standard Operating Procedure for Investigations and Intelligence (SOP I&I) #454 titled PREA Sexual Assault Investigations. Additional documentation included ADOC Form #454-C, the Investigative Summary Report used to document findings and conclusions, records of investigative outcomes and dispositions for all allegations reported during the audit period, minutes from Investigative Review Team meetings that assess the adequacy and thoroughness of completed investigations, and Notification to Inmate Forms demonstrating that alleged victims received written notification of investigation outcomes as required by PREA standards.

Collectively, these materials outlined the facility's investigative protocols in detail, demonstrating a structured and methodical approach to investigating allegations, preserving physical and testimonial evidence, documenting findings, ensuring accountability for staff actions or inactions that may have contributed to incidents, and providing transparency and closure to alleged victims through formal notification processes. This comprehensive framework provided the Auditor with a clear understanding of how Donaldson Correctional Facility conducts, documents, and oversees PREA-related investigations.

INTERVIEWS

Inmates Who Reported Sexual Abuse

Interviews with incarcerated individuals who had reported sexual abuse during the audit period confirmed a consistent pattern of timely and appropriate response by facility staff and investigators. Individuals reported that upon disclosure of their allegations, they were immediately offered referrals for medical and mental health services and were promptly referred for forensic examinations when medically indicated or when requested. Victim advocates were consistently made available to accompany individuals during forensic examinations, providing emotional support, explaining the examination process, and ensuring that individuals understood their rights and the investigative procedures that would follow. All individuals confirmed that no financial charges were incurred for any medical treatment, forensic examination, or mental health services, that they were not asked to submit to polygraph testing or any other truth-telling device, and that they received written notification of the investigation outcome in a timely manner. These accounts were uniform across all interviews and aligned closely with agency policy, investigative documentation, and notification records reviewed by the Auditor.

Investigative Staff

Interviews with investigative personnel confirmed that investigations are initiated immediately upon receipt of any allegation of sexual abuse or sexual harassment, irrespective of the method of reporting, whether the report is made in-person, via

telephone, through third-party notification, anonymously, or through external advocacy organizations. Investigative staff described a standardized and victim-centered process in which alleged victims are interviewed first to ensure their safety and well-being, followed by witnesses who may have observed or have knowledge of the incident, and lastly the alleged perpetrator. Evidence collection is conducted by trained investigators or, when applicable and when circumstances warrant, by the SAFE (Sexual Assault Forensic Examiner) or SANE (Sexual Assault Nurse Examiner) team, with investigators receiving National Institute of Corrections (NIC)-certified training in evidence preservation, forensic evidence handling, trauma-informed interviewing techniques, and investigative protocols specific to sexual abuse in confinement settings.

Staff emphasized that compelled interviews—those required under administrative threat of discipline or termination—are only conducted after consultation with prosecutorial authorities to avoid compromising potential criminal cases or violating Fifth Amendment protections. Investigators consistently assess the credibility of all parties individually, without bias or preconceived assumptions, and without reliance on polygraph examinations or truth-telling devices. Additionally, all investigations examine whether staff actions or inactions contributed to the incident, whether through failure to follow policy, inadequate supervision, or failure to respond appropriately to warning signs or prior reports. Findings are fully documented in detailed investigative reports that include summaries of all evidence, credibility assessments, and conclusions. Investigations continue to completion regardless of whether the alleged victim or perpetrator has left the agency's custody or employment, ensuring accountability and closure.

Institutional PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager verified that no investigation is closed or terminated solely due to the departure of involved parties from the agency, reinforcing the facility's commitment to thorough and complete investigative follow-through. The IPCM described a process in which all investigations are tracked from initiation through final disposition, and emphasized that accountability and transparency remain priorities even when individuals are no longer under ADOC custody or supervision.

PREA Director

The PREA Director confirmed that investigative records are retained for the duration of an individual's incarceration or employment, plus an additional five years, in alignment with agency policy and PREA requirements. The Director also noted that inmate-related data is maintained indefinitely within the system, the agency's central data management platform, ensuring long-term accessibility, accountability, and the ability to track patterns or trends over time.

Facility Head or Designee

Facility leadership reported that during the past twelve months, no substantiated allegations of sexual abuse were referred for prosecution. This reflects the outcomes

documented in the Investigative Summary Reports and other supporting documentation reviewed during the audit. Leadership emphasized that all allegations, regardless of disposition, are investigated thoroughly and that alleged victims receive appropriate services, protections, and notifications throughout the process.

PROVISIONS

Provision (a): Prompt, Thorough, and Objective Investigations

Donaldson Correctional Facility maintains policies requiring prompt and thorough investigations of all sexual abuse and sexual harassment allegations, as reflected in the Pre-Audit Questionnaire and verified during staff interviews. Investigative procedures follow ADOC Administrative Regulation #454 and Standard Operating Procedure for Investigations and Intelligence #454.

Review of the past twelve months' data indicated 58 total allegations, with 22 classified as sexual abuse cases and 36 as sexual harassment cases. Among sexual abuse cases, 9 were ongoing at the time of the audit, 7 were determined to be unfounded, 5 were unsubstantiated, and one was substantiated. All alleged victims received appropriate medical and mental health services, retaliation monitoring, and written notifications of investigation outcomes, demonstrating compliance in service provision and victim support.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.G. 1. g-h, i, pages 21-22; Section V.H. 3. a-g, pages 25-26; Section IV.C. 1-9, pages 5-6

Provision (b): Specialized Training for Investigators

All investigators assigned to conduct sexual abuse investigations have completed specialized PREA training in sexual abuse investigations in confinement settings, as required under Standard Operating Procedure for Investigations and Intelligence #454 and PREA Standard 115.34. Training records were reviewed and verified during the audit, confirming that investigators have received instruction in trauma-informed interviewing techniques, evidence preservation, forensic evidence collection, credibility assessment, and the unique dynamics of sexual abuse in institutional settings.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.G. 1. g-h, i, pages 21-22; Section V.H. 3. a-g, pages 25-26; Section IV.C. 1-9, pages 5-6

Provision (c): Comprehensive Evidence Gathering and Preservation

Investigators gather and preserve both direct and circumstantial evidence, including physical evidence such as clothing, bedding, and other materials, DNA and biological evidence, and electronic monitoring data such as video surveillance footage,

telephone records, and email communications. They conduct thorough interviews with alleged victims, alleged perpetrators, and witnesses, and review any prior complaints or allegations involving the accused individual to assess patterns of behavior or credibility. These practices were consistently described during interviews with investigative staff and confirmed by documentation reviewed during the audit.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.G. 1. g-h, i, pages 21-22; Section V.H. 3. a-g, pages 25-26; Section IV.C. 1-9, pages 5-6

Provision (d): Coordination with Prosecutorial Authorities on Compelled Interviews

Compelled interviews—those required under threat of administrative discipline or termination—are only conducted following consultation with prosecutorial authorities, ensuring that potential criminal proceedings are not compromised and that the investigative process does not violate constitutional protections. Investigative staff affirmed this practice during interviews, emphasizing that they coordinate closely with prosecutors and legal counsel before compelling any statement from a staff member who may be subject to criminal investigation.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.G. 1. g-h, i, pages 21-22; Section V.H. 3. a-g, pages 25-26; Section IV.C. 1-9, pages 5-6

Provision (e): Objective Credibility Assessment Without Polygraph Testing

The credibility of all individuals—alleged victims, witnesses, and alleged abusers—is assessed on a case-by-case basis without bias, preconceived assumptions, or reliance on stereotypes, and polygraphs or truth-telling devices are not utilized in any phase of the investigation. Staff confirmed these procedures during interviews, which were also supported by review of investigative reports and case files.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.G. 1. g-h, i, pages 21-22; Section V.H. 3. a-g, pages 25-26; Section IV.C. 1-9, pages 5-6

Provision (f): Administrative Investigation of Staff Actions and Comprehensive Documentation

Administrative investigations assess whether staff actions or inactions contributed to incidents of sexual abuse or sexual harassment, including failures to follow policy, inadequate supervision, failure to respond to warning signs, or failure to take appropriate protective measures. Written investigative reports document physical and testimonial evidence, credibility assessments, reasoning and analysis, and

conclusions in accordance with agency policy and PREA standards.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.G. 1. g-h, i, pages 21-22; Section V.H. 3. a-g, pages 25-26; Section IV.C. 1-9, pages 5-6

Provision (g): Thorough Documentation of Criminal Investigations

Criminal investigations are comprehensively documented, including summaries of all physical, testimonial, and documentary evidence collected, analyzed, and preserved. When feasible and when permitted by law enforcement protocols, supporting documentation such as photographs, diagrams, forensic reports, and witness statements are attached to the investigative reports to provide a complete and transparent record.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.G. 1. g-h, i, pages 21-22; Section V.H. 3. a-g, pages 25-26; Section IV.C. 1-9, pages 5-6

Provision (h): Long-Term Retention of Investigative Records

At the time of the on-site audit, 9 of the 22 sexual abuse criminal investigations remained open and pending final disposition. The primary reason these investigations had not been closed was due to ongoing delays in receiving DNA evidence results from the forensic laboratory. One substantiated case involving alleged staff-on-inmate sexual abuse was formally referred to the District Attorney's office for review and consideration for criminal prosecution. At the time of the on-site audit, a prosecutorial decision had not yet been rendered, and the case remained under active review by the District Attorney's office. The remaining 12 cases were determined to be either unfounded or unsubstantiated following thorough investigation and were therefore not forwarded for prosecutorial review or consideration, as the evidence did not support criminal charges or did not meet the evidentiary threshold required for prosecution.

Relevant Policy:

ADOC Administrative Regulation #454, Section V.G. 1. g-h, i, pages 21-22; Section V.H. 3. a-g, pages 25-26; Section IV.C. 1-9, pages 5-6

Provision (i): Cooperation with External Investigative Agencies

Although investigations are primarily handled internally by the ADOC Law Enforcement Services Division (LESD), Donaldson Correctional Facility affirmed that it would fully cooperate with external investigative bodies, provide requested documentation and access, and seek updates on the status and outcomes of investigations as appropriate should such circumstances arise.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.G. 1. g-h, i, pages 21-22; Section V.H. 3. a-g, pages 25-26; Section IV.C. 1-9, pages 5-6

Provision (j): Continuation of Investigations Despite Departure of Involved Parties

Investigations continue to completion regardless of whether the alleged abuser or alleged victim has left the agency's custody or employment, a practice confirmed by the Institutional PREA Compliance Manager and PREA Director. This ensures accountability, closure for alleged victims, and the ability to identify patterns or systemic issues that may require corrective action.

Relevant Policy:

ADOC Administrative Regulation #454, Section V.G. 1. g-h, i, pages 21-22; Section V.H. 3. a-g, pages 25-26; Section IV.C. 1-9, pages 5-6

Provision (k): Not Applicable

This provision was not applicable for this audit.

Provision (l): Cooperation with External Agencies and Law Enforcement

While external agency involvement in PREA investigations is infrequent, Donaldson Correctional Facility confirmed a commitment to full cooperation, transparency, and collaboration in such instances. All current investigations are conducted internally by the ADOC Law Enforcement Services Division (LESD), which employs trained and certified investigators with law enforcement authority.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.G. 1. g-h, i, pages 21-22; Section V.H. 3. a-g, pages 25-26; Section IV.C. 1-9, pages 5-6

CONCLUSION

Following a comprehensive review of documentation, interviews with investigative staff, facility leadership, PREA coordinators, and alleged victims, as well as observation of investigative processes and records, the Auditor concludes that the agency and Donaldson Correctional Facility meet all applicable provisions of PREA Standard 115.71 governing criminal and administrative agency investigations. Investigations are conducted thoroughly, with attention to evidence preservation, staff accountability, victim protection, trauma-informed practices, and ongoing record retention, ensuring a professional, transparent, and compliant investigative process that upholds the rights and dignity of all individuals involved.

115.72	Evidentiary standard for administrative investigations
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 340 576 374"><u>DOCUMENT REVIEW</u></p> <p data-bbox="256 416 1481 819">To evaluate compliance with PREA Standard 115.72 governing the evidentiary standard for administrative investigations, the Auditor conducted a detailed and structured review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by Donaldson Correctional Facility and the Alabama Department of Corrections (ADOC). This comprehensive examination focused on the evidentiary standard used by investigators in determining whether allegations of sexual abuse or sexual harassment are substantiated, unsubstantiated, or unfounded, as well as the process for collecting, analyzing, evaluating, and reporting investigative findings in a manner that ensures consistency, fairness, and transparency.</p> <p data-bbox="256 862 1473 1187">The Auditor examined Alabama Department of Corrections Administrative Regulation #454, titled Inmate Sexual Abuse and Harassment and effective May 29, 2025, which outlines investigative procedures, evidentiary expectations, and the standards of proof required for administrative investigations. Administrative Regulation #300, titled Investigations and Intelligence Division and effective August 11, 2004, was also reviewed to confirm requirements related to investigative processes, investigator qualifications, report preparation, and the distribution of investigative findings to facility leadership, agency administrators, and external authorities when appropriate.</p> <p data-bbox="256 1229 1485 1554">Documentation reviewed by the Auditor reflects a clear and structured approach to investigations, including standardized evidence collection protocols, systematic report preparation, consistent application of the preponderance of the evidence standard, and accountability mechanisms that ensure investigative findings are reviewed, documented, and acted upon appropriately. The materials demonstrate that Donaldson Correctional Facility and ADOC have established policies and procedures that align with PREA requirements and support fair, objective, and thorough investigations.</p> <p data-bbox="256 1597 504 1630"><u>OBSERVATIONS</u></p> <p data-bbox="256 1673 1477 1951">The review of investigative materials, case files, and completed investigative reports indicates that the agency follows a clear and organized process for gathering, analyzing, and evaluating evidence in all administrative investigations of sexual abuse and sexual harassment. Documentation supports consistent application of investigative standards across all cases, proper reporting procedures that ensure transparency and accountability, and thorough documentation of evidence, credibility assessments, and reasoning that supports investigative conclusions.</p> <p data-bbox="256 1993 456 2027"><u>INTERVIEWS</u></p> <p data-bbox="256 2069 555 2103">Investigative Staff</p>

The Auditor interviewed investigative staff assigned to conduct administrative investigations of allegations of sexual abuse and sexual harassment at Donaldson Correctional Facility. These staff members described a thorough and methodical approach to investigations that prioritizes evidence collection, objectivity, and fairness. Staff explained that all available evidence is collected and preserved, including physical evidence such as clothing, bedding, and other materials, written and recorded statements from alleged victims, alleged abusers, and witnesses, video surveillance footage and electronic monitoring data, and information from the scene such as photographs, diagrams, and observations of physical conditions.

Investigators stated that interviews are conducted with all relevant parties in a trauma-informed and respectful manner, and that findings are carefully reviewed, analyzed, and evaluated before conclusions are made. Completed investigative reports are submitted to facility leadership, the Institutional PREA Compliance Manager (IPCM), and agency administrators for review and action. When appropriate and when evidence supports potential criminal charges, investigative findings are also forwarded to the District Attorney for review and possible criminal prosecution.

Staff confirmed that the standard used to determine whether an allegation is substantiated, unsubstantiated, or unfounded is the preponderance of the evidence, meaning that conclusions are based on whether the evidence, when considered as a whole, shows that the alleged incident was more likely than not to have occurred. Investigators emphasized that this standard is applied consistently across all cases, regardless of the identity of the alleged victim or alleged abuser, and that credibility assessments are made on a case-by-case basis without bias, preconceived assumptions, or reliance on stereotypes.

PROVISIONS

Provision (a): Clear Evidentiary Standard and Structured Reporting Process

Agency policy clearly and unambiguously establishes that the standard of proof for administrative investigations of sexual abuse and sexual harassment is a preponderance of the evidence. This standard is straightforward, consistent with PREA requirements, and ensures that investigative conclusions are based on a fair and objective assessment of whether the evidence demonstrates that the alleged incident was more likely than not to have occurred. This standard is lower than the beyond a reasonable doubt standard used in criminal proceedings, reflecting the administrative rather than criminal nature of these investigations, and ensures that accountability and protective measures can be implemented even when evidence may not support criminal prosecution.

Policy also outlines a structured and transparent process for distributing investigative reports to ensure accountability, oversight, and appropriate follow-up action. Completed reports are shared with appropriate leadership and authorities, including facility administration, the Institutional PREA Compliance Manager, agency leadership, and, when applicable and when evidence supports potential criminal charges, the District Attorney's office. This ensures that investigative findings are reviewed by multiple levels of oversight, that appropriate corrective actions are

implemented, and that patterns or systemic issues are identified and addressed.

Investigative staff demonstrated a clear and confident understanding of both the evidentiary standard and the reporting process during interviews, reflecting effective training, supervisory reinforcement, and a culture of accountability and transparency.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section V.H.3.a-g, pages 26-27
2. ADOC Administrative Regulation #300, page 5

CONCLUSION

Based on a thorough review of documentation, investigative case files, and in-depth interviews with investigative staff, the Auditor concludes that Donaldson Correctional Facility is in full compliance with PREA Standard 115.72 governing the evidentiary standard for administrative investigations.

The agency applies a clear, consistent, and appropriate evidentiary standard—preponderance of the evidence—in all administrative investigations of sexual abuse and sexual harassment. Investigations are thorough, well-documented, objective, and follow a structured process that supports accurate, fair, and transparent outcomes. The policies and practices observed reflect a professional and principled approach to investigations that ensures accountability, protects the rights and dignity of all individuals involved, and aligns with the protective intent of PREA standards.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To evaluate compliance with PREA Standard 115.73 governing reporting to inmates, the Auditor reviewed comprehensive documentation provided by Donaldson Correctional Facility and the Alabama Department of Corrections (ADOC). This thorough examination was designed to assess how the facility informs inmates of the status and outcomes of investigations into allegations of sexual abuse and sexual harassment, ensuring transparency, closure, and adherence to notification timelines and procedural requirements.</p> <p>Materials reviewed included the completed Pre-Audit Questionnaire (PAQ) and all supporting documentation, ADOC Administrative Regulation (AR) #454 titled Operations and Legal, Inmate Sexual Abuse and Harassment, dated May 29, 2025, investigative outcome and disposition reports documenting the findings and</p>

conclusions of all investigations conducted during the audit period, signed Notification to Inmate Forms demonstrating that alleged victims received written notification of investigation outcomes, and minutes from Investigative Review Team meetings that assess the adequacy and completeness of investigations and notifications.

These documents collectively establish the agency's policies and procedures for notifying inmates regarding the status and outcomes of investigations into allegations of sexual abuse and sexual harassment. The documentation reviewed confirmed that Donaldson Correctional Facility follows formalized, standardized, and transparent protocols to ensure that all inmates are informed of investigative findings in a timely, respectful, and consistent manner, and that these notifications are documented and retained for accountability and oversight purposes.

INTERVIEWS

Investigative Staff

During interviews, investigative staff explained that the final and essential step in the investigative process involves formally communicating the outcome of the investigation to both the alleged victim and the alleged perpetrator. Upon completion of any PREA-related investigation, the Law Enforcement Services Division (LESD) prepares and issues a written close-out letter to all involved parties. These letters clearly inform the individuals of the investigation's determination—whether the allegation was substantiated, unsubstantiated, or unfounded—and provide a summary of the findings and the basis for the conclusion. Staff emphasized that this step ensures transparency, maintains accountability, fulfills the agency's obligations under PREA standards, and provides closure to alleged victims while respecting confidentiality and the privacy rights of all individuals involved. Investigative staff confirmed that notifications are issued promptly upon completion of the investigation and that documentation of these notifications is maintained in investigative files and tracking systems.

PROVISIONS

Provision (a): Comprehensive Notification Process and Investigative Outcomes

During the on-site audit, facility staff reported a total of 22 allegations of sexual abuse and 36 allegations of sexual harassment occurring within the preceding twelve months. All cases were investigated in accordance with ADOC policy and PREA requirements. The alleged victims and, when identified, the alleged perpetrators were notified of the investigation outcomes in writing.

Sexual Abuse Allegations

Over the past year, there were 22 allegations of sexual abuse reported at Donaldson Correctional Facility. Fourteen of these allegations involved inmate-on-inmate conduct. The facility reviewed these allegations administratively and then initiated

criminal investigations in accordance with agency policy and PREA requirements. After thorough investigation, four were determined to be unfounded, meaning that the evidence demonstrated that the alleged incident did not occur; eleven were determined to be unsubstantiated, meaning that the evidence was insufficient to make a final determination as to whether the alleged incident occurred; and seven remained open and pending final disposition at the time of the on-site audit.

The remaining eight allegations involved alleged staff-on-inmate sexual abuse. The facility reviewed these allegations administratively and then initiated criminal investigations in accordance with agency policy and PREA requirements. After thorough investigation, three were determined to be unfounded, two were determined to be unsubstantiated, and one was determined to be substantiated, two remained open and pending final disposition at the time of the on-site audit.

Throughout the investigative process, Donaldson Correctional Facility ensured that alleged victims received comprehensive support and services. A victim advocate was made available to provide emotional and procedural support, ensuring that the inmate's rights and well-being were protected and that the individual understood the investigative process, available services, and notification procedures. In each case, both the alleged victim and the alleged perpetrator, when identified, were offered timely access to medical and mental health services within 24 hours of staff becoming aware of the allegation. These services included trauma-informed care, crisis intervention, ongoing counseling, and medical examinations to address immediate and ongoing physical and emotional needs.

A total of nine forensic examinations were conducted during the past twelve months, consistent with the circumstances of the allegations and the needs of the alleged victims. All forensic examinations were performed by qualified Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) when available, or by other qualified medical practitioners when SAFEs or SANEs were not available. Following the investigative process, prosecution was declined by the appropriate prosecutorial authorities in all cases that were referred for criminal review.

Upon completion of each investigation, the alleged victim was formally notified of the outcome in writing, ensuring transparency, closure, and adherence to PREA notification protocols. Furthermore, a sexual abuse incident review was conducted within 30 days following the closure of the investigation and receipt of the final investigative report, excluding unfounded allegations as permitted by policy. This review was designed to evaluate the circumstances surrounding the allegation, assess whether any institutional practices, policies, staffing patterns, or physical plant deficiencies contributed to the incident, identify potential system or policy improvements, and implement any recommended corrective actions to prevent future occurrences and enhance inmate safety.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section IV.C. 5-6, pages 5-6

Provision (b): Notification Requirements for External Agency Investigations

This provision, which governs notification requirements when investigations are conducted by external agencies, was not applicable for Donaldson Correctional Facility during the audit period, as all investigations were conducted internally by the ADOC Law Enforcement Services Division.

Provision (c): Notification Requirements for Staff-on-Inmate Allegations

Agency policy outlines clear and specific requirements for notifying an alleged victim when the allegation involves a staff member. In such cases, inmates must be informed in writing if the accused staff member is no longer employed by ADOC, is no longer assigned to the facility, or has been indicted or convicted on charges related to sexual abuse. All notifications are documented, retained in investigative files, and tracked to ensure compliance and accountability in accordance with agency policy and PREA standards.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section IV.C. 6, page 6

Provision (d): Notification Requirements for Inmate-on-Inmate Allegations

As noted under Provision (a), Donaldson Correctional Facility did not have any inmate-on-inmate sexual abuse cases resulting in criminal indictment or conviction within the past 12 months. However, policy and practice confirm that alleged victims would be notified in writing if an alleged inmate perpetrator were indicted or convicted on charges related to sexual abuse within the facility.

Provision (e): Documentation and Verification of Notification Practices

At the time of the on-site audit, the document review revealed that 22 allegations of sexual abuse were reported within the past 12 months, as detailed under Provision (a). Documentation, including signed Notification to Inmate Forms, investigative close-out letters, and tracking logs, and interviews with investigative staff verified that Donaldson Correctional Facility provides timely, accurate, and complete notification to all involved inmates in accordance with PREA standards and agency policy.

Provision (f): Agency Obligation to Request Updates from External Investigators

This provision, which requires agencies to request updates from external investigative entities, is not required to be audited under the current PREA auditing instrument.

CONCLUSION

Based on a comprehensive review of policies, documentation, investigative findings, signed inmate notification forms, close-out letters, tracking logs, and in-depth interviews with investigative staff, the Auditor concludes that the agency and

	<p>Donaldson Correctional Facility meet all requirements of PREA Standard 115.73 governing reporting to inmates.</p> <p>The facility demonstrates a consistent, systematic, and transparent approach to ensuring that inmates are informed of investigation outcomes in a timely manner, that their rights and confidentiality are protected throughout the investigative and notification process, and that notification practices are fully aligned with PREA requirements and the agency's commitment to accountability, transparency, and victim-centered care.</p>
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115.76	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard 115.76 governing disciplinary sanctions for staff, the Auditor conducted a thorough and methodical review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by Donaldson Correctional Facility and the Alabama Department of Corrections (ADOC). This comprehensive examination focused on the agency's disciplinary structure, staff accountability mechanisms, enforcement of professional conduct standards, and the consequences imposed on staff members who violate policies related to sexual abuse, sexual harassment, and sexual misconduct within the institutional setting.</p> <p>The Auditor examined Alabama Department of Corrections Administrative Regulation #454, titled Inmate Sexual Abuse and Harassment and effective May 29, 2025, which establishes clear and explicit expectations for staff behavior and outlines specific consequences for violations of PREA-related conduct standards. Administrative Regulation #208, titled Employee Standards of Conduct and Discipline and effective May 1, 2024, including Annex E corrective action tables providing detailed guidance on appropriate disciplinary responses, was also reviewed in detail. These materials provide a straightforward, structured, and well-defined framework for disciplinary action that ensures accountability, transparency, consistency, and fairness in addressing staff misconduct while protecting inmate safety and institutional integrity.</p> <p>Documentation reflects a consistent and organized system that supports accountability, clear expectations, and appropriate consequences for misconduct. The policies reviewed demonstrate the agency's unwavering commitment to maintaining professional standards, protecting inmate safety, eliminating tolerance for sexual abuse and sexual harassment, and ensuring that staff who violate sexual abuse or sexual harassment policies are subject to prompt, appropriate, and proportionate</p>

disciplinary action, up to and including termination and referral to law enforcement for criminal investigation.

OBSERVATIONS

The Auditor observed that disciplinary expectations are clearly outlined in agency policy and supported by structured procedures that ensure fairness, consistency, and transparency. Documentation shows that the agency maintains a fair and organized system for addressing violations, with clear definitions of prohibited conduct, graduated disciplinary responses that are proportionate to the severity of the violation, and mandatory reporting requirements for serious violations to law enforcement and, when applicable, to professional licensing bodies.

The system is designed to ensure that disciplinary actions are applied in a timely, reasonable, and consistent manner, with appropriate consideration given to the severity of the misconduct, the staff member's intent, the staff member's prior disciplinary history, and the impact of the conduct on inmate safety, institutional security, and the public's trust in the correctional system.

INTERVIEWS

Facility Head or Designee

The Facility Head explained that all staff members at Donaldson Correctional Facility are held to clear and explicit standards of conduct and are subject to disciplinary action for any violation related to sexual abuse or sexual harassment, regardless of their position, tenure, or prior work history. The Facility Head emphasized that termination is the expected and standard outcome for any staff member found to have engaged in sexual abuse of an inmate, reflecting the agency's zero-tolerance policy and unwavering commitment to inmate safety and the elimination of sexual abuse within ADOC facilities.

The Facility Head also stated that disciplinary decisions are based on the seriousness of the conduct, the circumstances surrounding the incident, the staff member's intent and level of culpability, and the staff member's prior disciplinary history. This approach supports fairness, consistency, proportionality, and accountability across all cases, ensuring that similar violations are treated in a similar manner and that disciplinary outcomes are transparent, well-documented, and legally defensible.

During the past 12 months, one staff member at Donaldson Correctional Facility were found to have violated agency policies related to sexual abuse or sexual harassment. The staff members is no longer employed with the Alabama Department of Corrections, and the case was reported to law enforcement as required by policy. The Facility Head confirmed that procedures for addressing staff misconduct are in place, clearly understood by supervisory staff, and ready to be applied promptly and appropriately whenever necessary.

PROVISIONS

Provision (a): Clear and Enforceable Disciplinary Standards with Mandatory

Termination for Sexual Abuse

The agency maintains clear, direct, and well-defined disciplinary standards related to sexual abuse and sexual harassment. Staff members are informed through policy, initial training, annual refresher training, and ongoing reinforcement that violations of these standards will result in disciplinary action, with termination as the standard and expected response for confirmed sexual abuse of an inmate. These expectations are straightforward, easy to understand, and consistently reinforced through policy dissemination, training sessions, supervisory oversight, and disciplinary actions taken against staff who violate these standards.

The facility reported on the Pre-Audit Questionnaire that in the past 12 months, one staff member violated agency sexual abuse or sexual harassment policies. The staff member is no longer employed with the Alabama Department of Corrections. Furthermore, rgw staff member was reported to law enforcement as outlined in policy, ensuring accountability and the potential for criminal prosecution when evidence supports criminal charges.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section V.A.6.d, page 16

Provision (b): Graduated and Appropriate Disciplinary Measures for All Violations

Donaldson Correctional Facility follows a structured and consistent disciplinary system that includes a range of responses, from corrective counseling and written reprimands to suspension, demotion, and termination. The system allows for appropriate action based on the seriousness of the violation, the intent and culpability of the staff member, the impact of the conduct on inmate safety and institutional security, and the staff member's prior disciplinary history. Documentation confirms that procedures are clearly defined, well understood by supervisory personnel, and consistently applied when needed, ensuring that all staff misconduct is addressed appropriately and that accountability is maintained at all levels.

Relevant Policies:

1. ADOC Administrative Regulation #208, Employee Standards of Conduct and Discipline, effective May 1, 2024

Provision (c): Consistency, Fairness, and Proportionality in Disciplinary Actions

Disciplinary actions are applied in a fair, balanced, and consistent manner across all cases, regardless of the staff member's position, tenure, or relationship with supervisory personnel. Decisions take into account the nature and severity of the misconduct, the staff member's prior disciplinary history, any mitigating or aggravating circumstances, and the need to maintain institutional safety and public

trust to ensure that similar cases are handled in a similar way. Interviews confirm that this process is clearly understood by facility leadership and followed when applicable, ensuring transparency, accountability, and legal defensibility in all disciplinary decisions.

The facility reported on the Pre-Audit Questionnaire that in the past 12 months, zero staff members were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies other than actually engaging in sexual abuse. This demonstrates that the facility applies graduated disciplinary measures when appropriate, ensuring that all violations are addressed even when they do not rise to the level of sexual abuse.

Relevant Policies:

1. ADOC Administrative Regulation #208, Employee Standards of Conduct and Discipline, effective May 1, 2024

Provision (d): External Reporting and Professional Licensing Notification Requirements

Agency policy requires that any staff member who is terminated or resigns in lieu of termination due to sexual abuse or sexual harassment be reported to appropriate law enforcement agencies for potential criminal investigation and prosecution, and, when applicable, to relevant professional licensing bodies to protect the public and prevent future misconduct in other correctional settings, healthcare settings, or other environments where vulnerable populations may be at risk. This requirement ensures accountability beyond the employment relationship and supports broader public safety objectives.

According to the document review in the past 12 months, one staff member violated agency sexual abuse or sexual harassment policies. The staff member is no longer employed with the Alabama Department of Corrections. Furthermore, the staff member was reported to law enforcement as outlined in policy, ensuring compliance with external reporting requirements and supporting potential criminal prosecution.

Relevant Policies:

1. ADOC Administrative Regulation #208, Employee Standards of Conduct and Discipline, effective May 1, 2024

CONCLUSION

Based on a thorough review of documentation, policy analysis, disciplinary records, and in-depth interviews with facility leadership, the Auditor concludes that Donaldson Correctional Facility is in full compliance with PREA Standard 115.76 governing disciplinary sanctions for staff.

The agency maintains a clear, structured, and consistent system for staff discipline that ensures accountability, fairness, transparency, and proportionality. Expectations

	<p>are well defined and consistently communicated through policy, training, and supervisory reinforcement. Enforcement practices are fair and proportionate, and accountability measures are in place to address violations promptly and appropriately. Staff understand the standards, leadership is committed to enforcement, and policies support effective and appropriate responses to misconduct, ensuring that inmate safety remains the agency's highest priority and that public trust in the correctional system is maintained</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with PREA Standard 115.77 governing corrective action for contractors and volunteers, the Auditor conducted a thorough and methodical review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by Donaldson Correctional Facility and the Alabama Department of Corrections (ADOC). This comprehensive examination focused on how the agency prevents, identifies, and responds to sexual abuse or sexual harassment involving contractors and volunteers who have access to inmates within the facility.</p> <p>The Auditor reviewed Alabama Department of Corrections Administrative Regulation #454, titled Inmate Sexual Abuse and Harassment and effective May 29, 2025, which outlines clear reporting requirements, removal procedures, and corrective actions applicable to contractors and volunteers who violate agency sexual abuse or sexual harassment policies. Administrative Regulation #216, titled Background Checks and effective January 31, 2025, was also examined in detail to confirm screening requirements, disclosure obligations, and disqualification criteria for contractors and volunteers seeking access to ADOC facilities.</p> <p>Additional materials reviewed included background check records, criminal history disclosure forms, signed acknowledgment forms, and guidance documents related to professional conduct and behavioral expectations for contractors and volunteers. These documents reflect a clear, structured, and organized system designed to support prevention, early detection, accountability, and appropriate response when contractors or volunteers engage in misconduct or violate agency policies.</p> <p><u>OBSERVATIONS</u></p> <p>The Auditor observed that the agency maintains a consistent and well-defined approach to screening, training, and ongoing oversight of contractors and volunteers. Documentation shows that individuals are carefully screened before being granted access to inmates, and that screening includes criminal background checks, reference checks, and mandatory disclosure of prior misconduct or disqualifying offenses.</p>

Policies and procedures are straightforward, direct, and designed to prevent individuals with disqualifying histories from having unsupervised or inappropriate contact with inmates. The system supports both prevention through rigorous screening and accountability through clear removal and reporting requirements when violations occur.

INTERVIEWS

Facility Head

The Facility Head explained that Donaldson Correctional Facility has experienced no incidents during the past 12 months involving contractors or volunteers engaging in sexual abuse or sexual harassment of inmates. This reflects the effectiveness of screening procedures, training requirements, and supervisory oversight practices that are in place to prevent misconduct and ensure that contractors and volunteers understand and adhere to professional boundaries and agency policies.

The Facility Head stated that if such an incident were to occur, immediate action would be taken without delay. This would include removing the individual from all contact with inmates, prohibiting future access to the facility, notifying appropriate law enforcement authorities for potential criminal investigation, and initiating internal review procedures to assess whether systemic issues or policy gaps contributed to the incident.

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. However, procedures are clearly established, well understood by supervisory personnel, and ready to be applied promptly and appropriately when necessary to protect inmate safety and maintain institutional integrity.

PROVISIONS

Provision (a): Immediate Removal and Mandatory Reporting Requirements

The agency maintains a clear, direct, and firm policy requiring the immediate removal of any contractor or volunteer who engages in sexual abuse of an inmate. This action is followed by prompt reporting to law enforcement authorities for potential criminal investigation and prosecution, and, when applicable, to relevant licensing or credentialing bodies to protect the public and prevent future misconduct in other settings where the individual may have access to vulnerable populations.

Policies also require contractors and volunteers to disclose any prior misconduct, including a history of sexual abuse, sexual harassment, or related offenses, during the background screening process. Failure to disclose material information or providing false information may result in denial of access or immediate termination of the contractor or volunteer relationship.

Documentation and interviews confirm that these requirements are straightforward, well understood by facility leadership and human resources personnel, and consistently enforced. Although no incidents occurred during the audit period, the

process is active, clearly defined, and ready for immediate implementation when necessary.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section IV.C.4, page 5
2. ADOC Administrative Regulation #454, Section IV.O, page 12
3. ADOC Administrative Regulation #454, Section V.B, page 16

Provision (b): Graduated Corrective Action for Policy Violations

Donaldson Correctional Facility follows a structured and practical approach to addressing policy violations by contractors and volunteers that do not rise to the level of sexual abuse but still represent violations of professional boundaries, agency policies, or PREA-related conduct standards. Corrective actions may include limiting duties, restricting access to certain areas of the facility, requiring additional training or supervision, or removing the individual from the facility entirely, depending on the nature and severity of the violation, the individual's intent, and the potential risk to inmate safety.

The Facility Head confirmed that no violations by contractors or volunteers occurred during the audit period. Documentation supports this finding and reflects a stable, well-managed, and effectively supervised system for overseeing contractors and volunteers.

Background screening procedures under Administrative Regulation #216 include clear and comprehensive checks designed to identify prior misconduct, criminal history, and other disqualifying factors. These measures strengthen prevention efforts, reduce risk, and ensure that only qualified and trustworthy individuals are granted access to inmates.

Relevant Policies:

1. ADOC Administrative Regulation #216, Background Checks, pages 10-18

CONCLUSION

Based on a thorough review of documentation, background screening records, policy guidance, and in-depth interviews with the Facility Head, the Auditor concludes that Donaldson Correctional Facility is in full compliance with PREA Standard 115.77 governing corrective action for contractors and volunteers.

The facility maintains a clear, organized, and consistent system for managing contractors and volunteers who have access to inmates. Screening practices are thorough and comprehensive, expectations are well defined and clearly communicated, and corrective actions are established and ready for immediate implementation when necessary. These practices support a safe, controlled, and accountable environment for inmates and ensure that contractors and volunteers are held to the same high standards of professional conduct as facility staff.

115.78	Disciplinary sanctions for inmates
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 344 576 378"><u>DOCUMENT REVIEW</u></p> <p data-bbox="256 412 1481 736">To assess compliance with PREA Standard 115.78 governing disciplinary sanctions for inmates, the Auditor conducted a thorough and methodical review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by Donaldson Correctional Facility and the Alabama Department of Corrections (ADOC). This comprehensive examination focused on how the facility applies disciplinary sanctions to inmates who engage in sexual abuse or sexual harassment, ensures due process protections, incorporates mental health considerations, and provides access to treatment and behavior-based interventions.</p> <p data-bbox="256 781 1481 1106">The Auditor reviewed Alabama Department of Corrections Administrative Regulation #454, titled Inmate Sexual Abuse and Harassment and effective May 29, 2025, which outlines clear expectations for inmate discipline, investigative procedures, evidentiary standards, and sanctions related to sexual misconduct. Administrative Regulation #403, titled Procedures for Inmate Rule Violations and effective September 5, 2025, was also examined in detail to confirm how disciplinary actions are initiated, processed, reviewed, appealed, and documented to ensure fairness, consistency, and accountability.</p> <p data-bbox="256 1151 1449 1296">These materials reflect a clear, structured, and consistent system that supports accountability while ensuring fairness, proportionality, due process protections, and proper review of all disciplinary decisions involving allegations of sexual abuse or sexual harassment.</p> <p data-bbox="256 1341 504 1375"><u>OBSERVATIONS</u></p> <p data-bbox="256 1420 1481 1610">The Auditor observed that disciplinary decisions are guided by clear policy and supported by a structured process that includes investigation, evidentiary review, hearing procedures, and appeal rights. Documentation shows that decisions are made using defined procedures that consider the quality and weight of evidence, individual circumstances, mental health factors, and fairness principles.</p> <p data-bbox="256 1655 1481 1800">The system reflects a balanced approach that promotes accountability for misconduct while also recognizing the need for appropriate review, individualized assessment, and consideration of each case on its own merits, ensuring that sanctions are proportionate, consistent, and aligned with agency policy and PREA standards.</p> <p data-bbox="256 1845 456 1879"><u>INTERVIEWS</u></p> <p data-bbox="256 1924 663 1957">Facility Head or Designee</p> <p data-bbox="256 2002 1481 2069">The Facility Head described a consistent and policy-based approach to inmate discipline that prioritizes fairness, due process, and evidence-based decision-making.</p>

The Facility Head confirmed that disciplinary action is only taken after a formal process results in an administrative finding of responsibility following a thorough investigation or a criminal conviction in a court of law.

The Facility Head also emphasized that inmates are not disciplined for reporting sexual abuse in good faith, even when the allegation cannot be substantiated through investigation. This protection is critical to encouraging reporting and ensuring that inmates feel safe coming forward without fear of retaliation or punishment. All disciplinary decisions are based on careful review of evidence, witness statements, and individual circumstances, ensuring fairness, transparency, and due process protections.

Medical and Mental Health Staff

Medical and mental health staff described the important role of treatment and support services in addressing behaviors related to sexual misconduct. They explained that inmates may receive counseling, individual therapy, group therapy, or structured behavioral interventions based on individual needs, risk assessments, and the nature of the conduct.

Staff stated that these services are designed to support behavior change, reduce risk of future misconduct, promote safer interactions with other inmates and staff, and address underlying mental health conditions, trauma, or cognitive deficits that may contribute to problematic sexual behavior. In some cases, participation in treatment may be required as part of the disciplinary response or as a condition of housing or program placement.

PROVISIONS

Provision (a): Disciplinary Action Following Due Process and Formal Findings

Donaldson Correctional Facility maintains a clear and structured process that ensures inmates are only subject to disciplinary sanctions for sexual abuse or sexual harassment after a formal finding of responsibility. This includes either an administrative determination following a thorough investigation and hearing process, or a criminal conviction in a court of law with appropriate jurisdiction.

During the audit period, 22 allegations of sexual abuse and 36 allegations of sexual harassment were reported at Donaldson Correctional Facility. No cases resulted in administrative or criminal findings of inmate-on-inmate sexual abuse that led to formal disciplinary sanctions during the audit period.

This process supports fairness, accountability, transparency, and proper review before disciplinary action is taken, ensuring that inmates are not punished based on allegations alone and that all disciplinary decisions are grounded in evidence and due process.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section V.G.1.g, page 21

Provision (b): Proportionate, Consistent, and Individualized Sanctions

Donaldson Correctional Facility applies disciplinary sanctions in a fair, balanced, and consistent manner across all cases. Decisions are based on the nature and severity of the conduct, the circumstances surrounding the incident, the inmate's prior disciplinary history, and consistency with sanctions imposed in similar cases.

The approach is straightforward and practical, ensuring that sanctions are appropriate, proportionate, and applied evenly, while also allowing for individualized assessment and consideration of mitigating or aggravating factors.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section V.H.4.f, page 27

Provision (c): Consideration of Mental Health Factors and Disabilities

The disciplinary process includes careful consideration of mental health conditions, intellectual disabilities, developmental disabilities, or other cognitive impairments when determining appropriate sanctions and interventions. Mental health staff are consulted when necessary to provide clinical input and recommendations regarding an inmate's capacity to understand the disciplinary process, their culpability, and their treatment needs.

This approach ensures that decisions are informed, thoughtful, clinically appropriate, and responsive to individual needs, and that inmates with mental health conditions or disabilities are not subjected to disproportionate or inappropriate sanctions.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section V.H.4, pages 26-27

Provision (d): Access to Treatment, Counseling, and Behavioral Interventions

Donaldson Correctional Facility provides clear and structured access to counseling, therapy, and other behavioral interventions for inmates involved in sexual misconduct cases. These services are used to promote behavior change, support rehabilitation, address underlying trauma or mental health conditions, and reduce the risk of future incidents.

Staff confirmed that services are available, accessible, and may be required or mandated as part of the disciplinary response or as a condition of housing, programming, or release consideration when clinically appropriate and when such interventions are likely to reduce risk and promote safer behavior.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section V.H, pages 26–27

Provision (e): Discipline for Sexual Contact with Staff Only When Staff Did Not Consent

Inmates are subject to discipline for sexual contact with staff only when it is determined through investigation that the staff member did not consent to the contact. Each case is reviewed carefully and thoroughly to ensure that findings are based on clear evidence, credible testimony, and proper consideration of power dynamics, coercion, and consent issues.

This approach supports fairness, accurate decision-making, and recognition that staff-on-inmate sexual abuse may occur even when an inmate does not initiate or appear to resist the contact.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section V.G.1.g, page 21

Provision (f): Protection for Good Faith Reporting and Prohibition on Retaliation

Donaldson Correctional Facility maintains a clear and protective policy that prohibits disciplining inmates for reporting sexual abuse in good faith, even if the allegation is not substantiated following investigation. This critical safeguard encourages reporting, protects inmates from retaliation, and helps maintain a safe environment in which inmates feel empowered to report abuse without fear of punishment or adverse consequences.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section V.G.1.g, page 21

Provision (g): Prohibition of Sexual Activity and Distinction Between Consensual and Coercive Conduct

All sexual activity between inmates is prohibited by agency policy, regardless of consent. However, the agency clearly distinguishes between consensual sexual activity and coercive or forced sexual conduct, with coercive behavior classified as sexual abuse and subject to more serious sanctions and potential criminal prosecution.

This distinction supports clear enforcement, consistent application of rules, fair and proportionate sanctions, and recognition that not all prohibited sexual activity constitutes sexual abuse under PREA standards.

	<p>Relevant Policies:</p> <p>1. ADOC Rules Violation Definitions, Rule Violation #912</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of documentation, policy analysis, and in-depth interviews with facility leadership and medical and mental health staff, the Auditor concludes that Donaldson Correctional Facility is in full compliance with PREA Standard 115.78 governing disciplinary sanctions for inmates.</p> <p>The facility maintains a clear, structured, and consistent disciplinary system that supports fairness, due process, proportionality, and accountability. Policies are well defined and consistently communicated, and practices reflect a balanced approach that includes both appropriate discipline for misconduct and meaningful access to treatment and support services. The facility's approach ensures that inmates are treated fairly, that disciplinary decisions are evidence-based and transparent, and that mental health considerations and rehabilitation needs are appropriately integrated into the disciplinary process.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.81 – Medical and Mental Health Screenings; History of Sexual Abuse, the Auditor conducted a meticulous review of documentation submitted by both the facility and the Alabama Department of Corrections (ADOC). The review aimed to determine whether the facility’s intake and follow-up procedures effectively identify, evaluate, and support individuals with a known or disclosed history of sexual victimization or sexually abusive behavior.</p> <p>The documentation reviewed included the completed Pre-Audit Questionnaire (PAQ) and all supporting materials related to classification, referral, and treatment practices. Key policies examined consisted of 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 internal Risk Assessment Checklist, medical and mental health referral forms, and a Classification Tracking Spreadsheet used to document outcomes and follow-up actions.</p> <p>Together, these materials paint a detailed picture of the facility’s structured system for conducting PREA screenings, referring individuals for clinical evaluation, and</p>

safeguarding sensitive health information. The documentation demonstrated alignment between established policy and day-to-day practice. Records and staff explanations reflected a consistent, trauma-informed approach designed to maintain confidentiality while promoting safety and accountability within the correctional environment.

INTERVIEWS

Risk Screening Staff

Staff responsible for conducting PREA intake screenings described a structured and confidential process for gathering information related to sexual abuse risk. They explained that sensitive data obtained during screening—especially medical or mental health information—is stored within a secure digital system accessible only to qualified professionals. When necessary, key information is shared with classification or custody staff on a strict need-to-know basis to support housing or program decisions that enhance overall safety. This controlled process limits unnecessary disclosure, safeguards privacy, and ensures compliance with PREA’s confidentiality expectations.

Medical and Mental Health Staff

Medical and mental health professionals outlined the procedures followed when an inmate discloses a prior experience of sexual victimization. They confirmed that, under agency policy, individuals who disclose are automatically offered a private follow-up meeting with a qualified mental health practitioner within 14 days of intake. If screening or clinical review identifies additional risk factors, individuals are referred for extended evaluation or therapeutic services. Staff noted that treatment plans are tailored to the individual, emphasizing counseling, behavioral interventions, and access to support resources as needed. All services are provided under informed consent guidelines, with mandatory reporting only for those under 18 years of age. Referrals and clinical responses are recorded on standardized forms that allow for accurate tracking and case management. Staff consistently described their work as trauma-informed, respectful, and centered on safety, care, and professional discretion.

Inmates Who Disclosed Prior Victimization

Interviewees who disclosed prior sexual victimization during the intake screening process or at any point during their incarceration reported that they were consistently and promptly offered a referral to mental health services in accordance with PREA standards and agency policy. Universally, inmates reported that these referrals were made on the same day the disclosure was made, ensuring timely access to trauma-informed care and support services. Inmates described the referral process as respectful, confidential, and non-judgmental, with staff demonstrating sensitivity to the trauma they had experienced. Several interviewees confirmed that they were seen by mental health professionals within a short timeframe following the referral, typically within 24 to 48 hours, and that they were offered ongoing counseling, crisis intervention, and therapeutic services designed to address the psychological and

emotional impact of prior sexual victimization. Inmates emphasized that they were not pressured to accept services but were given clear information about the availability of support and the voluntary nature of participation. This consistent practice reflects the facility's commitment to identifying and addressing the needs of inmates who have experienced prior sexual victimization, providing appropriate interventions to reduce trauma, enhance coping skills, and reduce the risk of future victimization within the institutional setting.

PROVISIONS

Provision (a) - Access to Services After Disclosure

Information from the PAQ and supporting documentation confirmed that individuals who disclose prior sexual victimization—whether in custody or in the community—are provided timely access to appropriate medical and mental health services. This includes emergency medical care, crisis intervention, and an offer to meet with a mental health practitioner within 14 days of intake. Policy requires that every such offer, as well as the inmate's decision to accept or decline services, be fully documented. Mental health staff are further obligated to engage with individuals identified as potential victims or aggressors during screening, ensuring early evaluation and preventive intervention.

Relevant Policy:

1. R #454, V.D. 1-7, pp. 18-19

Provision (b) - Reassessment of Risk

According to the PAQ and documentation verified during the audit, the facility reassesses each inmate's risk of sexual victimization or abusiveness within 30 days of intake. The Auditor reviewed a representative sample of inmate records and confirmed that PREA risk reassessments were completed within the required timeframe. The reassessment process incorporates any new information related to behavior, housing adjustment, or medical or mental health updates. Additionally, a representative sample of intake files confirmed that inmates receive PREA education upon arrival through written materials, orientation sessions, and video orientation, all supported by signed acknowledgment forms. These routine trainings and evaluations demonstrate that the facility maintains active compliance with both the timing and content of PREA's reassessment requirements.

Relevant Policy:

1. AR #454, V.D. 1-7, pp. 18-19

Provision (c) - Follow-Up With Mental Health Staff

When screening results or case history reveal a pattern of sexually abusive behavior, whether inside correctional custody or in the community, the individual is promptly

referred for follow-up with a mental health practitioner within 14 days of intake. Documentation reviewed by the Auditor showed consistent application of this policy. The system ensures that individuals with known histories of sexual aggression receive professional evaluation and, where appropriate, structured monitoring or therapeutic intervention. This approach promotes early identification of risk factors and supports a preventive, clinically informed management strategy.

Relevant Policy:

1. AR #454, V.D. 1-7, pp. 18-19

Provision (d) - Use of Screening Information in Classification

The PAQ and corresponding file reviews confirmed that information gathered from PREA screenings and clinical assessments informs individualized housing, program, and work placement decisions. Classification staff use this information to separate those at higher risk of victimization from inmates identified as potential aggressors, ensuring both groups are housed and assigned safely. This system of informed placement supports institutional safety while allowing the facility to maintain a balanced and orderly environment.

Relevant Policy:

1. AR #454, V.D. 1-7, pp. 18-19; AR #433; AR #435 (Classification Manual)

Provision (e) - Informed Consent and Confidentiality

Medical and mental health staff emphasized that any disclosure of an inmate's history of sexual victimization is made only with informed consent. The sole exception applies to minors, for whom mandatory reporting laws take precedence. Documentation and interviews with the Institutional PREA Compliance Manager (IPCM) confirmed consistent adherence to these standards. Staff receive periodic training on informed consent and confidentiality, and all such communications are recorded to maintain transparency and compliance.

Relevant Policy:

1. AR #454, V.D. 1-7, pp. 18-19

CONCLUSION

After a careful review of applicable regulations, facility records, and interviews with operational, clinical, and inmate participants, the Auditor concludes that the facility fully complies with PREA Standard §115.81 - Medical and Mental Health Screenings; History of Sexual Abuse.

The facility's screening and referral procedures illustrate a structured and trauma-informed model that prioritizes safety, confidentiality, and individualized care. Early identification of risk, consistent documentation, and timely follow-up with

	<p>medical or mental health staff ensure that those with histories of victimization or abusiveness receive appropriate services and oversight. The alignment of policy, practice, and documentation reflects sound professional standards and demonstrates the agency’s continuing commitment to ethical, compliant, and accountable correctional management.</p>
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115.82	Access to emergency medical and mental health services
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	<p>Auditor Overall Determination: Meets Standard</p>
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	<p>Auditor Discussion</p>
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DOCUMENT REVIEW

To assess compliance with PREA Standard §115.82 – Access to Emergency Medical and Mental Health Services, the Auditor conducted a comprehensive review of documentation provided by the Alabama Department of Corrections (ADOC) and the facility. The purpose of this evaluation was to verify that emergency medical care, mental health response, and victim advocacy services are immediately available to individuals who experience sexual abuse while in custody.

The documentation reviewed included the completed Pre-Audit Questionnaire (PAQ) and all associated supporting materials. Key references were 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 described a coordinated, trauma-informed response model that integrates prompt medical care, immediate mental health intervention, and confidential advocacy services. The materials confirmed a consistent emphasis on preserving safety, dignity, and informed choice for victims. The overall review indicated that the facility’s written protocols align with PREA standards and mirror the practices described by interviewed staff, reflecting a well-organized and compassionate approach consistent with professional correctional and health-care norms.

INTERVIEWS

Medical and Mental Health Staff

Interviews with medical and mental health professionals provided detailed insight into how the facility responds following an allegation of sexual abuse. Medical personnel explained that when an inmate reports an assault, they are promptly escorted to medical services for assessment by a physician or licensed clinician. This initial evaluation determines the extent of injuries and whether an immediate transfer to a community hospital or the facility’s Sexual Assault Response Team (SART) is

warranted.

When SART services are activated, nursing staff collaborate directly with the attending physician to implement care orders, including treatment recommendations and forensic considerations. Patients are informed of options for pregnancy testing, emergency contraception, and prophylaxis for sexually transmitted infections (STIs). Clinical staff also educate individuals about follow-up testing schedules, emotional support services, and available advocacy resources, all consistent with established standards of medical ethics.

Mental health staff confirmed that referrals are initiated promptly via Form MH-008, ensuring that emotional and psychological care follows medical intervention without unnecessary delay. Treatment priority is determined through professional assessment, and services are delivered confidentially by qualified clinicians. Both medical and mental health teams emphasized their shared commitment to immediate response, interdepartmental coordination, and respect for each individual's dignity, privacy, and informed participation in care.

First Responders - Security and Non-Security

Security staff described their critical responsibilities as the facility's designated first responders when an allegation of sexual abuse is reported. Their primary objective is to ensure the immediate safety and protection of the alleged victim, separate the alleged victim from the alleged abuser to prevent further harm or retaliation, secure the area to preserve the integrity of the crime scene, protect and preserve potential physical and biological evidence by instructing both the alleged victim and alleged abuser not to take any actions that could destroy evidence—including washing, brushing teeth, changing clothing, eating, drinking, smoking, or using the restroom—and promptly notify medical and mental health professionals to ensure timely access to trauma-informed care and forensic examination services. Security staff emphasized that protection of the alleged victim and immediate access to medical and mental health services always override other operational concerns, reflecting the facility's victim-centered approach and commitment to PREA compliance.

Non-security first responders—including maintenance staff, food service personnel, education staff, and civilian employees—explained that their role centers on immediately safeguarding the alleged victim, ensuring their physical safety and emotional well-being, notifying security personnel without delay, requesting that the alleged victim refrain from taking any actions that could compromise physical evidence, and remaining with the individual to provide support and reassurance until trained security and medical responders arrive. These staff members noted that they receive comprehensive PREA training during orientation and annual refresher sessions on responding calmly and professionally to allegations, maintaining strict confidentiality to protect the victim's privacy and dignity, and providing compassionate support to the alleged victim while awaiting the arrival of medical or security assistance. Non-security staff consistently demonstrated clear understanding of their first responder duties and expressed confidence in their ability to fulfill these

critical responsibilities in accordance with PREA Standard 115.64 and agency protocols.

Inmates Who Reported Sexual Abuse

Interviewees who reported allegations of sexual abuse consistently confirmed that they were promptly offered timely access to comprehensive medical and mental health services immediately upon making their allegations, in full accordance with PREA Standard 115.82 and agency policy. Inmates described being interviewed by medical staff who conducted initial health assessments, provided crisis intervention, and explained available treatment options in a compassionate and trauma-informed manner. When clinically appropriate and when the allegation involved recent sexual abuse that could yield forensic evidence, inmates were promptly referred for forensic medical examinations conducted by qualified Sexual Assault Nurse Examiners (SANEs) or Sexual Assault Forensic Examiners (SAFEs).

Documentation reviewed during the audit confirmed that nine individuals were transported to an external facilities for SANE services during the audit period, demonstrating strict adherence to evidence collection protocols and the facility's commitment to ensuring that forensic examinations are conducted by appropriately trained and certified medical professionals. Inmates who received forensic examinations reported that they were accompanied by victim advocates who provided emotional support, explained the examination process, and ensured their rights and dignity were protected throughout the procedure. All interviewees confirmed that medical and mental health services were provided at no cost to them, that they were treated with respect and sensitivity, and that their confidentiality was maintained throughout the process. This consistent practice reflects Donaldson Correctional Facility's commitment to victim-centered care, evidence preservation, and ensuring that inmates who report sexual abuse receive immediate, comprehensive, and trauma-informed medical and mental health services in accordance with PREA standards.

PROVISIONS

Provision (a) - Timely Access to Emergency Care and Crisis Intervention

Information verified through the PAQ, medical records, and staff interviews confirms that individuals who experience sexual abuse receive immediate and unobstructed access to emergency medical care and crisis intervention. Qualified practitioners determine the scope of treatment and document all care provided, including timeframes and follow-up recommendations.

When medical staff are not physically present, first responders take steps to protect the individual, secure the scene, and contact medical or mental health staff without delay. The facility maintains an active MOU with the Alabama Coalition Against Rape, ensuring that confidential emotional support is always available. Forensic examinations are conducted by certified Sexual Assault Nurse Examiners (SANE) at One Place on the Shoals in Florence, AL, whose personnel also provide trained victim advocates. The Institutional PREA Compliance Manager confirmed that two transports

for forensic examination occurred during the preceding twelve months.

Facility policy mandates immediate referral to medical and mental health care following disclosure, utilizing Form MH-008 for mental health follow-up. All procedures are governed by explicit directives requiring prompt, professional, and compassionate treatment of victims.

Relevant Policy:

1. V.H. 2. E., p. 25; V.H. 3. A., p. 25

Provision (b) - Response When Clinical Staff Are Unavailable

The PAQ and corroborating interviews confirmed that when medical or mental health practitioners are not on-site at the time of a report, trained security first responders initiate protective and procedural steps without delay. Their immediate action ensures the inmate's safety, secures evidence if applicable, and connects the individual to qualified clinical professionals as quickly as possible. These procedures are documented, reviewed, and supervised to ensure continuity of care.

Relevant Policy:

1. V.H. 2. E., p. 25; V.H. 3. A., p. 25

Provision (c) - Scope and Quality of Medical Treatment

Medical and mental health interviews confirmed that treatment following allegations of sexual abuse is rendered without delay and guided by clinical best practices. Individuals are consistently offered STI testing, prophylaxis, pregnancy testing, and pregnancy prevention services where applicable. Facility physicians and nurses follow evidence-based medical standards, ensuring appropriate follow-up and continued access to care.

Relevant Policy:

1. V.H. 2. E., p. 25; V.H. 3. A., p. 25

Provision (d) - No-Cost Access to Treatment

Both documentation and staff interviews affirmed that all medical and mental health services related to sexual abuse are provided at no cost to the victim. This includes transportation, examination, treatment, and counseling. Access to these services is not dependent on an inmate's decision to cooperate with an investigation or identify an alleged perpetrator. Facility policy explicitly prohibits billing or deduction of charges, thereby ensuring equitable access to care.

Relevant Policy:

1. V.H. 2. E., p. 25; V.H. 3. A., p. 25; V.H. 5. c., p. 28

CONCLUSION

After reviewing applicable policies, supporting records, and interviews with medical personnel, mental health staff, and first responders, the Auditor concludes that the facility fully complies with PREA Standard §115.82 – Access to Emergency Medical and Mental Health Services.

The facility’s procedures reflect a coordinated and victim-centered model that ensures immediate medical evaluation, crisis counseling, and emotional support in response to sexual abuse allegations. These protocols integrate seamlessly with external advocacy and forensic resources, guaranteeing continuity of care and respect for the dignity of every individual served.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard 115.83 governing ongoing medical and mental health care for sexual abuse victims and abusers, the Auditor conducted a comprehensive and systematic review of documentation submitted by Donaldson Correctional Facility and the Alabama Department of Corrections (ADOC). The objective was to verify that the facility provides timely, accessible, comprehensive, and continuous medical and mental health services to individuals who have experienced sexual abuse, as well as to those who have perpetrated sexual abuse, consistent with community-level professional standards and PREA requirements.</p> <p>The review encompassed the completed Pre-Audit Questionnaire (PAQ) and several key supporting materials, including ADOC Administrative Regulation (AR) #454, titled Inmate Sexual Abuse and Harassment and dated May 29, 2025, ADOC Form MH-008 titled Referral to Mental Health, which serves as the standardized mechanism for initiating mental health evaluations and treatment services, and the Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR), which formalizes the partnership for victim advocacy services and emotional support.</p> <p>Collectively, these materials detail how the agency coordinates medical and mental health responses, establishes clear referral pathways, delivers sustained and individualized care to inmates who report sexual abuse, and ensures that services are trauma-informed, evidence-based, and aligned with professional ethical standards.</p>

They also reflect strong partnerships with external advocacy providers, a commitment to victim-centered care, and adherence to medical and ethical best practices. The documentation demonstrated consistent alignment between written policy, clinical procedures, and staff practice as described during interviews and observations conducted during the onsite review.

INTERVIEWS

Inmates Who Reported Sexual Abuse

Interviews with inmates who had reported sexual abuse during the audit period provided direct and valuable insight into Donaldson Correctional Facility's response following disclosure of allegations. Those interviewed consistently reported that staff responded promptly, professionally, and appropriately to their allegations, demonstrating sensitivity, compassion, and adherence to trauma-informed practices. Individuals stated they were offered and received timely referrals for both comprehensive medical and mental health services without delay, typically within hours of making their disclosure, and were immediately referred for forensic examinations when medically indicated and when the allegation involved recent sexual abuse that could yield physical or biological evidence.

Individuals who underwent forensic examinations reported being offered the presence of a trained victim advocate from the Alabama Coalition Against Rape (ACAR), who accompanied them throughout the entire examination process, provided emotional support and reassurance, explained what to expect during each step of the examination, and ensured that their rights, dignity, and autonomy were respected and protected. Inmates described the victim advocates as compassionate, knowledgeable, and supportive, helping them feel less anxious and more empowered during what could otherwise be a frightening and re-traumatizing experience.

All individuals interviewed confirmed that they incurred no financial cost for any medical treatment, forensic examination, STI testing, prophylactic medications, counseling services, or follow-up care related to the sexual abuse incident, in full accordance with PREA Standard 115.83 and agency policy. Inmates also confirmed that they were not asked to submit to polygraph testing or any other truth-telling device as a condition of receiving services or as part of the investigative process, ensuring that their credibility was assessed based on evidence rather than subjective testing methods. Additionally, all interviewees reported that they received written notification of the outcome of the investigation in a timely manner, providing them with closure and transparency regarding the disposition of their allegations.

These accounts were consistent across all interviews and aligned closely with facility policy, documentation reviewed during the audit, and statements provided by medical, mental health, and investigative staff. The uniformity of these positive reports reflects Donaldson Correctional Facility's strong commitment to victim-centered care, ongoing support, and ensuring that all inmates who report sexual abuse receive comprehensive, trauma-informed, and dignified medical and mental health services throughout the investigative and recovery process.

Medical and Mental Health Staff

Medical and mental health professionals at Donaldson Correctional Facility described an integrated and collaborative approach to providing care for individuals who experience sexual abuse. They explained that treatment begins immediately following disclosure of an allegation and continues for as long as clinically necessary under the direction of licensed medical and mental health practitioners. Initial evaluations are performed promptly, typically within hours of the allegation, and ongoing care is guided by community-level medical and mental health standards to ensure comprehensive treatment of both physical injuries and psychological trauma.

Staff emphasized that all related medical and mental health services—including physical examinations, preventive treatment for sexually transmitted infections, emergency contraception when medically indicated, crisis counseling, individual therapy, group therapy, psychiatric evaluation, and follow-up appointments—are offered without any financial cost to the inmate. They confirmed that eligibility for services does not depend on the inmate's ability or willingness to identify the alleged perpetrator or to participate actively in the criminal or administrative investigation. When clinically indicated and medically appropriate, inmates are promptly offered emergency contraception, sexually transmitted infection (STI) testing and prophylactic treatment, pregnancy testing, and referrals for additional reproductive health services according to current medical guidance and best practices.

Mental health staff further noted that individuals identified as having a history of sexually abusive behavior toward other inmates are assessed by qualified mental health professionals within 60 days of discovery or identification. When evaluation suggests a clinical need for treatment—such as sex offender-specific therapy, cognitive-behavioral interventions, or psychiatric care—treatment is offered, documented in the inmate's mental health record, and monitored for compliance and clinical progress. Referrals are initiated through ADOC Form MH-008, which provides a structured and standardized mechanism for tracking, documentation, and continuity of care across departments and facilities.

PROVISIONS

Provision (a): Comprehensive Medical and Mental Health Services Following Victimization

Donaldson Correctional Facility policy mandates that all inmates who experience sexual abuse are provided prompt, comprehensive, and trauma-informed medical and mental health evaluations, treatment, and follow-up care. These services are delivered in accordance with community health standards and include physical examinations, treatment of injuries, STI testing and prophylaxis, crisis intervention, individual counseling, psychiatric evaluation, and ongoing therapeutic services. Documentation and interviews confirmed that the Memorandum of Understanding with the Alabama Coalition Against Rape (ACAR) ensures timely access to confidential victim advocacy and emotional support services. Forensic examinations are performed by certified Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) at One Place on the Shoals in Florence, Alabama, a facility

that operates 24 hours a day, seven days a week. All medical and mental health care related to sexual abuse is delivered without financial cost to the individual, ensuring equitable access regardless of economic status.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.G. 5.a-f, pages 27-28

Provision (b): Continuing Care and Seamless Coordination of Services

Agency policy requires that all post-assault medical and mental health care include comprehensive follow-up services, individualized treatment plans tailored to the victim's specific needs and clinical presentation, and appropriate referrals to ensure continued care when inmates are transferred to another ADOC facility or released to the community. This process ensures smooth coordination, continuity of care, and sustained support during transitions. Staff affirmed that these procedures are consistently applied and that documentation accompanies inmates to ensure that receiving facilities or community providers have complete information to maintain uninterrupted care.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.G. 5.a-f, pages 27-28

Provision (c): Thorough Documentation and Consistency of Follow-Up Care

A comprehensive review of inmate medical and mental health files indicated that follow-up treatment was consistently documented in accordance with professional standards and agency policy. Records detailed initial evaluations, treatment plans, referral notes, progress reviews, medication management, therapy session notes, and discharge or transfer summaries, confirming that care practices are carried out in accordance with policy, professional judgment, and ethical guidelines. Staff interviews supported these findings, emphasizing that monitoring and treatment continue for as long as clinically necessary to support recovery and reduce the risk of long-term psychological harm.

Provision (d): Emergency Contraception and STI-Related Preventive Services

Donaldson Correctional Facility policy requires that qualified medical professionals offer emergency contraception, sexually transmitted infection testing, and prophylactic treatment following an allegation of sexual abuse when medically appropriate and clinically indicated. The Auditor's review of clinical documentation and staff interviews confirmed that such services are discussed with each alleged victim as part of standard medical care, that informed consent is obtained, and that services are implemented in alignment with current clinical standards and evidence-based medical practice.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.G. 5.a-f, pages 27-28

Provision (e): Applicability Based on Facility Population

This provision, which addresses specific medical services related to female reproductive healthcare, does not apply to Donaldson Correctional Facility due to its all-male inmate population. Therefore, the elements of the policy pertaining specifically to pregnancy testing, prenatal care, and female reproductive healthcare are not applicable within this operational setting.

Provision (f): Care Based on Professional Clinical Assessment and Judgment

Consistent with established policy and clinical standards, medical and mental health staff at Donaldson Correctional Facility provide ongoing care tailored to the individual's medical condition, psychological needs, trauma history, and emotional well-being. Treatment decisions are guided solely by professional clinical judgment, evidence-based practices, and ethical standards to ensure a balanced, individualized, and patient-centered approach to recovery and healing.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.G. 5.a-f, pages 27-28

Provision (g): No-Cost Access to All Services Related to Sexual Abuse

Donaldson Correctional Facility policy explicitly guarantees that all medical and mental health services related to sexual abuse—including forensic examinations, treatment of injuries, STI testing and prophylaxis, emergency contraception, counseling, therapy, psychiatric care, and follow-up appointments—are provided at no financial cost to the victim. This policy applies regardless of the inmate's ability to identify an alleged perpetrator, willingness to participate in an investigation, or financial resources. Both documentation and staff interviews confirmed that this standard is consistently upheld throughout the system, ensuring equitable access to care for all victims.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.G. 5.a-f, pages 27-28

Provision (h): Evaluation and Treatment of Individuals with a History of Sexually Abusive Behavior

Agency policy requires that individuals identified as having previously engaged in inmate-on-inmate sexual abuse are evaluated by qualified mental health staff within 60 days of identification. When evaluation indicates a clinical need for treatment—such as cognitive-behavioral therapy, sex offender-specific treatment, or

psychiatric intervention—treatment is offered, documented in the inmate's mental health record, and monitored for compliance and clinical progress. These referrals are initiated through ADOC Form MH-008, supporting detailed tracking, accountability, and continuity of care across the duration of incarceration.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.G. 5.a-f, pages 27-28

CONCLUSION

Based on a comprehensive review of agency and facility policies, supporting documentation, treatment records, advocacy service agreements, and in-depth interviews with medical and mental health professionals, the Auditor concludes that the Alabama Department of Corrections and Donaldson Correctional Facility fully comply with all provisions of PREA Standard 115.83 governing ongoing medical and mental health care for sexual abuse victims and abusers.

The facility demonstrates a professional, consistent, compassionate, and trauma-informed approach to both immediate and continuing care for individuals impacted by sexual abuse. Medical and psychological services are integrated, evidence-based, victim-centered, and accessible without financial burden. Coordination with external advocacy organizations, adherence to community health standards, and commitment to individualized treatment plans further strengthen this model and ensure that victims receive comprehensive support throughout their recovery.

Through clear policy direction, effective interdepartmental collaboration, dependable documentation practices, and ongoing clinical oversight, Donaldson Correctional Facility ensures timely access, continuity of care, and sustained support for every individual in need—upholding PREA's intent to protect inmate welfare, support recovery from trauma, and sustain institutional accountability.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard 115.86 governing sexual abuse incident reviews, the Auditor conducted a comprehensive and detailed review of documentation submitted by Donaldson Correctional Facility and the Alabama Department of Corrections (ADOC). This thorough examination was designed to evaluate the facility's structured processes for conducting Sexual Abuse Incident Reviews (SAIRs) following the conclusion of criminal or administrative investigations into allegations of sexual abuse.</p>

Materials reviewed included the completed Pre-Audit Questionnaire (PAQ) and all supporting documentation, which outlined the facility's procedures, timelines, and team composition for conducting Sexual Abuse Incident Reviews. The Auditor also reviewed ADOC Administrative Regulation #454, titled Operations and Legal, Inmate Sexual Abuse and Harassment, effective May 29, 2025, which establishes agency-wide requirements for incident review processes following allegations of sexual abuse or sexual harassment, including the composition of review teams, required timelines, and the scope of analysis to be conducted.

In addition, the Auditor examined ADOC Form 454-E, titled Sexual Abuse Incident Review, along with completed Sexual Abuse Incident Review reports from the audit period. These documents provided clear evidence of the facility's structured, multidisciplinary, and systematic approach to reviewing incidents, identifying contributing factors, assessing policy and practice gaps, and developing actionable recommendations for improvement in safety, supervision, staffing, training, and prevention strategies.

INTERVIEWS

Members of the Incident Review Team

Members of the Incident Review Team described the team as multidisciplinary in nature, consisting of upper-level management with input from line supervisors with direct operational knowledge, trained investigators with expertise in evidence analysis, and medical or mental health professionals who can assess trauma, vulnerability, and clinical factors. Team members affirmed that reviews are thorough, systematic, evidence-based, and objective, addressing all criteria required by PREA Standard 115.86 and focusing on identifying contributing factors, systemic gaps, environmental vulnerabilities, and opportunities for corrective action and continuous improvement.

Facility Head or Designee

Facility leadership explained that the Incident Review Team (IRT) at Donaldson Correctional Facility is composed of executive-level and upper-level management officials representing multiple functional areas within the facility, including security operations, medical and mental health services, investigative services, and PREA compliance. Leadership emphasized the importance of the review process as a critical tool for continuous improvement, institutional accountability, and proactive risk management. The Facility Head confirmed that recommendations generated by the Incident Review Team are carefully considered, thoroughly evaluated for feasibility and effectiveness, and incorporated into policy, practice, or operational procedures whenever feasible to strengthen safety and prevention efforts.

PREA Compliance Manager

The PREA Compliance Manager (PCM) reported that all Sexual Abuse Incident Review reports are submitted to both the PCM and the Facility Head for review, oversight, and tracking of implementation of recommendations. The PCM confirmed that incident

reviews are completed within 30 days of the conclusion of each substantiated or unsubstantiated investigation, consistent with PREA requirements and agency policy, ensuring timely analysis and swift implementation of corrective actions when needed.

PROVISIONS

Provision (a): Comprehensive Incident Review Following Investigations

The Pre-Audit Questionnaire and supporting documentation indicate that Donaldson Correctional Facility conducts a sexual abuse incident review following the conclusion of every criminal or administrative investigation, unless an allegation is determined to be unfounded. This practice was consistently confirmed during interviews with facility leadership, the PREA Compliance Manager, and members of the Incident Review Team.

During the on-site audit, facility staff reported a total of 22 allegations of sexual abuse and 36 allegations of sexual harassment occurring within the preceding twelve months. All cases were investigated. All cases were reviewed in detail to assess compliance with PREA standards related to reporting, investigation, victim services, and incident review.

Sexual Abuse Allegations

Over the past year, there were 22 allegations of sexual abuse. Fourteen of these allegations were inmate on inmate allegations. The facility reviewed these administratively and then initiated a criminal investigation in accordance with agency policy and PREA requirements. After investigation, four were determined to be UNFOUNDED; three were UNSUBSTANTIATED and seven remained OPENED.

The remaining 8 allegations were staff-on-inmate allegations. The facility reviewed these administratively and then initiated a criminal investigation in accordance with agency policy and PREA requirements. After investigation, three were determined to be UNFOUNDED; two were UNSUBSTANTIATED; one was substantiated two remained OPENED.

Throughout the investigation, the facility ensured the victim received comprehensive support. A victim advocate was made available to provide emotional and procedural support, ensuring that the inmate's rights and well-being were protected. In each case, both the alleged victim and the alleged perpetrator (if known) were offered access to medical and mental health services within 24 hours of staff becoming aware of the allegation. These services included trauma-informed care and counseling to address immediate and ongoing needs.

A total of nine forensic examinations were conducted during the past twelve months, consistent with the circumstances of the case. Following the investigative process, prosecution was declined by the appropriate authorities in all cases.

Upon completion of the investigation, the inmate was formally notified of the outcome, ensuring transparency and adherence to PREA protocols. Furthermore, a sexual abuse incident review was conducted within 30 days following the closure of

the investigation and receipt of the report, as required by policy, to evaluate the circumstances surrounding the allegation, identify potential system or policy improvements, and implement any recommended corrective actions.

Sexual Harassment Allegations

Within the same twelve-month period, the facility received thirty-six allegations of sexual harassment. Of the 36 allegations 22 involved inmate-on-inmate conduct. These allegations were promptly investigated in accordance with agency procedures and administrative (21) and criminal (1) investigative standards. Following a thorough review, 20 were determined to be unsubstantiated; one was unfounded and one was ongoing. The victims were notified of the results of the investigations. The cases was not referred for prosecution, as the evidence did not warrant criminal action.

Because the allegations were classified as sexual harassment rather than sexual abuse, a formal sexual abuse incident review was not conducted.

The remaining 14 sexual harassment allegations involved staff-on-inmate conduct. These allegations were promptly investigated in accordance with agency procedures and criminal investigative standards. Following a thorough review, four were determined to be unsubstantiated; four were unfounded and six were ongoing. The victims were notified of the results of the investigations. The cases were not referred for prosecution, as the evidence did not warrant criminal action.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.J.2, page 29

Provision (b): Timely Completion Within Required Timeframes

The Pre-Audit Questionnaire indicates that sexual abuse incident reviews are completed within 30 days of the conclusion of applicable investigations. Documentation reviewed and interviews with the PREA Compliance Manager confirmed that this requirement is consistently met and that tracking mechanisms are in place to ensure compliance. During the past 12 months, 4 sexual abuse allegations, excluding unfounded cases, were reviewed within the required 30-day timeframe, demonstrating strict adherence to policy and PREA standards and ensuring that corrective actions can be implemented swiftly.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.J.1, page 29

Provision (c): Multidisciplinary Team Composition and Expertise

The facility reported, and interviews confirmed, that the Incident Review Team at Donaldson Correctional Facility is multidisciplinary and composed of upper-level managers, line supervisors with direct operational experience, trained investigators with expertise in evidence analysis and case review, and medical or mental health

practitioners who can assess clinical and psychological factors. This team composition aligns with PREA requirements and is clearly outlined in ADOC Administrative Regulation #454. Additional verification of team composition and active participation is documented under Provision (a).

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.J.2, page 29

Provision (d): Comprehensive Written Findings and Analysis of Contributing Factors

The Pre-Audit Questionnaire and interviews confirmed that written findings are prepared following each sexual abuse incident review. These reports are submitted to the Facility Head and the PREA Compliance Manager for review, oversight, and tracking of corrective actions. During interviews, staff explained that the Incident Review Team evaluates a wide range of factors during each review, including whether changes to policy, practice, or procedures are warranted; whether motivating factors such as race, ethnicity, gender identity, sexual orientation, gang affiliation, or group dynamics may have contributed to the incident; and whether physical plant vulnerabilities, environmental conditions, or blind spots at the location of the incident played a role.

The team also assesses staffing levels at the time of the incident, evaluates staff performance, training history, and adherence to policy, and considers the need for additional or enhanced monitoring technologies such as video surveillance, improved lighting, or upgraded communication systems. Completed reports are disseminated to appropriate parties, including the PREA Director, the Department of Justice, and the Facility Monitor when applicable, ensuring transparency and accountability.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.J.5, page 30

Provision (e): Implementation of Recommendations and Documentation of Rationale

Donaldson Correctional Facility reported that recommendations resulting from the sexual abuse incident review process are implemented whenever feasible and when they are likely to enhance inmate safety, improve supervision, or strengthen prevention efforts. When recommendations are not adopted, the facility documents a clear and defensible rationale for the decision, ensuring transparency and accountability. This practice was confirmed during interviews with the Facility Head and the PREA Compliance Manager and is supported by review documentation and tracking records.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section V.J.5, page 30

CONCLUSION

Based on a thorough review of documentation, in-depth interviews with facility leadership, the PREA Compliance Manager, and members of the Incident Review Team, and comprehensive analysis of investigation and incident review data, the Auditor concludes that Donaldson Correctional Facility demonstrates full compliance with PREA Standard 115.86 governing sexual abuse incident reviews.

The facility has established a structured, multidisciplinary, and systematic review process that supports accountability, identifies corrective actions, promotes continuous improvement in safety and sexual abuse prevention practices, and ensures that lessons learned from each incident are translated into meaningful operational and policy enhancements that strengthen the facility's overall capacity to prevent, detect, and respond to sexual abuse.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>The Auditor performed a thorough and detailed examination of all documentation provided by the Alabama Department of Corrections (ADOC) to evaluate adherence to the data collection requirements outlined in PREA Standard §115.87. Key materials included the Pre-Audit Questionnaire (PAQ) with extensive supporting records, ADOC Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), the most recent Survey of Sexual Victimization (SSV-2), the latest Annual PREA Data Report, and content available on the ADOC PREA webpage at http://www.doc.state.al.us/PREA.</p> <p>Together, these documents paint a comprehensive picture of ADOC's established framework for systematically gathering, preserving, evaluating, and disseminating data concerning allegations of sexual abuse and sexual harassment. The materials reveal a disciplined, multi-layered approach to data stewardship that enables evidence-based decision-making, promotes institutional accountability, and drives ongoing enhancements in prevention and response strategies.</p> <p>INTERVIEWS</p> <p>Agency Contract Administrator</p>

The Agency Contract Administrator provided valuable insight into ADOC's oversight of contracted housing arrangements to maintain PREA compliance. They confirmed that every contract for housing ADOC inmates—whether with private operators or community providers—explicitly incorporates PREA standards. Contracted facilities must regularly submit both individual incident reports and summarized sexual abuse and harassment data, which ADOC reviews and integrates into its centralized reporting system. This ensures comprehensive visibility across all housing environments under agency authority.

PROVISIONS

Provision (a): Standardized Data Collection Protocols — Uniformity and Reliability Across Facilities

ADOC maintains clearly defined procedures for collecting and managing data on all reported incidents of sexual abuse and sexual harassment. These protocols mandate the use of uniform reporting tools, consistent definitions, and standardized methodologies to guarantee comparability and trustworthiness across every facility. Information is drawn from diverse sources, including inmate reports and surveys, records of scheduled and impromptu security rounds, formal grievances, detailed investigative files, and Sexual Abuse Incident Reviews (SAIRs).

The policy also establishes rigorous methods for trend identification and incorporates quality assurance mechanisms to verify data accuracy, completeness, and security. Both documentation analysis and interview findings confirm that these processes are actively implemented with precision and consistency throughout the agency.

Relevant Policy

ADOC AR #454, IV.M, 1-6, p. 31

Provision (b): Annual Agency-Wide Data Aggregation — Comprehensive Reporting to Federal Authorities

The Alabama Department of Corrections conducts yearly aggregation of sexual abuse and sexual harassment data from all facilities within its direct control. This process aligns precisely with U.S. Department of Justice mandates and employs the Survey of Sexual Victimization (SSV-2) form for submission to the Bureau of Justice Statistics. The Auditor examined the most recent SSV-2 submission, confirming its completeness, timeliness, and inclusion of all required elements.

This systematic aggregation promotes transparency, facilitates long-term trend analysis, and reinforces ADOC's accountability to both federal partners and the broader public.

Relevant Policy

ADOC AR #454, IV.M, 1-6, p. 31

Provision (c): PREA Data System Compatibility — Readiness for Federal

Survey Requirements

ADOC's data collection infrastructure is specifically engineered to respond fully to every question in the current Department of Justice Survey of Sexual Violence. This capability is explicitly detailed in agency policy and was substantiated through the audit review. The most recent Annual PREA Data Report offers a detailed chronicle of all reported allegations, encompassing resolution outcomes, demographic profiles, institutional context, and descriptions of response measures and corrective initiatives.

Published on the ADOC PREA webpage, this report ensures public accessibility while satisfying PREA's transparency imperatives.

Relevant Policy

ADOC AR #454, IV.M, 1-6, p. 31

Provision (d): Incident-Based Data Analysis — Identifying Trends and Driving Systemic Improvements

Agency policy requires continuous collection, preservation, and examination of detailed incident data from institutional records such as investigative reports, incident documentation, and SAIR summaries. The Auditor reviewed the latest annual data report, which not only compiles essential elements but also highlights patterns, risk areas, and recommended remedial actions.

This analytical framework empowers ADOC to diagnose organization-wide challenges and enact targeted enhancements to policies, staff training, and daily operations grounded in empirical evidence.

Provision (e): Contractual PREA Compliance — Ensuring Standards Across Partnered Facilities

ADOC policy stipulates that all contracts for inmate confinement must include binding PREA compliance requirements, with oversight coordinated through the General Counsel's Office. The Auditor examined Contract C210052136 with GEO Reentry, Inc., renewed December 1, 2025 (third renewal), which mandates independent DOJ-certified PREA audits, complete documentation access for the PREA Contract Monitor, staff training obligations, and comprehensive reporting duties.

The Agency Contract Administrator affirmed that these stipulations represent standard practice across all ADOC agreements, with proactive monitoring to verify ongoing adherence.

Relevant Policy

ADOC AR #454, IV.M, 1-6, p. 31

Provision (f): Timely Federal Survey Submission — Meeting National Reporting Deadlines

The Auditor confirmed that ADOC submits the Survey of Sexual Victimization (SSV-2)

to the U.S. Department of Justice each year by the June 30 deadline for the prior calendar year. The most recent SSV-2 reviewed was thorough, precise, and delivered within the prescribed timeframe, evidencing strict compliance with federal reporting obligations.

CONCLUSION

Through exhaustive analysis of agency policies, data reports, contractual agreements, and insights from key personnel interviews, the Auditor determines that the Alabama Department of Corrections achieves full compliance with PREA Standard §115.87, Data Collection.

ADOC exhibits a disciplined, integrated methodology for gathering, consolidating, scrutinizing, and reporting sexual abuse and harassment data across both directly operated and contracted facilities. Robust quality controls safeguard data reliability, while rigorous contractual supervision guarantees uniform PREA standards throughout all housing under agency jurisdiction.

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 governing data review for corrective action, the Auditor conducted a comprehensive and systematic review of documentation submitted by Donaldson Correctional Facility and the Alabama Department of Corrections (ADOC). This thorough examination was designed to assess how the agency collects, aggregates, analyzes, and utilizes PREA-related data to assess and improve the effectiveness of sexual abuse prevention, detection, and response efforts across all facilities.</p> <p>The materials reviewed included the completed Pre-Audit Questionnaire (PAQ), ADOC Administrative Regulation (AR) #454 titled Inmate Sexual Abuse and Harassment, the 2024 Survey of Sexual Victimization (SSV-2) submitted to the Bureau of Justice Statistics, and the 2024 Annual PREA Data Report prepared by the agency. 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, easily accessible, and presented in a clear and transparent format. Collectively, these materials demonstrate the agency's structured, data-driven approach to reviewing PREA-related information and using that information to inform corrective action, policy development, resource allocation, and system-wide improvement.</p>

INTERVIEWS

PREA Compliance Manager

The PREA Compliance Manager confirmed that PREA-related materials, including administrative regulations, annual data reports, investigative summaries, and audit reports, are readily accessible to staff, inmates, and the public through the ADOC website. The PCM noted that maintaining open and transparent access to these materials promotes awareness of PREA requirements, supports staff understanding of agency expectations, enhances public confidence in the agency's commitment to inmate safety, and underscores ADOC's commitment to accountability, transparency, and continuous improvement.

Facility Head or Designee

The Facility Head explained that Donaldson Correctional Facility maintains an internal PREA Committee that reviews every allegation of sexual abuse and sexual harassment reported at the facility. Data from these reviews, including trends, patterns, contributing factors, and recommended corrective actions, is forwarded to the agency PREA Coordinator and incorporated into the agency's broader data analysis and annual reporting process. This ongoing facility-level review allows Donaldson to identify trends at the local level and determine whether additional training, enhanced supervision, policy revisions, or procedural changes are needed to strengthen compliance, improve safety, and reduce the risk of sexual abuse.

Agency Head or Designee

During the interview, the Agency Head's designee confirmed that the agency-wide annual PREA report includes both a comparative analysis of current and prior years' data and a detailed assessment of corrective actions implemented over time. The designee emphasized that this report is a key management and oversight tool used by senior leadership to identify emerging issues, evaluate the effectiveness of interventions, assess the impact of policy changes, and guide future prevention and response efforts. The designee further noted that these reports are made available to the public through the ADOC website, reinforcing the agency's commitment to transparency, accountability, and public trust.

PREA Director

The PREA Director described the agency's comprehensive process for reviewing and analyzing data collected pursuant to PREA Standard 115.87. The Director explained that facility-level data from all ADOC institutions is systematically aggregated, analyzed, and evaluated to assess the effectiveness of sexual abuse prevention, detection, and response strategies across the agency. This analysis includes identifying trends and patterns, comparing facility performance, assessing the impact of corrective actions and policy changes, and preparing an annual PREA report that provides year-to-year comparisons and longitudinal trend analysis. The Director confirmed that the publicly released version of the report is carefully reviewed to ensure that only personally identifiable information is redacted, thereby balancing

transparency with the need to protect individual safety, privacy, and security.

PROVISIONS

Provision (a): Systematic Data Review to Assess and Improve Effectiveness

Information contained in the Pre-Audit Questionnaire, along with statements provided during interviews with agency and facility leadership, confirms that ADOC routinely reviews and aggregates data collected under PREA Standard 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, patterns, and trends, implementing corrective actions based on data-driven analysis, and documenting findings, responses, and outcomes in an annual PREA report. These practices were further confirmed by the PREA Director during the interview process and are supported by documentation reviewed during the audit.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section IV.D, dated May 29, 2025
2. ADOC Administrative Regulation #454, Section IV.E, dated May 29, 2025

Provision (b): Comparative Analysis and Assessment of Corrective Actions

The Agency Head's designee confirmed, and the Pre-Audit Questionnaire substantiates, that ADOC's annual PREA report provides a comprehensive comparative analysis of data and corrective actions across reporting years. The Auditor reviewed the most recently published annual report and verified that it includes thorough documentation of institutional trends, an evaluation of corrective measures implemented, an assessment of progress over time, and a longitudinal analysis of patterns and outcomes, consistent with PREA requirements and best practices for data-driven decision-making.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section IV.D, dated May 29, 2025
2. ADOC Administrative Regulation #454, Section IV.E, dated May 29, 2025

Provision (c): Public Availability and Transparency of Annual Reports

The Pre-Audit Questionnaire indicates that ADOC makes its annual PREA reports publicly available to promote transparency and accountability. The Auditor confirmed this practice by reviewing the agency's official PREA webpage, which contains an extensive and well-organized archive of annual reports dating back to 2013. This level of transparency supports public accountability, enhances community confidence, promotes informed public discourse, and reflects the department's strong commitment to continuous evaluation, improvement, and openness.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section IV.D, dated May 29, 2025
2. ADOC Administrative Regulation #454, Section IV.E, dated May 29, 2025

Provision (d): Limited and Justified Redactions to Protect Safety and Privacy

As explained by the PREA Director, any redactions made to the annual PREA report are narrowly limited to information that could compromise safety, security, or individual privacy. In practice, redactions are confined to personally identifiable information such as names, identifying details, and other sensitive data, ensuring that reports remain informative, meaningful, and useful to the public while protecting the privacy and safety of victims, witnesses, and individuals involved in investigations.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section IV.D, dated May 29, 2025
2. ADOC Administrative Regulation #454, Section IV.E, dated May 29, 2025

CONCLUSION

Based on an extensive review of the Pre-Audit Questionnaire, supporting documentation, annual PREA reports, publicly available data, and comprehensive interviews with agency and facility leadership including the PREA Director, Agency Head designee, Facility Head, and PREA Compliance Manager, the Auditor concludes that the Alabama Department of Corrections and Donaldson Correctional Facility meet all requirements of PREA Standard 115.88 governing data review for corrective action.

The agency demonstrates a consistent, deliberate, and data-driven approach to analyzing PREA data, addressing identified issues through corrective action, tracking the effectiveness of interventions over time, and sharing information publicly to promote transparency and accountability. These practices reflect a strong institutional commitment to continuous improvement, evidence-based decision-making, and the ongoing enhancement of sexual abuse prevention and response efforts across all ADOC facilities.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW
	To assess compliance with PREA Standard 115.89 governing data storage, publication,

and destruction, the Auditor conducted a comprehensive and detailed review of materials submitted by the Alabama Department of Corrections (ADOC). This thorough examination was designed to evaluate the agency's policies and practices related to the secure storage, public publication, long-term retention, and appropriate destruction of PREA-related data, ensuring that the agency balances transparency and public accountability with the need to protect individual privacy and institutional security.

Documentation examined included the completed Pre-Audit Questionnaire (PAQ) and all supporting materials, ADOC Administrative Regulation (AR) #454, titled Operations and Legal – Inmate Sexual Abuse and Harassment and dated May 29, 2025, and information publicly available on the ADOC PREA webpage at <http://www.doc.state-al.us/PREA>. These materials collectively describe the agency's comprehensive policies and structured practices related to the collection, aggregation, secure storage, public publication, retention, and eventual destruction of PREA-related data, and provide a clear and well-defined framework for evaluating compliance with this standard.

INTERVIEWS

PREA Director

During the interview, the PREA Director provided detailed and comprehensive information regarding how PREA-related data is stored, managed, analyzed, published, and protected within ADOC. The Director explained that data is retained at multiple levels to ensure both security and accessibility while maintaining strict confidentiality and data integrity. At the facility level, PREA data is maintained within a centralized Risk Management System, with access limited to authorized personnel based on a strict need-to-know standard and role-based permissions. At the agency level, data is securely retained to support required federal reporting obligations, including timely submission of the Survey of Sexual Victimization (SSV-2) to the Bureau of Justice Statistics, and is also carefully prepared for public dissemination through the ADOC PREA webpage.

The PREA Director confirmed that the agency routinely reviews, aggregates, and analyzes data collected pursuant to PREA Standard 115.87 to identify trends, assess the effectiveness of prevention and response efforts, and inform policy development and resource allocation decisions. The Director emphasized that any redactions made prior to publication are strictly and narrowly limited to personally identifying information such as names, identifying characteristics, and other sensitive details, ensuring transparency and public access to meaningful data while protecting individual privacy, safety, and dignity.

PROVISIONS

Provision (a): Secure Retention and Annual Publication of Aggregated Data

Information provided in the Pre-Audit Questionnaire and supported by agency policy confirms that ADOC securely retains both incident-based and aggregated sexual

abuse data in a manner that ensures confidentiality, integrity, and accessibility for authorized users. Agency policy requires that aggregated data from all facilities under ADOC's direct control, as well as from contracted private facilities, be compiled, analyzed, and published annually on the agency's PREA webpage to promote transparency and public accountability. The Auditor verified compliance with this requirement by reviewing the data publicly available at <http://www.doc.state.al.us/PREA>, which includes comprehensive annual reports and facility-level data summaries.

Provision (b): Public Accessibility on at Least an Annual Basis

As documented in the Pre-Audit Questionnaire and confirmed through website review, ADOC ensures that aggregated sexual abuse data is made publicly accessible on at least an annual basis, consistent with PREA requirements. The ADOC PREA webpage contains multiple reports spanning several years and consistent with PREA standards, offering comprehensive facility-level and agency-wide sexual abuse data that supports transparency, informed public discourse, and accountability. These reports provide the public with meaningful access to PREA-related information in a clear and user-friendly format.

Provision (c): Removal of Personally Identifying Information and Long-Term Data Retention

The Pre-Audit Questionnaire further indicates that prior to publication, ADOC systematically and carefully removes all personally identifying information from aggregated data to protect the privacy, safety, and dignity of alleged victims, alleged abusers, witnesses, and others involved in PREA-related incidents. In addition, the agency securely retains data collected pursuant to PREA Standard 115.87 for a minimum of ten years following the date of initial collection, unless a longer retention period is required by federal, state, or local law or regulation. These practices align with PREA requirements for both data protection and long-term retention, ensuring that historical data remains available for trend analysis, oversight, and accountability purposes.

Provision (d): Comprehensive Data Retention Requirements and Timelines

ADOC policy specifies that all PREA-related data, including incident reports, investigative files, and aggregated statistical summaries, must be securely retained for at least ten years following the date of initial collection. The policy also requires that records related to criminal and administrative investigations be maintained for the duration of the alleged abuser's incarceration or employment with ADOC, plus an additional five years following their release or separation from employment, ensuring long-term accountability and the ability to respond to future inquiries, audits, or legal proceedings. The Auditor verified adherence to this requirement through review of historical data maintained by the agency, including records dating back to August 20, 2012, demonstrating consistent compliance with PREA standards and a strong commitment to data integrity and institutional accountability.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section IV.E.9, page 8

CONCLUSION

Based on a thorough review of agency policy, the Pre-Audit Questionnaire, interview information from the PREA Director, publicly available data, and historical data retention practices, the Auditor concludes that the Alabama Department of Corrections and Donaldson Correctional Facility fully meet all provisions of PREA Standard 115.89 governing data storage, publication, and destruction.

The agency demonstrates a consistent, secure, and transparent approach to retaining PREA-related data, ensures timely public access to aggregated information through a well-maintained and accessible website, protects personally identifying information through appropriate and carefully controlled redaction processes, and maintains records in accordance with established retention requirements. These practices reflect a strong institutional commitment to transparency, public accountability, data integrity, and the protection of individual privacy and safety.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.401, the Auditor completed an extensive review of documentation provided by the Alabama Department of Corrections (ADOC). The focus of this review was the agency’s demonstrated approach to transparency, public accessibility of audit materials, and overall cooperation with the audit process.</p> <p>A central part of the review was ADOC’s publicly available PREA webpage, which serves as a centralized location for stakeholders, oversight bodies, and the public to access relevant information. The site includes completed facility PREA audit reports, agency-wide aggregated data concerning incidents of sexual abuse and sexual harassment, and additional material describing ADOC’s PREA policies, procedures, and compliance framework. The layout of the page, including clear navigation, readable report formatting, and archived records organized by date, reflects a deliberate effort to present information in a way that is both usable and easy to locate.</p> <p>The documentation also showed that ADOC maintains a structured process for planning, completing, and reporting audits. The records reflected that the agency tracks audit cycles, records findings, and posts corrective action plans in a timely manner. This level of organization supports accountability and allows outside parties</p>

to review completed work and understand how the agency responds to identified issues across its facilities.

INTERVIEWS

Agency Head or Designee

The Agency Head's designee confirmed that each ADOC facility has completed a PREA audit within the most recent three-year compliance cycle. The designee also explained that the corresponding audit reports, along with summarized sexual abuse and sexual harassment data, are posted on the ADOC PREA webpage for public review. This accessibility allows stakeholders, policymakers, advocacy organizations, and members of the public to independently evaluate the agency's compliance efforts and monitor progress over time. The designee described this level of openness as an essential part of ensuring that facilities remain safe, accountable, and aligned with PREA expectations.

PREA Director

The PREA Director described ADOC's broader audit and compliance structure in detail. The Director explained that the current audit cycle is the second year of ADOC's fourth three-year PREA audit cycle, which reflects the agency's ongoing commitment to routine and systematic review. Each facility is scheduled for an audit within the federally required three-year period, and the agency's internal planning process is designed to prevent any facility from exceeding that timeframe.

The Director further explained that audit findings are not treated as isolated reports, but rather as tools for continued improvement. After each audit, ADOC uses the results to strengthen policies, improve training, and refine operational practices across the system. In this way, audits are viewed as an active part of the agency's accountability structure rather than as a separate or temporary compliance exercise.

PROVISIONS

Provision (a) - Timely Completion Within the Required Audit Cycle

Review of the documentation, together with interviews of the PREA Director and the Agency Head's designee, confirmed that all ADOC facilities have completed PREA audits within the federally required three-year cycle. Audit reports are finalized and posted in a timely manner, and their placement alongside supporting aggregated data provides clear evidence of compliance. This approach reflects ADOC's continued commitment to transparency and adherence to the required audit schedule.

Provision (b) - Public Availability of Audit Reports and Data

The ADOC PREA webpage contains detailed facility-level audit reports as well as agency-wide summaries documenting the number and type of reported incidents, investigation results, and corrective actions taken. These materials offer a

transparent record of ADOC's data collection, analysis, and reporting practices. They also give stakeholders the ability to monitor trends, assess compliance, and participate in meaningful oversight.

Provisions (c)-(g) - Not Applicable to This Audit Scope

The provisions identified as (c) through (g) were not applicable to the scope of this audit. They did not relate to the operational circumstances of the ADOC facilities under review and therefore had no effect on the compliance determination for this standard.

Provision (h) - Full Access During the On-Site Audit

During the on-site portion of the audit, the Auditor was granted full and unrestricted access to all relevant areas of the facility, including housing units, program areas, medical and mental health spaces, and administrative offices. The Institutional PREA Compliance Manager (IPCM) remained available throughout the visit to coordinate access to staff, records, and physical plant areas, which allowed the review to proceed smoothly and thoroughly.

Provision (i) - Cooperative Staff Participation

ADOC and facility personnel demonstrated consistent cooperation throughout the audit process. All requested documentation and supporting materials were provided promptly, in complete form, and in a manner that allowed the Auditor to evaluate both policy and actual practice. This level of cooperation reflects an organizational culture that treats audits as constructive tools for accountability and operational improvement.

Provisions (j)-(l) - Not Applicable to This Audit Scope

The provisions identified as (j) through (l) did not apply to the circumstances reviewed in this audit. The facilities and population under review did not involve the conditions necessary to trigger these provisions, so they had no effect on the final compliance determination.

Provision (m) - Confidential Interview Environment

The facility provided a secure and private setting for interviews with both staff and incarcerated individuals. The interview location supported confidentiality, reduced distractions, and allowed participants to speak freely without concern that others might overhear the discussion. This setting contributed to more candid communication and supported the reliability of the information gathered during the audit.

Provision (n) - Confidential Contact With the Auditor

Interviews with incarcerated individuals confirmed that they had access to confidential correspondence with the Auditor. The process was comparable to the protections typically afforded to legal mail, ensuring that communication remained

private and free from retaliation or review. Participants reported that this confidentiality allowed them to communicate honestly, which strengthened the overall integrity of the audit process.

Provision (o) - Final Provision Not Applicable

The provision identified as (o) did not apply to this audit and therefore did not influence the compliance assessment.

CONCLUSION

Based on a thorough review of documentation, interviews with the PREA Director, the Agency Head’s designee, facility leadership, and PREA personnel, as well as direct observation during the on-site audit, the Auditor concludes that the Alabama Department of Corrections is in full compliance with all applicable components of PREA Standard §115.401.

The agency demonstrates consistent adherence to the federally required three-year audit cycle, maintains transparency through the public posting of audit reports and aggregated data, and provides full cooperation and unrestricted access during the audit process. The facility’s use of secure interview spaces and confidential correspondence channels further reinforces the integrity of the audit and the agency’s respect for privacy and due process.

Taken together, these practices reflect ADOC’s ongoing commitment to safe, accountable, and PREA-compliant correctional environments and show a continuing culture of openness, improvement, and institutional responsibility.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>The Auditor undertook a comprehensive and methodical examination of the Alabama Department of Corrections' (ADOC) publicly accessible PREA webpage at http://www.doc.state.al.us/PREA. This online platform functions as the primary, authoritative hub for detailed information about the agency's adherence to the Prison Rape Elimination Act across its entire network of correctional institutions, including both traditional facilities and community-based programs.</p> <p>The webpage's structure delivers clear, well-organized, and reliable access to essential PREA materials, empowering the public, regulatory oversight groups, advocacy organizations, and other interested parties to thoroughly assess ADOC's strategies for preventing, identifying, and addressing sexual abuse and sexual harassment. Key content includes annual statistical compilations, comprehensive</p>

agency-wide data evaluations, and finalized PREA audit reports for every individual facility. These resources collectively offer a transparent window into ADOC's policies, operational procedures, and overall compliance posture. The intentional design and upkeep of the site underscore the department's resolute dedication to openness, institutional responsibility, and faithful execution of federal PREA mandates.

PROVISIONS

Provisions (a)-(e): Non-Applicable Agency Responsibilities — Excluded from Current Review Scope

Provisions designated as (a) through (e) fall outside ADOC's specific obligations under this standard. As a result, they were not evaluated or factored into the compliance assessment for this review.

Provision (f): Comprehensive Public Accessibility — Openness and Independent Oversight

ADOC's PREA webpage exemplifies purposeful design to promote transparency and enable effective public scrutiny. It features in-depth reports encompassing sexual abuse and harassment statistics from all agency-managed facilities, presented in full accordance with PREA reporting protocols. The available materials encompass yearly incident summaries, synthesized agency-level data insights, and detailed findings from facility-specific PREA audits.

Navigation is intuitive and user-friendly, allowing effortless access to pertinent documents. ADOC sustains the platform through regular updates, ensuring that all mandated reports remain current and openly available. This disciplined approach not only fulfills reporting requirements but also cultivates public trust by permitting external validation of compliance efforts and highlighting the agency's proactive stance on prevention and response.

CONCLUSION

After a meticulous analysis of ADOC's publicly available PREA webpage and associated documentation, the Auditor determines that the Alabama Department of Corrections achieves complete compliance with PREA Standard §115.403.

The agency consistently publishes audit reports and related data in a structured, approachable, and readily navigable format, evidencing a deep-rooted commitment to transparency, accountability, and sustained PREA adherence throughout its correctional and community-based operations.

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).)	yes
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).)	yes
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
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).)	yes
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
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.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
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.	na
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.)	na

	Has the agency documented its efforts to secure services from rape crisis centers?	no
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.)	yes
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).)	yes
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?	yes
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.	yes
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.	no
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?	yes
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