

PREA Facility Audit Report: Final

Name of Facility: Hamilton Aged and Infirm Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/20/2026

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: 05/20/2026

AUDITOR INFORMATION	
Auditor name:	OConnor, Darla
Email:	doconnor@strategicjusticesolutions.com
Start Date of On-Site Audit:	04/06/2026
End Date of On-Site Audit:	04/08/2026

FACILITY INFORMATION	
Facility name:	Hamilton Aged and Infirm Center
Facility physical address:	223 Sasser Drive, Hamilton, Alabama - 35570
Facility mailing address:	

Primary Contact

Name:	William Upton
Email Address:	william.upton@doc.alabama.gov
Telephone Number:	205-921-7453

Warden/Jail Administrator/Sheriff/Director	
Name:	Denice McKenzie
Email Address:	denice.mckenzie@doc.alabama.gov
Telephone Number:	205-921-7453

Facility PREA Compliance Manager	
Name:	William Upton
Email Address:	william.upton@doc.alabama.gov
Telephone Number:	(205) 395-1075

Facility Health Service Administrator On-site	
Name:	Lacy Harris
Email Address:	lacy.harris@yescarecorp.com
Telephone Number:	205-921-1450

Facility Characteristics	
Designed facility capacity:	295
Current population of facility:	265
Average daily population for the past 12 months:	250
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:	32-92
Facility security levels/inmate custody levels:	Level 4 Medium and below
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	105
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	402

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Christy Vincent	Email Address:	christy.vincent@doc.alabama.gov
--------------	-----------------	-----------------------	---------------------------------

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

1

- 115.67 - Agency protection against retaliation

Number of standards met:

44

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-04-06
2. End date of the onsite portion of the audit:	2026-04-08

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
---	--

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, multiple community-based advocacy and support organizations were contacted to independently assess Hamilton A & I'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 confirmation of how PREA standards are implemented in practice and demonstrated whether external partnerships are functioning 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 from Hamilton A & I had initiated contact, filed reports, or requested assistance during the previous 12 months. A JDI representative reported that a review of the organization's case and contact records showed no documented communication from anyone associated with Hamilton A & I during that period.

This absence of recorded contact indicates that, within the last year, no matters from Hamilton A & I rose to the level of generating a tracked JDI case or inquiry. While this does not rule out the possibility that an inmate sought information or support that did not result in a formally recorded contact, it suggests either that concerns have been addressed through internal mechanisms and local advocacy channels, or that the need for external JDI intervention has been limited during the review period. In either circumstance, the finding is consistent with PREA's expectation that inmates have multiple avenues for confidential reporting and advocacy, including, but not limited to,

national organizations such as JDI.

The Crisis Center and Rape Response (Birmingham, Alabama)

The Crisis Center and Rape Response, the designated crisis center and Sexual Assault Nurse Examiner (SANE) provider for Hamilton A & I, was contacted to verify recent involvement, coordination, and service delivery related to inmate reports of sexual abuse. The organization confirmed that it provides trained victim advocates and certified SANE personnel in response to sexual abuse allegations reported by inmates at the facility. Over the most recent 12-month period, the Crisis Center's records reflected nine SANE examination requests connected to Hamilton A & I, demonstrating active utilization of the forensic examination network and confirming that established protocols are being used in practice.

The Crisis Center reported that its advocates receive specialized training in sexual assault response, including trauma-informed crisis intervention, comprehensive rape-crisis counseling, trial preparation and courtroom advocacy in coordination with prosecutorial offices, and collaborative training with law enforcement and medical partners. All forensic SANE examinations linked to Hamilton A & I are conducted at the Crisis Center's dedicated facility in Birmingham, which is equipped with appropriate medical examination rooms, evidence collection capabilities, and private spaces designed to support victim safety, comfort, and dignity. Victim advocates contracted through the Memorandum of Understanding between ADOC and the Alabama Coalition Against Rape (ACAR) accompany alleged victims before, during, and after the forensic examination. Advocates provide continuous emotional support, help explain procedures and options, assist with informed consent, and offer crisis counseling. They also help coordinate follow-up services with the facility's mental health staff, promoting continuity of care and ongoing therapeutic

support. Inmates are provided a confidential mailing address to contact the Crisis Center directly, access to a dedicated 24-hour crisis hotline at 205-323-7273 at no cost, and in-person counseling in a private, secure, and confidential setting.

Follow-up counseling and longer-term therapeutic services may continue through the Crisis Center or through licensed mental health practitioners at Hamilton A & I, depending on the inmate's preferences and clinical needs. All services—including forensic examinations, advocacy, crisis counseling, follow-up therapy, and related medical treatment—are provided at no financial cost to the inmate. This no-cost structure is consistent with PREA requirements and ensures that economic barriers do not prevent victims from accessing 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 Hamilton A & I are conducted at The Crisis Center and Rape Response in Birmingham, Alabama, which functions as a dedicated, fully equipped, and certified SANE facility specializing in sexual assault forensic care. SANE-certified medical professionals are contacted through an established on-call roster that provides 24-hour, seven-day-a-week coverage. Once a report is received and medical transport is arranged, inmates are taken promptly and safely to the Crisis Center, where SANE personnel meet them and conduct comprehensive forensic examinations.

These examinations include evidence collection using appropriate kits, detailed injury assessment and documentation, administration of prophylactic medications when clinically indicated, and immediate trauma-informed care. In the unlikely event that the Crisis Center is unavailable—for example, due to a natural disaster or other extraordinary circumstance—SANE personnel

reported that inmates would instead be transported to a local hospital emergency department, where qualified medical professionals would conduct the examination using standardized sexual assault protocols and evidence collection kits.

SAFE/SANE staff emphasized that forensic examinations and related medical services connected to sexual abuse are provided at absolutely no cost to the inmate, and that under no circumstances is the financial cost of the examination, medications, or associated care shifted to the victim. This no-cost policy is directly aligned with PREA standards requiring that sexual abuse victims have access to emergency and follow-up medical and mental health services without charge, and that decisions to seek care be driven by clinical need and personal choice rather than by financial concerns.

Alabama Coalition Against Rape (ACAR)

The Alabama Coalition Against Rape (ACAR), the statewide coordinating body for sexual assault services in Alabama, was contacted to confirm statewide coordination and oversight of advocacy services connected to Hamilton A & I. ACAR confirmed that the designated rape crisis center for Jefferson County, where Hamilton A & I is located, is The Crisis Center and Rape Response in Birmingham.

This formal linkage ensures that Hamilton A & I's inmates have access to a well-established network of victim-centered services consistent with PREA Standard §115.21, which requires that facilities maintain or attempt to maintain agreements with community service providers able to offer inmates confidential support services related to sexual abuse.

ACAR's role in supporting the Crisis Center includes coordination, technical assistance, and training, helping to ensure consistent quality of advocacy services and seamless access to external emotional support, information, and advocacy for inmates at Hamilton A & I.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	296
15. Average daily population for the past 12 months:	250
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>

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:	274
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:	49
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:	6

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:	8
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:	15
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:	0
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:	4
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:	0
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:	0
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:	17
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):

Population Identification, Screening, and Tracking Verification

During the audit period, Hamilton A & I demonstrated a systematic, dependable, and well-documented approach to identifying, categorizing, and tracking the characteristics of the individuals housed at the facility. A comprehensive review of institutional records — including intake screening forms, housing assignment logs, PREA risk-assessment tools, medical and mental-health records, investigative files, and Sexual Abuse Incident Review documentation — together with interviews of intake personnel, classification officers, clinical providers, and PREA compliance staff, revealed no operational gaps or deficiencies in the facility’s ability to capture and manage the population information required for PREA compliance. Intake screening and classification processes consistently captured the specific data PREA requires for individualized risk management and care planning. At intake, screening instruments were completed and entered into the facility’s classification workflow; where screening identified potential vulnerability or risk factors, those results were routed to classification, medical, or mental-health staff for timely reassessment and follow-up. The Auditor confirmed that Hamilton A & I received and detained individuals during the review period who met one or more vulnerability criteria, and that each identified case contained documented screening, subsequent reassessment within policy timeframes, and appropriate clinical or classification action documented in the record.

The facility identified and documented a range of vulnerability characteristics in keeping with PREA and ADOC Administrative Regulation #454. Those documented categories included inmates who self-identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI); inmates with significant cognitive or developmental impairments (for example, intellectual disability or traumatic

brain injury); inmates with physical disabilities or mobility limitations; and inmates with sensory impairments requiring accommodations for hearing or vision. For each identified case, records showed completed screening instruments, clinical notes or classification comments where applicable, and housing and program placement decisions that reflected individualized risk assessment and protective planning consistent with PREA §§115.41 and 115.42.

Screening and reassessment were operationalized and integrated into day-to-day processes. The facility documented PREA screening at intake and completed reassessments within the timeframes required by policy; when new information emerged (for example, medical or behavioral changes, a new disclosure, or new disciplinary information), classification and clinical staff updated housing assignments, program eligibility, and supervision as appropriate. Screening outputs were shared on a strictly need-to-know basis so that security and classification personnel had the operational information necessary to make safe placement decisions without broadly disclosing sensitive health or victimization details. Medical and mental-health practitioners were consulted whenever clinical factors affected capacity, accommodation needs, or culpability assessments; their recommendations were recorded and used to inform placement, programming, and treatment plans while maintaining confidentiality protections.

The Auditor verified that Hamilton A & I did not hold any persons solely for civil immigration detention during the audit period, a population outside the facility's mission. Records also showed that no inmates were placed in involuntary segregated or restrictive housing solely for protection from sexual victimization; where temporary separation was required for safety, the facility documented the exceptional circumstances

and explored alternatives before using restrictive housing, consistent with PREA §115.43, which limits use of segregated housing for protective purposes except in narrowly defined emergencies.

Operational data systems and recordkeeping practices supported the facility’s screening and classification operations. Daily population reports, housing rosters, PREA screening databases, classification logs, and incident tracking tools contained consistent, cross-referenced entries that allowed the Auditor to trace screening outcomes through to housing and clinical decisions. Audit sampling found screening instruments, reassessment logs, and follow-up referrals properly completed, dated, and retained, showing both procedural adherence and the technical capability to store and retrieve information needed for individualized, trauma-informed decision-making.

Taken as a whole, Hamilton A & I displayed a clear organizational understanding of population demographics, vulnerability indicators, and the operational measures necessary to protect inmates and support program delivery. Identification, documentation, reassessment, and the practical use of screening information were integrated across clinical, classification, and security functions, yielding practices that support inmate safety and regulatory compliance with PREA standards and ADOC policy.

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

<p>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>105</p>
<p>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>402</p>

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:

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:

Contractor and Volunteer Training Compliance and Verification

Hamilton A & I reported that it maintains an extensive roster of contractors and volunteers who support a broad range of services for inmates, including medical and mental health care, educational and vocational programming, religious services, substance-use counseling, and recreational and rehabilitative activities. Leadership clarified that 44 medical and mental health contractors and 402 volunteers are currently approved for facility access; contractors provide steady, ongoing services while volunteer participation is naturally variable because of scheduling, seasonal programs, and individual availability. Regardless of how often an individual enters the facility, every contractor and volunteer authorized for inmate contact has completed the facility's credentialing and vetting process, which includes comprehensive background investigations consistent with ADOC Administrative Regulation #216 and formal administrative approval before any onsite contact with inmates.

DOCUMENT REVIEW AND SCOPE OF VERIFICATION

To verify compliance with PREA Standard 115.32 on volunteer and contractor training, the Auditor performed a targeted, statistically representative review of personnel and training records covering medical contractors, non-medical contractors, volunteers, and applicable staff. The sample spanned multiple service areas and entry dates to ensure the review reflected both regularly engaged contractors and intermittently active volunteers. The file review focused on pre-access PREA training, annual refresher training, signed acknowledgments, and the presence of training content documentation required under PREA.

TRAINING CONTENT, DELIVERY, AND RECORDKEEPING

Each record examined contained complete, verifiable documentation of PREA training

completion and renewal. Files included dated training completion certificates, signed acknowledgment forms, attendance rosters, and written outlines or curricula that documented the specific content covered. Training content was aligned with PREA expectations and included the agency's zero-tolerance policy, how to recognize indicators and warning signs of sexual abuse and sexual harassment, the duty to report any knowledge, suspicion, or information about sexual abuse, confidentiality obligations, prohibition against retaliation, and the proper channels for reporting. Records were consistently maintained, securely stored, and readily retrievable for audit review, which demonstrates robust administrative controls and demonstrates that the facility treats training documentation as a core element of compliance and risk management.

VETTING, CREDENTIALS, AND ACCESS CONTROLS

The facility applies a uniform vetting and credentialing process before granting access to inmates. Background checks are completed in accordance with ADOC policy and documented in personnel or volunteer files; where clinical or licensed credentials are required, verification is retained in the file. The same screening standards apply to episodic volunteers as to regularly scheduled contractors, ensuring that the frequency of engagement does not affect the level of pre-access scrutiny. Administrative processes exist to document and address any disqualifying information found during screening.

ONGOING OVERSIGHT, REFRESHER TRAINING, AND ACCOUNTABILITY

Hamilton A & I maintains a repeatable process to ensure PREA training remains current: annual refresher training is documented and tracked, training rosters monitor compliance, and supervisory or PREA compliance staff flag overdue training so access can be suspended until requirements are met. This oversight

ensures that contractors and volunteers remain aware of policy changes, reporting procedures, and their ongoing responsibilities for preventing, detecting, and responding to sexual abuse and sexual harassment. The combination of background screening, credential verification, mandatory pre-access PREA training, and documented refresher training creates layered risk controls that are practical and defensible.

CONCLUSION

The records and interviews reviewed demonstrate that Hamilton A & I has established and implemented a consistent, systematic, and effective process to ensure contractors and volunteers receive comprehensive PREA education before engaging with inmates and maintain that knowledge through annual refreshers. Background screening, credential verification, and documented training are enforced uniformly across contractors and volunteers, regardless of how often they enter the facility. These practices align with PREA Standards 115.17 (hiring and promotion considerations) and 115.32 (volunteer and contractor training), reflect a strong institutional commitment to trauma-informed safety, and provide clear administrative evidence that the facility prioritizes prevention, timely reporting, and accountability for all individuals who have contact with inmates.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

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

13

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?

To ensure geographic diversity among the inmate interview sample, the auditor used a deliberate, structured approach that treated location and daily routines as primary factors shaping lived experience. First, the facility's housing map and operational layout were reviewed to identify every distinct housing unit, tier, compound, and special-purpose location—general population units, medical and mental-health units, program and educational areas, work crews, and any satellite housing. From that map, the auditor set expectations to include interviewees drawn from each of those geographic areas so that the sample would reflect the facility's full physical footprint rather than clustering around any single building or unit.

Selection began by stratifying the population by location and by shift, because conditions and staffing patterns differ between day, evening, and night operations. Within each housing stratum the auditor generated a randomized list of potential interviewees using daily rosters or program attendance records; this preserved impartiality while ensuring every unit had representation. Minimum quotas were established so every housing unit and each shift had at least one interview slot; once quotas were met, additional interviews were added to deepen coverage where needed.

Practical constraints were anticipated and planned for. If a randomly selected person was unavailable because of a scheduled activity, medical restriction, temporary movement, or refusal to participate, the auditor used a predefined replacement rule that selected the next randomly identified person from the same location.

To broaden perspective beyond static housing, the auditor intentionally included inmates who regularly move across the facility as part of programming, work assignments, or clinical appointments, so the sample captured experiences tied to both fixed locations and transitory spaces. Interviewees were also drawn from different

program groups (education, faith services, substance-use groups, and work crews) so the sample would reflect both those who spend most of their time in housing and those with daily cross-facility routines.

Every step of the selection process was documented: the sampling frame, the strata and quotas used, the randomization method, and any substitutions or deviations. That record shows how geographic balance was achieved and supports reproducibility and auditability. By combining stratified random selection, location quotas, on-site flexibility for replacements, and purposeful inclusion of program and shift variation, the auditor produced an interview sample that reliably represents the facility's geographic and operational diversity—reducing bias from localized conditions and increasing confidence that findings reflect systemwide practice rather than the experience of a single unit or shift.

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):

Selecting and interviewing random inmates requires careful planning, flexibility, and attention to both operational realities and ethical obligations. In practice, auditors begin by treating the facility as a set of distinct places and routines rather than as one undifferentiated population. That means mapping every housing unit, tier, compound, and special-purpose area (medical, mental-health, protective, program spaces, work crews, and education areas) and then intentionally designing the interview sample so that people from across those locations, from different shifts, and from different program schedules will be included. Within each location the selection process uses random draws from current rosters or attendance lists to avoid bias, but those random draws are embedded in a structure of quotas so that no unit, shift, or program area is omitted.

Because facilities operate under competing demands—counts, work details, classes, medical appointments, and occasional lockdowns—the selection process must be operationally realistic. Auditors anticipate unavailability and plan replacement rules in advance: when an initially selected inmate is unavailable for reasons such as scheduled movement, medical restriction, or refusal, a pre-randomized alternate from the same housing stratum is used so geographic balance is preserved. When movement is restricted for clinical or safety reasons, interviews are brought to the inmate’s housing area rather than requiring transfer; this preserves inclusion while respecting security and medical constraints.

Some populations warrant deliberate oversampling to ensure their experiences are visible in findings. That practice is common and intentional for groups such as inmates with limited mobility or medical needs, LGBTI individuals and other gender-diverse inmates, persons with significant cognitive or developmental impairments, older adults, and program participants who move across the

facility daily. Oversampling these groups helps surface location- or population-specific issues—access to care, accommodations, supervision differences, or barriers to reporting—that a simple convenience or purely random sample might miss. Practical barriers frequently arise. Operational movement and lockups can prevent selected inmates from being available when planned. Clinical holds, protective-status restrictions, or heightened supervision needs can limit access unless interviews are conducted on-unit. Some inmates decline interviews because of distrust, survey fatigue, or fear of retaliation; others face language, literacy, or communication barriers that require interpreters, assistive devices, or adapted consent scripts. Finding a private space that assures confidentiality can be difficult in certain units, and roster errors or outdated housing lists can waste time and skew selection unless corrected quickly.

To address those barriers, best practice weaves flexibility and safeguards into the method. Sampling is stratified (by housing, shift, and program), with minimum quotas for each stratum and randomized selection within strata so the sample is fair and geographically diverse. Multiple contact attempts and multi-day windows increase completion rates, and prepared alternates minimize downtime when a selected person is unreachable. On-unit interviewing, scheduled in coordination with medical and security staff, enables participation from medically restricted or protective inmates. Interpreters and plain-language consent materials are arranged in advance to include limited-English and low-literacy participants. Interviewers use trauma-informed techniques—building rapport, allowing pauses, offering breaks, and clearly explaining confidentiality limits and the voluntary nature of participation—to reduce distress and encourage candid responses. All recruitment, consent, and non-response events are documented so patterns of refusal

or inaccessibility can be analyzed and reported.

Ethical and safety considerations shape every step. Participation is voluntary and informed; interviewers never pressure inmates to join and make clear that declining will not affect their treatment. Interviewers know mandatory reporting limits and explain them up front. If a participant becomes distressed, on-site clinical support is arranged. If an interview reveals an immediate safety concern, the auditor follows the facility’s reporting protocol while protecting the participant’s privacy to the greatest extent possible.

Finally, transparency about the sampling process is essential for credibility. The sampling frame, strata, quotas, randomization method, replacement rules, and any deviations are recorded and reported alongside response rates and reasons for non-participation. When small or vulnerable populations are intentionally oversampled, the rationale and how oversampling was implemented are explained. Where lockdowns, high refusal rates, or other constraints limited representation, those limitations are disclosed and their likely effects on generalizability are noted.

This integrated approach—stratified random selection, operationally feasible replacements, oversampling of key vulnerable groups, on-unit interviewing when needed, trauma-informed interviewing, language and accommodation planning, and full documentation—produces a geographically and operationally diverse interview sample. It reduces bias driven by location, shift, or program participation, improves the likelihood of complete and candid interviews, and strengthens the defensibility and usefulness of audit findings.

Targeted Inmate/Resident/Detainee Interviews

45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:

14

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no inmates in this category assigned to the facility. Consequently no one from this category was interviewed.</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>4</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no inmates in this category assigned to the facility. Consequently no one from this category was interviewed.</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>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no inmates in this category assigned to the facility. Consequently no one from this category was interviewed.</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no inmates in this category assigned to the facility. Consequently no one from this category was interviewed.</p>

<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>When selecting and interviewing targeted inmates, auditors intentionally oversample smaller, higher-risk groups—such as LGBTI individuals, those in medical or mental-health housing, older adults, and inmates with mobility or sensory impairments—to ensure their specific experiences are visible in findings rather than lost in a random sample. Practical barriers commonly encountered include operational movement (counts, programs, lockdowns), clinical or protective-status restrictions that limit transfers, language and communication needs, and higher refusal rates driven by distrust or fear of retaliation; auditors mitigate these by using stratified quotas, on-unit interviewing, pre-arranged alternates, and scheduled interpreter or accommodation support.</p> <p>Ethical and logistical safeguards are essential: participation is voluntary with clear informed consent and explained confidentiality limits, trauma-informed interviewing techniques are used to reduce distress, and immediate clinical or advocacy support is available if needed. All selection steps, replacements, non-responses, and accommodations are documented so the sample’s representativeness and any limitations are transparent, and coordination with facility PREA and clinical staff helps schedule interviews at appropriate times and improve participation among targeted populations.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>15</p>

<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input 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
The auditor used a purposeful, systematic approach to select staff for confidential interviews so the sample would reflect the facility's full operational footprint and the variety of roles that influence PREA practice. Selection intentionally spanned all shifts—day, evening, and night—and covered a wide range of departments, including security, medical and mental health, programs, classification, food service, maintenance, and administration. Within those areas, interviewees were drawn from different functional levels and responsibilities so the sample would include custody officers, clinicians, case managers, frontline support staff, and supervisory and administrative personnel, from recent hires to long-tenured employees. This design balanced random selection with deliberate coverage of key work areas to ensure the perspectives gathered were both broad and representative. Interviews were scheduled and coordinated to fit operational realities and minimize disruption; staff cooperation was high and logistical barriers were negligible. During interviews, personnel consistently demonstrated a solid, practical understanding of PREA expectations: mandatory reporting duties, first-responder actions, evidence preservation, confidentiality limits, retaliation safeguards, and avenues for inmate reporting and advocacy. They described how PREA principles are reinforced through routine practices—training refreshers, shift briefings, supervisory oversight, and visible leadership engagement—and how those practices translate into daily behaviors that prioritize safety, dignity, and accountability. Staff responses were candid and specific, offering concrete examples of coordinated response procedures, victim support linkages, and disciplinary processes.

Taken together, the staff interviews provided rich, actionable insight into how PREA standards are operationalized at the facility. They showed a workforce that is generally

well-trained, engaged, and attentive to PREA responsibilities, and they helped validate that policy and practice are aligned across shifts and departments. The findings from these interviews contributed directly to the audit's assessment of institutional culture, training effectiveness, supervisory practice, and the facility's ongoing commitment to preventing, detecting, and responding to sexual abuse and sexual harassment.

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.

<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>22</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>65. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>66. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><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)</p>

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 Mailroom Staff Food Service 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

The auditor intentionally concentrated interviews on staff whose day-to-day duties are central to PREA compliance and to the prevention, investigation, and care pathways that follow allegations of sexual abuse or sexual harassment. Selection targeted the agency PREA director and the institutional PREA compliance manager, trained investigative personnel assigned to sexual abuse cases, medical and mental-health clinicians who provide acute and ongoing victim care, members of the incident review team, retaliation monitors, intake and screening officers, classification and risk assessment coordinators, case managers, human resources professionals handling background checks and hiring decisions, and the trainers responsible for PREA education and professional development. This focused roster ensured the audit captured the detailed, role-specific knowledge needed to evaluate policy implementation, investigative integrity, clinical response, and institutional accountability.

The selection method combined purposeful targeting with a structured request for documentary support so that interviews would yield both procedural detail and documentary corroboration. Interview invitations were prioritized by functional responsibility and scheduled to accommodate operational demands; each interview included requests for key artifacts — investigation logs, incident review notes, MOU's with external providers, training curricula, medical/mental-health referral flows, and HR vetting records — so that explanations could be verified against evidence. Interviewers asked tailored questions about specialized procedures (forensic and evidentiary protocols, victim notification pathways, confidentiality safeguards, retaliation monitoring mechanisms), interagency coordination (SANE and advocacy partner interactions, DA referral practices), and the

administrative controls that sustain PREA performance (quality assurance reviews, data reporting, and staff accountability practices). This approach produced rich, practical insight into how policy is operationalized across functional areas rather than remaining purely theoretical.

Across interviews, specialized staff demonstrated advanced knowledge, technical competence, and a clear sense of responsibility for their PREA roles.

Investigators described case-management practices that preserve chain of custody and evidence integrity; medical and mental-health clinicians explained trauma-informed care pathways, forensic referral timing, and documentation protocols; PREA administrators and incident reviewers outlined how aggregate findings feed policy updates and staff training; HR staff detailed background-check and disciplinary workflows designed to prevent inappropriate hires or to address staff misconduct. Team members spoke about routine coordination — daily or weekly touchpoints among security, clinical, investigative, and advocacy staff — and how those touchpoints function to protect victims, support evidence collection, and ensure that corrective actions are tracked and evaluated. Logistics and cooperation for these interviews were strong: scheduling accommodated specialized staff availability, interview locations preserved confidentiality for candid discussion, and staff were prepared to reference policies, case files, and procedural guides on request. Interviewees were forthcoming and provided detailed examples that illustrated how the multidisciplinary PREA response operates in real time — from initial allegation to investigatory disposition, subsequent incident review, notification to victims, and any required administrative or criminal referrals.

The focused interviews with specialized staff were essential to validating that the facility's PREA framework is multidisciplinary, victim-centered, and sustained by institutional

systems for oversight and continuous improvement. The consistency of responses across different roles, the depth of procedural knowledge, and the demonstrated interdepartmental collaboration reinforced confidence that PREA standards are not only documented but actively integrated into the facility's operational fabric, supporting thorough investigations, trauma-informed care, ongoing training, and transparent accountability.

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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
75. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> 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

The on-site portion of the PREA audit included a thorough, unobstructed walkthrough of Hamilton A & I that was structured to assess how the physical plant, daily operations, and staff practice together create an environment that either supports or undermines sexual safety. From the moment the tour began, facility personnel demonstrated professional cooperation and transparency, providing open access to spaces and documentation and answering questions with detail and candor. Escorts and department leads facilitated movement through the compound without preset constraints, enabling spontaneous observations, unannounced area checks, and meaningful conversation with staff and inmates in their working and living environments.

The tour covered the facility's entire operational footprint across multiple shifts and security classifications. General population housing of various custody levels was observed alongside specialized areas: intake and classification where PREA screening occurs, administrative segregation and disciplinary housing, medical observation and mental-health crisis beds, protective-status locations, educational and vocational classrooms, program and work areas, food service and dining halls, visitation rooms, laundry, indoor and outdoor recreation yards, central control and camera monitoring centers, and administrative offices including investigative and PREA coordination spaces. At each stop, escorting staff explained the area's function, current population, staffing patterns, supervision protocols, camera coverage and blind-spot mitigation, and any planned or recent modifications to the physical plant intended to improve safety or privacy.

Particular attention was paid to how architectural features and operational practices align with PREA expectations for cross-gender viewing, searches, and privacy protections. PREA signage and educational

materials were visible throughout housing units, program spaces, medical clinics, and high-traffic common areas; these materials clearly communicated the agency's zero-tolerance stance, multiple reporting avenues (staff, third-party, anonymous hotline), information on victim advocacy and support services, and anti-retaliation protections. Materials were accessible and culturally appropriate, and where Spanish usage was required, bilingual information was available to support understanding. The placement and language of posted notices reflected an effort to reach inmates with differing literacy and language needs. Reporting mechanisms were carefully examined and found to be both accessible and functional. Confidential telephones designated for reporting sexual abuse and harassment were operational and positioned to permit private use; signage near phones explained anonymous and third-party reporting options in clear, plain language. Secure grievance forms and tamper-evident drop boxes were located in housing areas and program spaces to allow discreet submission of concerns. Hotline and advocacy contact information was posted in multiple locations—including restrooms, housing units, and recreation areas—so that access to external support did not depend on proximity to a single location or staff presence. Lighting, sightlines, and privacy safeguards were evaluated across shared and private spaces. Housing units, dayrooms, corridors, showers, and stairwells were well maintained and generally well lit, with particular attention to bathing and toilet areas where supervision must be balanced with dignity. Shower and restroom designs incorporated privacy features—partitions, strategic positioning, and partial screening—while staff sightlines and camera placement were arranged to reduce blind spots and enable timely response to emergencies. Security cameras, mirrors, and staff positioning were used in combination to maintain oversight without unnecessary

exposure, reflecting trauma-informed design choices aligned with PREA standards. Throughout the tour, the Auditor engaged in informal, confidential conversations with staff and inmates that supplemented observational findings with first-hand accounts of daily practice. Staff consistently described and demonstrated knowledge of PREA responsibilities: mandatory reporting, first-responder duties, evidence preservation procedures, confidentiality protocols, retaliation monitoring, and victim referral pathways. They discussed how PREA is reinforced operationally through training, shift briefings, supervisory oversight, and leadership visibility. Inmates interviewed during the tour likewise demonstrated awareness of their reporting rights and the mechanisms available to them; several described confidence in being able to report without fear of retaliation and identified specific reporting options and support resources.

Operational practices observed during the tour reflected an intentional alignment of policy, design, and practice: housing and program placements were visibly managed to support safety, movement and supervision patterns reflected staffing plans, and clinical and investigative spaces were equipped and organized to support trauma-informed care and evidence collection. Staff cooperation, the condition and configuration of the physical plant, accessible reporting mechanisms, and visible PREA messaging together evidenced a facility environment that prioritizes safety, dignity, and accountability.

In sum, the facility tour provided corroborating evidence that Hamilton A & I integrates PREA expectations into both its physical environment and routine operations. Unrestricted auditor access, forthright staff engagement, clear signage and reporting options, appropriate privacy measures, effective lighting and surveillance strategies, and informed inmates and staff collectively

support the conclusion that the institution demonstrates a committed, operational approach to PREA compliance, victim protection, and sustained institutional accountability.

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.).

DOCUMENTATION SAMPLING

Personnel and Training Records

As part of the audit process, the Auditor conducted a detailed review of fifty staff personnel files to evaluate compliance with PREA Standard 115.17, which governs hiring, promotion, and continued employment decisions for staff and contractors who may have contact with inmates. PREA requires agencies to conduct criminal background checks before hiring, make best efforts to contact prior institutional employers, directly ask applicants and employees about prior sexual misconduct, and maintain systems for ongoing background review of current staff and contractors. The files reviewed at Hamilton A & I were complete, orderly, and securely maintained, and each contained the key documents necessary to demonstrate compliance, including pre-employment criminal background checks, verification of employment eligibility and work authorization, reference inquiries to prior employers, documentation showing that applicants were questioned about prior sexual misconduct during the hiring process, and administrative adjudication records when individualized review was required. The records reviewed reflected a structured and consistent approach to screening and hiring that places clear emphasis on inmate safety, suitability for employment, and institutional integrity.

The facility also demonstrated compliance with PREA's continuing monitoring expectations under Standard 115.17. The documentation reviewed showed that criminal background checks are conducted on current staff on an ongoing basis and are coordinated with annual firearm qualification requirements for applicable security personnel, creating an integrated process for maintaining staff eligibility and identifying potentially disqualifying conduct throughout employment. This coordinated practice reflects a proactive and institutionalized approach to preserving workforce suitability

over time and aligns with PREA's requirement that agencies either conduct criminal background checks at least every five years or maintain another system for otherwise capturing relevant background information for current employees and contractors.

The Auditor separately reviewed fifty staff training files to assess compliance with PREA Standard 115.31, which requires employee training on the agency's zero-tolerance policy, reporting obligations, professional boundaries, recognizing signs of sexual abuse, first-responder duties, and the prohibition on retaliation. Each file contained clear documentation of completed training modules, training dates, instructor verification, and signed PREA acknowledgment forms confirming annual completion and understanding. The records demonstrated that staff at Hamilton A & I receive comprehensive instruction on the facility's zero-tolerance policy regarding sexual abuse and sexual harassment, mandatory reporting responsibilities and available reporting channels, professional boundary expectations, respectful and least intrusive search practices, signs and symptoms of sexual abuse and trauma, first-responder responsibilities including evidence preservation, and the prohibition on retaliation. Taken together, the training documentation showed that staff are adequately instructed and prepared to support a safe, respectful, and trauma-informed environment for inmates.

Volunteer Training

The Auditor reviewed fifty volunteer training files to evaluate compliance with PREA Standard 115.32, which requires that volunteers and contractors who have contact with inmates be trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies. Each file contained complete documentation of training completion as well as a signed PREA acknowledgment form verifying the

volunteer's understanding of the content presented. The records were consistent, complete, and well maintained, confirming that volunteers receive appropriate PREA education before any authorized interaction with inmates. The documentation further reflected that volunteers are instructed in mandatory reporting requirements, recognition of indicators of sexual abuse, maintenance of professional boundaries, and expectations for safe, respectful, and informed interaction with inmates in a correctional setting.

Contractor Training

Contractor training documentation was also reviewed to assess compliance with PREA Standard 115.32. The Auditor examined five non-medical contractor files, each of which included clear documentation of PREA training completion along with signed acknowledgment forms. These records demonstrated that non-medical contractors are informed of PREA requirements, reporting duties, and professional conduct standards before being authorized to work within Hamilton A & I.

In addition, forty-four health services contractor training files were reviewed. Each file contained documentation confirming completion of PREA training together with signed acknowledgment forms. The records were organized, consistent, and complete, demonstrating that medical and mental health contractors are appropriately trained to operate in a safe, professional, confidential, and compliant manner and to support trauma-informed, victim-centered care for inmates when allegations of sexual abuse or sexual harassment arise.

Specialized Training

The Auditor reviewed specialized training records for fifteen investigators assigned to PREA-related cases to assess compliance with PREA Standard 115.34, which requires additional training for investigators in conducting sexual abuse investigations in confinement settings, including interviewing

victims, evidence collection, the use of Miranda and Garrity warnings, and the evidence needed for administrative action or criminal referral. Each file contained documentation confirming successful completion of the required specialized training. The records showed preparation in conducting investigations in correctional settings, trauma-informed interviewing, evidence preservation and collection, credibility assessment without improper bias, and coordination with prosecutorial authorities. This training equips investigators to conduct thorough, impartial, and professional investigations consistent with PREA standards and accepted investigative practice.

The Auditor also reviewed specialized training files for forty-four medical and mental health practitioners to assess compliance with PREA Standard 115.35, which requires specialized training for medical and mental health staff in detecting and assessing signs of sexual abuse, preserving physical evidence, responding effectively and professionally to victims, and providing trauma-informed care. Each file contained documentation verifying completion of relevant specialized PREA training. The records reflected that clinical staff are prepared to identify signs of abuse and trauma, preserve relevant evidence when indicated, respond sensitively to alleged victims, and provide appropriate, evidence-based, victim-centered care in response to allegations of sexual abuse and sexual harassment.

Inmate Records

A random sample of forty-nine inmate files representing admissions during the previous twelve months was reviewed to assess compliance with PREA Standard 115.33, which requires that inmates receive information at intake about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment, followed by comprehensive education within a reasonably brief period.

Each file included a signed acknowledgment confirming receipt of PREA education.

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

Interviews and record reviews confirmed that all forty-nine inmates in the sample received PREA education as part of the intake process, consistent with agency policy and PREA requirements. The records showed that inmates were informed of their rights, reporting options, and available support services, supporting the conclusion that Hamilton A & I maintains a reliable and consistent inmate education process.

Risk Assessments and Reassessments

To evaluate compliance with PREA Standard 115.41, the Auditor reviewed fifty inmate files for risk screening and reassessment documentation. PREA requires that all inmates be screened within 72 hours of arrival using an objective instrument and be reassessed within 30 days based on any additional information received by the facility. Each file reviewed at Hamilton A & I demonstrated that an individualized initial screening was completed within 72 hours of arrival using the standardized PREA screening instrument. In addition, all files included a reassessment completed within 30 days of intake to evaluate any change in risk factors, vulnerability indicators, or housing needs. The consistency and completeness of these records showed that Hamilton A & I maintains a structured and dependable process for identifying inmates who may be vulnerable to sexual victimization or who may present risk to others. The records further reflected compliance with PREA's requirement that screening information be updated and used to inform housing, programming, and supervision decisions in a trauma-informed and individualized manner.

Grievances

According to the Pre-Audit Questionnaire and as confirmed through interviews with the PREA Compliance Manager, zero grievances were filed specifically as sexual abuse or sexual harassment grievances during the audit period. Documentation reflected that when concerns involving sexual safety were raised through the grievance system, they were immediately redirected into the PREA reporting and investigative process rather than being handled only as ordinary grievances. This practice is consistent with PREA's requirement that agencies not impose time limits on inmate submission of grievances alleging sexual abuse and that such matters receive prompt and proper handling under specialized sexual abuse response procedures.

Record reviews confirmed that allegations were documented appropriately, witness statements were obtained, alleged victims were offered support services, and all matters were addressed in accordance with PREA procedures and the timelines applicable to reporting and investigations. This demonstrated that the grievance channel does not function as a substitute for PREA response, but rather as another avenue through which concerns may be identified and promptly referred for appropriate action.

Incident Reports

Documentation and staff interviews confirmed that Hamilton A & I recorded zero allegations of sexual abuse and seven allegations of sexual harassment during the previous twelve months. The Auditor reviewed all seven incident reports and found each file to be complete, organized, and consistent with established reporting expectations. PREA Standard 115.61 requires staff to immediately report any knowledge, suspicion, or information regarding sexual abuse or sexual harassment and requires agencies to maintain procedures for forwarding allegations for investigation. The incident reports reviewed reflected that allegations were documented in a manner consistent with

those obligations and properly referred for follow-up action.

Investigation Records

The Auditor reviewed all PREA investigative files corresponding to the allegations reported during the same twelve-month period to assess compliance with PREA Standard 115.71. PREA requires that administrative and criminal investigations be prompt, thorough, objective, and documented, and that investigators gather direct and circumstantial evidence, including witness statements and credibility assessments, while preserving the integrity of the process. Each investigative file at Hamilton A & I contained the required documentation, including investigative reports, supporting evidence, witness statements, credibility assessments, and final determinations. The files reflected that investigations were initiated promptly, conducted in an organized manner, and completed within established timelines. Overall, the review of investigative documentation showed a consistent, structured, and professional approach to responding to allegations. The records were detailed, objective, and aligned with PREA investigative standards, reinforcing Hamilton A & I's commitment to accountability, transparency, victim protection, and 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	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	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	6	0	6	0
Staff-on-inmate sexual harassment	1	1	0	0
Total	7	1	6	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	1	0	0	0	0
Total	1	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	9	0	4	2
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	4	2

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:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were zero sexual abuse allegations in the past 12 months.

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

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>7</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>6</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files

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

1

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

Yes

No

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

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

Yes

No

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

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

Sexual Abuse Allegations

Over the past year, there were 0 allegations of sexual abuse.

Subsequently zero forensic examinations were conducted during the past twelve months.

Sexual Harassment Allegations

Within the same twelve-month period, the facility received seven allegations of sexual harassment. Of the seven allegations, six involved inmate-on-inmate conduct. These allegations were promptly investigated in accordance with agency procedures and administrative investigative standards. Following a thorough review, four were determined to be unsubstantiated and two were substantiated. 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. The remaining sexual harassment allegation involved staff-on-inmate conduct. This allegation was promptly investigated in accordance with agency procedures and criminal investigative standards. This allegation remained open at the time of the on-site audit.

Because the allegations were classified as sexual harassment rather than sexual abuse, a formal sexual abuse incident review was not conducted.

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.

Yes

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 Service</p>

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>Prior to and during the on-site audit at Hamilton A & I, the Auditor conducted a careful, methodical review of extensive documentation to assess compliance with Standard §115.11, which governs the authority, placement, and effectiveness of the agency’s PREA coordination structure. This review began with a detailed examination of the Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by the Alabama Department of Corrections (ADOC). Together, these materials presented a clear, well-organized, and comprehensive picture of the agency’s PREA framework and its operational consistency.</p> <p>A central component of this review was Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated May 29, 2025. This policy serves as the foundation of ADOC’s PREA compliance efforts, outlining clear expectations, defined authority, and standardized procedures designed to prevent, detect, and respond to sexual abuse and sexual harassment involving inmates. The</p>

policy reflects PREA-aligned language and reinforces the agency's Zero Tolerance mandate.

Additional documentation provided meaningful insight into daily institutional practices and inmate education efforts. These materials included the ADOC Inmate Awareness pamphlet, available in both English and Spanish, and the Inmate Handbook dated September 25, 2017, both of which communicate PREA rights and reporting mechanisms to inmates in accessible language. The organizational chart further clarified lines of authority, demonstrating a structured chain of command that supports PREA oversight. Documentation outlining the qualifications, training, and experience of the PREA Director and Institutional PREA Compliance Managers (IPCMs) reflected a deliberate and professional approach to staffing these critical roles. Collectively, the documentation illustrates a coordinated, accountable, and proactive system designed to support PREA compliance across all levels of the agency.

INTERVIEWS

Interviews conducted with both facility-level and agency-level staff at Hamilton A & I offered valuable perspective on how PREA responsibilities are carried out in practice. Staff consistently demonstrated a clear understanding of their roles and responsibilities under PREA, as well as a shared commitment to maintaining a safe environment for inmates through adherence to the agency's Zero Tolerance policy.

The Institutional PREA Compliance Manager (IPCM) at Hamilton A & I described a structured and focused role that allows for dedicated attention to PREA-related responsibilities. The IPCM explained how daily duties include monitoring compliance, coordinating prevention strategies, ensuring timely reporting, and overseeing follow-up actions related to allegations of sexual abuse or sexual harassment. The IPCM emphasized strong collaboration with facility leadership, noting that communication is open, consistent, and supportive. Access to resources and leadership engagement allows for effective implementation of PREA standards and reinforces accountability throughout the facility.

At the agency level, the PREA Director provided a broader, strategic overview of PREA coordination across ADOC. The Director described maintaining direct access to executive leadership, which supports timely communication, efficient decision-making, and appropriate allocation of resources. Regular communication with IPCMs is maintained through meetings, written correspondence, and facility visits, ensuring consistency in PREA practices statewide. The Director also emphasized the importance of training, mentorship, and ongoing professional development for IPCMs, ensuring each facility operates under the same standards and expectations. The Zero Tolerance philosophy is reinforced at every level of the organization and remains central to ADOC's culture and operations.

Together, these interviews reflect a cohesive, well-coordinated PREA structure in which both facility and agency leadership operate with clarity, authority, and a unified commitment to inmate safety.

PROVISIONS

Provision (a) - Zero Tolerance Policy and Comprehensive PREA Framework

The Alabama Department of Corrections demonstrates a strong and clearly articulated commitment to a Zero Tolerance policy prohibiting all forms of sexual abuse and sexual harassment involving inmates. This commitment is embedded throughout agency operations and is supported by comprehensive policies that address prevention, detection, reporting, and response in alignment with PREA standards.

Administrative Regulation #454, Section II, establishes an unequivocal prohibition against sexual abuse, sexual harassment, and sexual misconduct in all ADOC facilities, including Hamilton A & I. This prohibition applies to all interactions, including staff-on-inmate and inmate-on-inmate conduct, regardless of consent or coercion, consistent with PREA definitions and expectations. The policy is written in clear, directive language that promotes consistent understanding among staff and inmates.

Further guidance is provided in Section III of AR #454 and in the Inmate Handbook, where definitions of prohibited conduct, reporting options, and investigative outcomes—such as substantiated, unsubstantiated, and unfounded—are clearly outlined. These provisions support a prevention-focused environment that prioritizes inmate safety, promotes accountability, and ensures that all allegations are handled in a structured and consistent manner.

Provision (b) - PREA Director Authority, Organizational Placement, and Oversight

The organizational structure of ADOC reflects that the PREA Director holds a high-level leadership position with sufficient authority and visibility to effectively manage and oversee PREA compliance efforts across all facilities, including Hamilton A & I. This position is strategically placed to ensure direct access to executive leadership, enabling prompt decision-making and effective allocation of resources.

The PREA Director is supported by a statewide network of Institutional PREA Compliance Managers and designated alternates, ensuring continuity and consistency in PREA implementation. Administrative Regulation #454 outlines the Director's responsibilities, which include coordinating efforts to prevent, detect, and respond to sexual abuse and sexual harassment, maintaining system-wide data, conducting audits, and collaborating with facility leadership and other divisions.

This structure promotes a clear chain of command and accountability, ensuring that PREA responsibilities are distributed effectively across all levels of the organization. The alignment between policy, leadership, and operational practice supports a unified and consistent approach to inmate safety and PREA compliance.

Provision (c) - Facility-Level PREA Coordination and IPCM Independence

At Hamilton A & I, a designated Institutional PREA Compliance Manager (IPCM) is assigned to oversee facility-level PREA compliance, reflecting a standardized

approach across ADOC. The IPCM plays a critical role in coordinating prevention efforts, monitoring compliance, and ensuring that all allegations of sexual abuse and sexual harassment are properly reported, documented, and addressed.

The IPCM operates with a level of independence that supports objectivity and integrity in PREA-related matters. Reporting through investigative channels, such as the ADOC Investigation Division or the Office of the Inspector General, rather than solely through facility administration, strengthens impartial oversight and reinforces adherence to PREA standards.

Administrative Regulation #454 clearly defines the IPCM’s responsibilities, which include conducting internal reviews, tracking incidents, facilitating corrective actions, and supporting ongoing compliance efforts. This structured approach ensures that PREA practices at Hamilton A & I remain consistent, transparent, and aligned with agency expectations, while prioritizing the safety and well-being of all inmates.

CONCLUSION

Based on a comprehensive review of documentation, policy, and interviews conducted at Hamilton A & I, the Auditor determined that the Alabama Department of Corrections meets the requirements of Standard §115.11. The PREA Director maintains appropriate authority and organizational positioning to effectively oversee PREA compliance statewide, while the IPCM at the facility level demonstrates the knowledge, independence, and commitment necessary to implement these standards in daily operations.

This coordinated and well-established system reflects ADOC’s continued dedication to its Zero Tolerance philosophy and its responsibility to protect inmates from sexual abuse and sexual harassment through strong leadership, clear policy, and consistent practice.

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>To determine compliance with PREA Standard §115.12, the Auditor carried out a detailed and methodical review of materials provided by the Alabama Department of Corrections (ADOC). The review focused on assessing whether federal PREA requirements are not only included in but also enforceable within all contracts for the confinement of ADOC inmates held by private or county-operated entities.</p> <p>The evaluation included the facility’s completed Pre-Audit Questionnaire (PAQ) and its extensive supporting documentation, with particular attention to Administrative</p>

Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment (May 29, 2025). This regulation clearly defines agency-wide roles, responsibilities, and compliance expectations related to PREA.

Additionally, the Auditor examined ADOC Contract C210052136 with GEO Reentry, Inc.—a confinement services agreement renewed on December 1, 2025, marking the third renewal of the contract. The renewal period and incorporated clauses reflect an established pattern of maintaining PREA-focused language across all contractual renewals.

The collective documentation demonstrates that ADOC has built a consistent, enforceable structure that demands compliance with PREA standards from every contracted provider. Contracts are not executed without clear obligations for sexual safety, reporting, and accountability. PREA adherence, therefore, functions as a standing condition of partnership rather than an aspirational goal.

Interviews

Insight from interviews further affirmed how ADOC’s contractual expectations are implemented and monitored in practice.

Agency Contract Administrator

The Agency Contract Administrator explained that ADOC holds active confinement agreements with a range of external partners, including both private corporations and county-operated detention facilities. According to the Administrator, every potential contractor must first demonstrate the ability to comply fully with PREA requirements before entering into any contractual arrangement.

During the discussion, it was emphasized that PREA compliance is a firm and non-negotiable term—failure or refusal to meet federal standards immediately disqualifies an entity from being considered for partnership. The Administrator elaborated that executed contracts contain specific PREA clauses defining expectations for prevention, detection, and reporting, while reserving ADOC’s authority to monitor and verify compliance throughout the contract term.

Oversight extends beyond documentation review. The Administrator described a robust system of performance evaluations, on-site inspections when appropriate, and continuous communication with contractors. These layers of oversight ensure that standards of sexual safety, prevention, and reporting remain consistent between agency-operated and contracted settings. The process thus establishes a culture of compliance and accountability rooted in both policy and daily oversight practices.

Provisions

Provision (a): Embedding PREA Standards Within Contractual Language

The PAQ and document review confirmed that ADOC mandates explicit PREA compliance clauses in every contract governing the confinement of inmates. These clauses outline each contractor’s obligations, specify prohibited conduct, and

delineate clear expectations for reporting and oversight. They also formalize ADOC's authority to access information, conduct audits, and verify adherence to PREA standards.

Administrative Regulation #454 reinforces this expectation by assigning responsibility to the ADOC General Counsel to ensure the inclusion of PREA language in all such agreements. The regulation likewise requires continuous monitoring of contractor compliance as a central administrative function.

A detailed analysis of ADOC Contract C210052136 with GEO Reentry, Inc. revealed comprehensive compliance language. Section 3.39 of the agreement specifically references both Alabama Code Section 14-11-31 and 28 C.F.R. Part 115—firmly binding the contractor to federal and state PREA mandates. The provision reaffirms ADOC's zero-tolerance commitment and establishes detailed enforcement measures.

The contract obligates the contractor to report immediately any alleged or confirmed PREA-related misconduct to facility management and the ADOC PREA Director or designated Contract Monitor. It guarantees the Contract Monitor unrestricted access to records relevant to PREA compliance, mandates specialized training for all staff and subcontractors, and requires submission of findings from any Department of Justice-certified PREA audits. Together, these elements form an unambiguous, enforceable framework that positions ADOC to maintain continuous compliance oversight across all contracted confinement operations.

Relevant Policy:

ADOC AR #454, Section IV, Responsibilities, D, p. 6

Provision (b): Enforcing Oversight and Continuous Compliance

The PAQ further demonstrated that ADOC's contracts go beyond compliance language by embedding institutional monitoring mechanisms that ensure active enforcement. These provisions establish ADOC's ongoing authority to verify adherence to PREA standards throughout the lifespan of each agreement.

Contracts empower ADOC to conduct regular reviews of contractor operations, policies, and procedures. This includes authorization to initiate investigations, review incident documentation, and require immediate notification when any PREA-related allegation arises. Contractors must provide full documentation—including incident reports, investigative findings, and outcomes—directly to the ADOC PREA Coordinator or Contract Monitor for review and follow-up.

This system of ongoing oversight ensures that compliance does not end with contract execution. Instead, it is a dynamic process supported by auditing, documentation analysis, and corrective action when necessary. ADOC maintains full visibility of contractor performance, allowing the agency to identify deficiencies promptly and intervene decisively to preserve inmate safety and federal compliance integrity.

Conclusion

	<p>After a complete review of relevant regulations, contractual documents, and the Pre-Audit Questionnaire, along with the insights gained from staff interviews, the Auditor finds the Alabama Department of Corrections to be in full compliance with PREA Standard §115.12.</p> <p>ADOC has firmly integrated PREA obligations into every aspect of its contractual framework, ensuring that external confinement partners uphold the same zero-tolerance principles applied within ADOC-operated facilities. Through explicit contractual clauses, systematic monitoring, and active administrative oversight, the Department safeguards the sexual safety, dignity, and rights of every inmate entrusted to its custody or contracted care.</p> <p>This institutionalized approach demonstrates ADOC’s sustained and comprehensive commitment to accountability, transparency, and the highest standards of compliance within correctional partnerships.</p>
--	---

115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review</p> <p>Prior to the on-site audit, Hamilton A & I provided a comprehensive and well-organized body of documentation through the Pre-Audit Questionnaire (PAQ). This submission offered detailed insight into the facility’s structured approach to staffing, supervision practices, and ongoing monitoring systems designed to uphold safety and accountability. The Auditor conducted an in-depth review of ADOC Administrative Regulation (AR) #454 - Operations & Legal: Inmate Sexual Abuse and Harassment (effective May 29, 2025), along with a range of facility-specific materials. These included the Annual PREA Staffing Plan Review (ADOC Form 454-J), the Log of Unannounced Rounds (ADOC Form 454-K), documented staffing deviation records, facility blueprints, the Facility Vulnerability Assessment Form, the Facility Staffing Plan Checklist, and the current Facility Staffing Plan.</p> <p>Collectively, these materials illustrated a deliberate and methodical approach to staffing analysis that integrates institutional safety priorities with PREA compliance requirements. The documentation reflected a facility that not only maintains required records but actively uses them to inform operational decisions, assess risk, and ensure appropriate levels of supervision. This comprehensive review established a strong evidentiary foundation for assessing compliance with PREA Standard §115.13, particularly in relation to staffing adequacy, supervisory practices, and monitoring systems intended to deter, detect, and respond to sexual abuse and harassment.</p> <p>Observations</p>

During the on-site portion of the audit, the Auditor conducted multiple unannounced inspections of housing unit logbooks, supervisory reports, and operational records across different shifts. These reviews revealed consistent and timely documentation of supervisory rounds conducted by intermediate- and higher-level staff. Entries reflected not only compliance with policy requirements but also a pattern of active engagement and routine oversight.

Supervisory staff were directly observed moving throughout housing units and program areas, interacting with both staff and inmates, reviewing log entries, and visually assessing environmental conditions. Their presence was neither sporadic nor symbolic; instead, it demonstrated an embedded culture of accountability and vigilance. The consistency of these practices reinforced the facility's commitment to maintaining a safe environment through visible and proactive supervision, a key expectation under PREA §115.13.

Interviews

Facility Head

Discussions with facility leadership, supervisory personnel, line staff, and inmates collectively presented a cohesive picture of structured oversight and consistent staffing practices. The Facility Head described staffing as a foundational element directly tied to institutional safety, emphasizing that adequate coverage ensures both security and uninterrupted access to programming. With a workforce of 105 employees, including seven hired staff members, the facility aligns staffing resources with operational demands and inmate movement schedules. The Facility Head also noted that expanded video monitoring capabilities have significantly enhanced situational awareness, allowing for improved supervision across physical spaces that may otherwise present challenges. Importantly, no programs had been suspended due to staffing shortages within the past year, indicating stability in operational capacity.

The Institution PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager (IPCM) described an active and ongoing role in staffing oversight, emphasizing collaboration with leadership to evaluate how staffing patterns affect inmate safety and access to services. The IPCM participates directly in the annual staffing plan review process, examining supervision trends, camera placement and functionality, and identified areas of vulnerability. This involvement ensures that PREA considerations remain central to staffing decisions and that adjustments are made in response to evolving risks.

Supervisory Staff

Supervisory staff explained that unannounced rounds are conducted across all shifts with intentional variability to preserve their effectiveness. These rounds are not predictable and are designed to provide authentic assessments of facility operations. Supervisors described using these opportunities to engage with staff, reinforce expectations, and identify any emerging concerns. Documentation reviewed during

the audit confirmed that these rounds are consistently recorded and aligned with established policy.

Line Staff

Line staff reported frequent interaction with supervisors, noting that supervisory presence is routine and that logbooks are regularly reviewed for accuracy and completeness. Staff demonstrated a clear understanding of the prohibition against providing advance notice of supervisory rounds, recognizing this requirement as essential to maintaining integrity in monitoring practices. Observations during the audit supported these statements, as supervisory activity appeared natural and unscripted.

Inmates

Inmates consistently reported that supervisory staff, including the IPCM, are visible and accessible within the facility. Many described staff as responsive and approachable, indicating that concerns can be raised without undue difficulty. This visibility contributes to a climate where accountability is reinforced, and inmates are more likely to feel secure in reporting issues, aligning with PREA's emphasis on creating an environment that supports reporting and prevention.

Provisions

Provision (a) - Comprehensive Staffing Plan Development Reflecting Operational Demands

The PAQ confirmed that Hamilton A & I maintains a staffing plan that is formally reviewed on an annual basis and is based on an average daily population of approximately 295 inmates. This plan incorporates all required PREA elements, including consideration of physical plant layout, inmate classification levels, prevalence of substantiated and unsubstantiated incidents, and the need for adequate supervision in both housing and program areas.

AR #454 requires Wardens to develop and maintain staffing plans that are compliant with PREA standards, with oversight and approval from the PREA Director through the use of ADOC Form 454-J. SOP Procedure C-67 further defines staffing expectations, including protocols for maintaining essential posts and addressing potential closures. The staffing plan observed during the audit was consistent with actual facility operations, demonstrating alignment between documented expectations and real-world implementation. This structured approach reflects PREA's requirement that facilities systematically assess staffing needs to ensure adequate levels of supervision and monitoring to protect inmates from sexual abuse.

Provision (b) - Structured Implementation of Staffing Plan and Documented Deviations from Required Coverage

Hamilton A & I demonstrates consistent implementation of its staffing plan, with a primary focus on maintaining required security posts, essential for adequate supervision of a 300-inmate population. In accordance with PREA Standard

§115.13(b), the facility makes every reasonable effort to comply with the approved staffing plan and to ensure that deviations are limited, justified, and properly documented.

When staffing shortages arise, the facility employs structured mitigation measures, including the use of authorized overtime and the temporary reassignment of personnel from non-critical assignments to mandatory posts. These adjustments are coordinated and documented by the Watch Commander, ensuring that all deviations from the staffing plan are tracked, reviewed, and supported by operational necessity. This practice reflects an established system of accountability and aligns with PREA requirements for documenting and justifying departures from planned staffing levels.

Review of staffing deviation logs confirmed that all identified variances were recorded in accordance with agency policy. Documented reasons for deviations over the previous 12 months, as reported in the PAQ, included medical transport assignments, officer call-ins, hospital security coverage, and staff training obligations. These factors represent legitimate operational demands that required temporary redistribution of staff resources.

Despite these deviations, the facility maintained essential supervision levels and did not suspend or limit inmate programming, services, or access to care. This indicates that the facility's contingency practices are effective in preserving operational continuity while maintaining compliance with PREA's requirement to protect inmates from sexual abuse through adequate staffing and supervision.

Provision (c) - Annual Staffing Plan Review with Multilevel Oversight

The annual staffing plan review process at Hamilton A & I is comprehensive and involves input from executive leadership, the IPCM, and other key stakeholders. This process includes a thorough evaluation of staffing levels, supervision patterns, video monitoring coverage, and any physical modifications to the facility that may impact visibility or security.

The review process also incorporates findings from internal audits, incident reports, and identified vulnerabilities, ensuring that the staffing plan evolves in response to changing conditions. Security enhancements such as operational camera systems and the strategic use of mirrors were confirmed during the audit. Completed Form 454-J documents were current and had been submitted to the PREA Director as required. This ongoing review process reflects PREA §115.13's requirement for facilities to continuously assess and adjust staffing plans to maintain effective supervision and monitoring.

Provision (d) - Unannounced Supervisory Rounds Ensuring Active and Unpredictable Oversight

Supervisory staff at Hamilton A & I conduct unannounced rounds across all shifts, covering housing units and program areas in a manner that is intentionally unpredictable. These rounds are documented in Shift Reports and on Form 454-G, including the date, time, and identity of the supervisor conducting the round. In

addition, PREA hotline checks are conducted during each shift to ensure accessibility and functionality.

Logbook reviews confirmed that these rounds are consistently performed and properly documented. During the audit, supervisors were observed conducting rounds in a professional and engaged manner, interacting with both staff and inmates. Staff demonstrated a clear understanding that advance notice of such rounds is strictly prohibited, a requirement that is consistently enforced. This practice aligns directly with PREA §115.13, which emphasizes the importance of unannounced supervisory presence as a deterrent to misconduct and a mechanism for identifying and addressing potential risks in real time.

Conclusion

The totality of documentation, staffing records, supervisory logs, interviews, and direct observations confirms that Hamilton A & I is in compliance with PREA Standard §115.13. The facility has established a structured and responsive staffing plan that is reviewed annually, effectively implemented, and supported by continuous monitoring practices. Deviations are managed without disruption to operations, and unannounced supervisory rounds are conducted consistently and documented appropriately.

These combined efforts demonstrate a coordinated system of supervision and oversight that supports the prevention, detection, and response to sexual abuse and harassment, consistent with PREA’s core objectives of safety, accountability, and institutional transparency.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>Prior to the on-site audit, Hamilton A & I submitted a comprehensive, well-organized, and detailed body of documentation through the Pre-Audit Questionnaire (PAQ). The materials reflected a high level of institutional diligence, operational transparency, and procedural consistency, providing a clear picture of the facility’s classification systems and population management practices as they relate to youthful inmate prohibitions.</p> <p>Central to this review was Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations & Legal: Inmate Sexual Abuse and Harassment (effective May 29, 2025). This regulation establishes the Department’s Zero Tolerance standard for sexual abuse and sexual harassment and provides the structural framework for PREA compliance, including strict requirements governing the</p>

identification, classification, and housing of inmates based on age. The policy explicitly supports PREA Standard §115.14 by requiring systems that prevent the placement of youthful inmates in adult facilities and eliminate the possibility of commingling.

Supporting documentation, including classification records, intake procedures, and institutional verification practices, consistently demonstrated that Hamilton A & I operates exclusively as an adult correctional facility. Established controls ensure that youthful inmates, as defined under PREA, are neither admitted nor housed at any stage of facility operations. The documentation further reflected a system of layered verification and accountability designed to prevent classification errors and ensure ongoing compliance.

OBSERVATIONS

During the on-site audit, the Auditor conducted a comprehensive inspection of housing units, intake and classification areas, and institutional records to verify the demographic composition of the inmate population. Observations confirmed that Hamilton A & I maintains a strictly adult population, with no evidence of youthful inmates present within the facility.

Facility rosters, intake logs, and official inmate records were reviewed in detail, including verification of dates of birth and classification status. No individuals meeting the definition of a youthful inmate were identified. The physical layout and operational environment further supported this finding, as all housing units, programming areas, and security structures were designed exclusively for adult inmate management.

There were no designated youthful housing areas, no structural accommodations for younger individuals, and no operational indicators suggesting the presence or management of youthful inmates. These observations were fully consistent with the documentation reviewed and reinforced the conclusion that the facility maintains compliance with PREA requirements by preventing the admission and housing of youthful inmates.

INTERVIEWS

Information gathered from interviews with facility leadership, the Institutional PREA Compliance Manager (IPCM), and staff confirmed a coordinated and well-established approach to classification and intake procedures that prevents the placement of youthful inmates at Hamilton A & I.

Facility Head

The Facility Head explained that Hamilton A & I is designated solely for adult inmates and emphasized that intake procedures include multiple verification points to confirm age and classification status prior to housing assignment. These safeguards include review of official documentation, electronic records, and classification data systems. The Facility Head noted that institutional systems are designed to quickly identify

discrepancies and that, in the unlikely event of an error, immediate coordination with central office would occur to facilitate prompt transfer to an appropriate facility. This process ensures that youthful inmates are never housed in an adult setting, consistent with PREA requirements.

Institutional PREA Compliance Manager (IPCM)

The IPCM described ongoing monitoring practices that reinforce classification accuracy, including routine review of inmate records and cross-system verification. The IPCM referenced formal documentation confirming the non-occurrence of youthful inmates at the facility and emphasized a proactive approach to compliance. In the event that a youthful inmate were inadvertently received, the IPCM stated that immediate corrective action would be taken, including notification to appropriate authorities and expedited reassignment. This reflects a clear understanding of PREA §115.14 and a commitment to strict adherence through continuous oversight.

Staff

Staff interviews further supported these findings, as personnel demonstrated awareness of classification procedures and the importance of preventing any commingling of youthful and adult inmates. Across all interviews, responses reflected consistency, coordination, and familiarity with PREA expectations.

As confirmed through documentation, observation, and interviews, no youthful inmates were present at Hamilton A & I at the time of the audit; therefore, interviews with youthful inmates were not applicable.

PROVISIONS

Provision (a) - Verified Prohibition of Youthful Inmate Housing Through Robust Classification Systems

Hamilton A & I demonstrates a clear and consistently applied practice of prohibiting the admission and housing of youthful inmates. This determination is supported by documentation, direct observation, and multiple levels of verification throughout intake and classification processes.

The facility utilizes a structured classification system that requires confirmation of inmate age at intake and ongoing validation throughout incarceration. Records reviewed, including intake documentation and inmate rosters, confirmed that all individuals housed at the facility meet adult classification criteria. These processes are supported by coordinated communication among intake staff, classification personnel, and facility leadership, ensuring that classification decisions are accurate, consistent, and compliant with PREA requirements.

This approach reflects PREA §115.14(a), which mandates that youthful inmates shall not be placed in adult facilities unless specific separation requirements are met. Hamilton A & I exceeds this requirement by eliminating the presence of youthful inmates entirely through effective classification controls.

Relevant Policy:

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

Provision (b) - Non-Applicability of Sight and Sound Separation Due to Absence of Youthful Inmates

Provision (b) is not applicable at Hamilton A & I, as the facility does not house youthful inmates and therefore does not require implementation of sight and sound separation measures.

Despite this, interviews and documentation confirm that staff maintain a clear understanding of PREA requirements related to the separation of youthful and adult inmates. Personnel demonstrated awareness that, if such a situation were to occur, youthful inmates would be separated in a manner that prevents visual, auditory, and physical contact with adult inmates, including during housing, programming, and movement.

This demonstrated level of awareness and preparedness reflects a proactive compliance posture and ensures that the facility would be capable of immediately implementing required protections consistent with PREA §115.14(b) if circumstances were to change.

Relevant Policy:

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

Provision (c) - Non-Applicability of Specialized Supervision Requirements with Established Contingency Safeguards

Provision (c) is likewise not applicable, as Hamilton A & I does not house youthful inmates and therefore does not operate specialized housing or supervision protocols for this population.

However, the facility maintains preventative safeguards within its intake and classification systems designed to immediately identify and correct any classification errors. These safeguards include multiple verification checkpoints, cross-referencing of records, and established procedures for rapid notification and transfer should a youthful inmate be inadvertently received.

This level of preparedness aligns with PREA expectations that facilities maintain the ability to respond immediately to classification issues and ensure that youthful inmates are afforded required protections without delay. The facility's approach reflects a forward-thinking and preventative compliance strategy that prioritizes accuracy, safety, and adherence to PREA standards.

Relevant Policy:

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

CONCLUSION

Based on a comprehensive review of documentation, on-site observations, and interviews with facility personnel, the Auditor determined that Hamilton A & I is in full compliance with PREA Standard §115.14. The facility does not house youthful inmates, and its classification and intake systems are structured to ensure that this status is consistently maintained.

Facility leadership and PREA staff demonstrated a thorough and practical understanding of youthful inmate requirements, supported by strong procedural safeguards and effective communication systems. The absence of youthful inmates, combined with clearly defined contingency protocols, reflects a high level of operational control and compliance readiness.

115.15 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.15, Hamilton A & I submitted a comprehensive and well-structured set of materials through the Pre-Audit Questionnaire (PAQ). The documentation reflected a clear institutional commitment to conducting searches and supervision in a manner that preserves inmate dignity while adhering strictly to PREA standards governing cross-gender interactions.

The Auditor conducted a detailed review of Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment (effective May 29, 2025), Administrative Regulation #336, Searches (effective February 8, 2016), and Standard Operating Procedure (SOP) C-2, Searches (effective February 9, 2022). These governing policies collectively establish clear limitations on cross-gender viewing and searches, explicitly prohibiting cross-gender strip searches and visual body cavity searches except under narrowly defined exigent circumstances or when performed by qualified medical personnel.

Additional documentation, including ADOC Form 302-A (Incident Report) and training records, confirmed that staff receive comprehensive instruction on conducting searches of inmates, including those who are transgender or intersex. Training materials reflect a trauma-informed and gender-responsive approach, emphasizing professionalism, communication, and the preservation of privacy. The documentation demonstrated a cohesive system of policy, training, and accountability measures designed to ensure compliance with PREA and protect inmates from unnecessary or

inappropriate exposure.

OBSERVATIONS

During the on-site audit, the Auditor observed operations throughout multiple housing units and program areas at Hamilton A & I. These observations confirmed that staff consistently adhere to established procedures regarding cross-gender viewing and privacy protections.

Staff of the opposite gender were observed announcing their presence prior to entering housing units and areas where inmates may be showering, changing clothes, or using restroom facilities. These announcements were made in a clear and consistent manner, allowing inmates sufficient time to take appropriate steps to maintain personal privacy.

The inmate population consisted primarily of male inmates, including a small number of transgender individuals. Throughout the audit, staff interactions were observed to be professional, respectful, and attentive to privacy considerations. Shower areas, restroom facilities, and housing configurations supported privacy through the use of barriers and appropriate supervision practices. Movement of staff within these areas reflected awareness of PREA requirements, with no observed practices that would compromise inmate dignity. Overall, the facility environment demonstrated a culture of respect, structure, and adherence to privacy standards.

INTERVIEWS

Interviews conducted with inmates, line staff, security personnel, and facility leadership provided a detailed and consistent understanding of how Hamilton A & I implements the requirements of PREA Standard §115.15 in daily operations. Responses across all interview groups reflected a coordinated, policy-driven approach that prioritizes inmate privacy, limits cross-gender viewing, and strictly controls search procedures in accordance with PREA mandates.

Facility Head

Facility leadership described a structured and accountability-focused framework for enforcing cross-gender viewing and search limitations. The Facility Head emphasized that cross-gender strip searches and visual body cavity searches are strictly prohibited except under exigent circumstances or when conducted by qualified medical personnel, consistent with PREA §115.15(a) and (c). Leadership further explained that any such occurrence would require immediate supervisory authorization, direct administrative oversight, and thorough documentation utilizing ADOC Form 302-A. The Facility Head highlighted that compliance is reinforced through ongoing staff training, routine supervisory review of practices, and continuous policy communication. This layered approach ensures that expectations are clearly understood and consistently applied throughout the facility.

Security and Line Staff

Security and line staff demonstrated a strong working knowledge of PREA

requirements and articulated clear, consistent practices aligned with policy. Staff stated that cross-gender strip and visual body cavity searches are not conducted under normal conditions and confirmed that same-gender staff are readily available to perform necessary searches, thereby eliminating the need for cross-gender involvement. Staff also described procedures for announcing their presence when entering housing areas of the opposite gender, recognizing this as a critical component of PREA §115.15(d) to prevent inadvertent viewing of inmates in states of undress. In addition, staff demonstrated an understanding of appropriate interaction with transgender and intersex inmates, emphasizing that searches are conducted in a respectful, professional manner that does not attempt to determine anatomical status and takes into account individual privacy considerations, consistent with PREA guidance and training standards.

Inmates

Inmates provided corroborating information that reflected consistent application of these practices. Inmates reported that they are able to shower, change clothing, and use restroom facilities with appropriate privacy and without unnecessary observation by staff of the opposite gender. They consistently stated that staff announce their presence prior to entering housing units, providing adequate time to maintain personal privacy. Inmates further indicated that they had not experienced or witnessed cross-gender strip searches or visual body cavity searches at Hamilton A & I. Their responses suggest a predictable and respectful environment where privacy protections are embedded in routine operations.

Across all interviews, there was alignment between policy, staff practice, and inmate experience. This consistency demonstrates that Hamilton A & I has effectively operationalized the requirements of PREA §115.15, ensuring that cross-gender viewing is limited, search procedures are controlled, and inmate dignity is preserved through clear expectations, training, and supervision.

Transgender Inmates

At the time of the on-site audit, Hamilton A & I reported and confirmed through documentation, staff interviews, and population review that there were zero transgender inmates assigned to the facility. Classification records, intake documentation, and inmate rosters were reviewed and verified to ensure accuracy in identifying gender identity in accordance with PREA standards.

Although no transgender inmates were present during the audit period, the facility has established policies and procedures consistent with PREA requirements to ensure appropriate identification, classification, and management should a transgender or intersex inmate be admitted. These procedures include individualized assessments to determine appropriate housing and programming assignments, with consideration given to the inmate's health and safety, as well as potential vulnerability to sexual abuse, as required under PREA standards.

Staff training records and interviews confirmed that personnel are trained to conduct searches and interactions with transgender inmates in a professional, respectful, and

gender-responsive manner. Training emphasizes that searches conducted for the sole purpose of determining anatomical status are prohibited and all searches must be carried out in a way that preserves dignity and privacy, consistent with PREA §115.15 and §115.42.

PROVISIONS

Provision (a) - Strict Prohibition of Cross-Gender Strip and Visual Body Cavity Searches

Hamilton A & I demonstrates a clear, consistent, and well-enforced prohibition on cross-gender strip searches and visual body cavity searches, in alignment with PREA §115.15(a). This prohibition is embedded in policy, reinforced through training, and consistently reflected in daily operations.

The PAQ reflects that Hamilton A & I had zero cross gender strip or visual body cavity searches of inmates in the past 12 months.

Documentation, staff interviews, and inmate statements confirmed that such searches are not conducted within the facility except under exigent circumstances or when performed by qualified medical personnel. Policies require that any exception be supported by appropriate authorization, medical involvement when applicable, and thorough documentation.

This structured and policy-driven approach ensures that inmate dignity is preserved and that any deviation from standard practice is tightly controlled, justified, and documented, consistent with PREA's emphasis on minimizing invasive procedures and protecting inmates from abuse.

Relevant Policies:

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

Provision (b) - Non-Applicability of Female Cross-Gender Search Requirements with Demonstrated Staff Awareness

Hamilton A & I does not house female inmates; therefore, the specific requirements related to cross-gender searches involving female inmates are not applicable within the facility's current operational scope.

Despite this, staff demonstrated clear knowledge of these requirements and articulated appropriate procedures that would be followed if the facility's population were to change. This includes ensuring that searches are conducted by appropriately gendered staff and in accordance with PREA standards.

This level of awareness reflects a proactive and informed approach to compliance, ensuring that the facility remains prepared to meet all PREA requirements under

changing operational conditions.

Relevant Policies:

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

Provision (c) - Controlled Use of Exigent Circumstances with Required Medical Involvement and Documentation

Policies at Hamilton A & I clearly define exigent circumstances and establish strict controls governing any situation in which a cross-gender strip or visual body cavity search may be considered necessary. In such rare instances, policy requires that the search be conducted by qualified medical personnel whenever possible and be authorized by facility leadership.

All such incidents must be documented using ADOC Form 302-A, ensuring a clear record of the justification, personnel involved, and circumstances requiring the deviation. Staff interviews confirmed familiarity with these procedures and an understanding that such events are rare and subject to heightened scrutiny.

This approach ensures that any exception to standard practice is managed with professionalism, oversight, and full accountability, consistent with PREA §115.15(c).

Relevant Policies:

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

Provision (d) - Consistent Protection of Inmate Privacy During Routine Activities

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

Opposite-gender staff routinely announce their presence prior to entering housing areas or other locations where inmates may be undressed. This practice was confirmed through observation, documentation, and interviews, and is understood and consistently applied by staff across all shifts.

The facility's physical layout, combined with staff practices, supports privacy through the use of barriers and controlled movement. These measures reflect a culture of professionalism and respect, ensuring that privacy protections are integrated into daily operations in accordance with PREA §115.15(d).

Relevant Policies:

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

	<p>Provision (e) - Non-Applicability Under Current PREA Standards</p> <p>This provision is not applicable under current PREA compliance requirements.</p> <p>Provision (f) - Non-Applicability Under Current PREA Standards</p> <p>This provision is not applicable under current PREA compliance requirements.</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of documentation, direct observations, and interviews with inmates and staff, the Auditor determined that Hamilton A & I is in full compliance with PREA Standard §115.15. The facility demonstrates a well-established, policy-driven approach to limiting cross-gender viewing and searches, supported by consistent staff training, supervisory oversight, and operational practices that prioritize inmate dignity.</p> <p>Staff exhibited a clear understanding of PREA requirements and applied them consistently, while inmates reported a respectful environment where privacy is maintained. The facility’s practices reflect a culture of accountability, professionalism, and proactive compliance, ensuring that PREA standards are not only met but integrated into everyday operations.</p>
--	---

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>Prior to the on-site audit, Hamilton A & I submitted a comprehensive and well-prepared documentation package through the Pre-Audit Questionnaire (PAQ), reflecting an organized and deliberate approach to compliance with PREA Standard §115.16. The materials demonstrated that the facility has established measures to ensure inmates with disabilities and inmates who are limited English proficient have equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including access to education, reporting mechanisms, and related protective services.</p> <p>A primary component of the review was ADOC Administrative Regulation (AR) #454, Operations & Legal: Inmate Sexual Abuse and Harassment, which outlines the agency’s zero-tolerance framework and supports the obligation to provide PREA information in a manner that is accessible, effective, and inclusive. Supporting materials also reflected adaptive and technology-based communication methods intended to remove barriers to understanding. These materials included a Memorandum of Understanding with the Alabama Institute for the Deaf and Blind for</p>

qualified interpreter services, modified PREA acknowledgment forms tailored to inmates with visual, hearing, or cognitive impairments, simplified educational resources for inmates with limited literacy or intellectual functioning, and the structured use of Google Translate at designated control points to assist with emergent communication involving inmates who are limited English proficient.

Taken together, these materials demonstrated Hamilton A & I's systematic commitment to ensuring that communication barriers do not interfere with an inmate's ability to understand PREA protections, reporting options, investigative processes, or access to victim-related services. This approach is consistent with the requirements of §115.16, which mandate effective communication for inmates with disabilities and meaningful access for inmates who are limited English proficient through the use of qualified interpreters, accessible written materials, and methods that ensure comprehension.

OBSERVATIONS

During the on-site audit, the Auditor observed multiple visual displays and communication tools throughout Hamilton A & I that promoted inmate access to PREA information. Notices were prominently posted in English and Spanish throughout housing units, corridors, program areas, visitation spaces, and work locations, and these notices clearly identified reporting options, hotline information, and zero-tolerance messaging.

The Institutional PREA Compliance Manager maintained dedicated PREA bulletin boards in high-traffic areas of the facility. These boards included hotline numbers, reporting instructions, safety messaging, and zero-tolerance statements in multiple formats and languages, supporting broad visibility and improved comprehension among the inmate population. Additional bilingual handouts, visual posters, and educational aids were also available and appeared to be regularly maintained.

The overall environment reflected a facility-wide effort to make PREA information accessible, understandable, and readily available. These observations were consistent with PREA guidance emphasizing that inmates who are deaf, hard of hearing, blind, low vision, intellectually disabled, or limited English proficient must have equal and meaningful access to PREA education, reporting mechanisms, and services.

INTERVIEWS

Interviews conducted with facility leadership, staff, and inmates provided a detailed and consistent understanding of how Hamilton A & I implements PREA Standard §115.16 in daily practice. Responses reflected an operational culture that recognizes accessibility as an essential element of PREA compliance and not merely an administrative accommodation.

Facility Head

The Facility Head described a structured intake and classification process through which staff identify inmates who may require communication accommodations

because of disability, literacy limitations, or limited English proficiency. Once identified, support measures are put in place to ensure effective communication, which may include the use of qualified interpreters, adaptive devices, simplified materials, or visual aids. The Facility Head emphasized that staff are trained to recognize communication barriers early and to respond in a manner that ensures inmates receive PREA education and reporting access on an equal basis with the general population.

Random Staff

Random staff demonstrated a clear understanding of communication access requirements under PREA. Staff consistently stated that inmate interpreters, inmate readers, and inmate aides are not used for PREA-related education, reporting, or investigative communication, except in the narrow and limited circumstances permitted under the standard, such as when an extended delay in obtaining a qualified interpreter could compromise inmate safety, first-response responsibilities, or the investigation of an allegation. Staff explained that professional interpreter resources and approved translation tools are used when needed and emphasized that confidentiality, impartiality, and accuracy are critical in PREA-related communication.

Inmates

Inmates with disabilities reported that staff provided PREA information in ways they could understand, including verbal explanation, simplified materials, and other adaptive methods. Their responses reflected confidence in their understanding of PREA protections and reporting options, and they described staff as attentive and respectful in addressing communication needs. These inmates indicated that they felt equally protected and did not identify unmet accessibility concerns.

Limited English Proficient Inmates

At the time of the on-site audit, there were zero inmates identified as limited English proficient assigned to Hamilton A & I; therefore, no LEP inmate interviews were conducted for this standard. Even so, documentation and staff interviews reflected preparedness to provide meaningful access should such an inmate be admitted, including the immediate use of interpretive resources and translation assistance consistent with PREA expectations.

Collectively, the interviews reflected a supportive and informed facility culture in which inclusion, professionalism, and respect guide both policy implementation and daily practice.

PROVISIONS

Provision (a) - Equal and Meaningful PREA Access for Inmates with Disabilities and Language Needs

Hamilton A & I demonstrates a clear commitment to ensuring equitable and barrier-free access to PREA education, reporting mechanisms, and protective services for inmates with disabilities and inmates who are limited English proficient.

Documentation and interviews confirmed that the facility has implemented procedures intended to ensure that these inmates have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, as required by PREA §115.16(a) and (b).

The facility's Memorandum of Understanding with the Alabama Institute for the Deaf and Blind supports access to qualified interpreters and adaptive communication assistance for inmates who are deaf, hard of hearing, blind, or low vision. In addition, translation tools and modified written materials extend accessibility to inmates with limited English proficiency, reduced literacy, or intellectual limitations. These practices support effective communication by ensuring that PREA information is not merely available, but understandable and usable in a manner tailored to individual need.

Administrative Regulation #454 reinforces this obligation by requiring communication to be delivered through methods that are verbal, written, visual, adaptive, or otherwise accessible. This reflects PREA's core expectation that inmates with disabilities and inmates who are limited English proficient must not be excluded from any PREA-related education, reporting pathway, or service because of a communication barrier.

Relevant Policies:

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

Provision (b) - Effective and Accessible Communication Methods Supporting PREA Comprehension

Hamilton A & I employs multiple communication methods to ensure that PREA information is conveyed effectively across a range of functional abilities, literacy levels, and language needs. Bilingual written materials in English and Spanish, visual resources, simplified educational tools, and adaptive communication methods reflect a proactive effort to ensure inmate comprehension of prevention, reporting, protection, and response procedures.

The facility's approach is consistent with PREA §115.16, which requires agencies to take appropriate and reasonable steps to provide meaningful access to all aspects of sexual abuse prevention and response, including access to interpreters who can communicate effectively, accurately, and impartially, using necessary specialized vocabulary. Records and interviews confirmed that accessibility measures are integrated into daily operations and supported through staff training and oversight.

Implementation of these communication methods is further strengthened by staff awareness and designated oversight, including coordination with personnel responsible for disability-related accommodations. This demonstrates that accessible communication at Hamilton A & I is operational, intentional, and aligned with PREA's requirement that information be delivered in formats inmates can meaningfully

understand.

Relevant Policies:

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

Provision (c) - Strict Prohibition on the Use of Inmate Interpreters, Readers, or Aides for PREA Matters

Hamilton A & I maintains a clear and consistently enforced prohibition against the use of inmate interpreters, inmate readers, or inmate aides for PREA-related communication, except in the narrowly limited circumstances permitted under the standard. This prohibition is essential to protecting confidentiality, preserving impartiality, reducing the risk of coercion, and maintaining the integrity of reporting and investigative processes.

Documentation and staff interviews confirmed that no instances were reported during the audit period in which inmate interpreters, readers, or aides were used for PREA education, reporting, or investigative purposes outside the limited emergency exception recognized in PREA §115.16(c). Staff demonstrated a clear understanding that professional interpretation services and authorized translation methods must be used whenever possible to ensure safe, accurate, and confidential communication.

This provision reflects the facility's commitment to ethical communication practices and to protecting all inmates involved in PREA-related matters from unnecessary risk, compromised privacy, or undue influence. The facility's practices are therefore consistent with the intent and requirements of PREA §115.16(c), which sharply restricts reliance on inmate assistants in order to safeguard both the reporting process and the individuals involved.

Relevant Policies:

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

CONCLUSION

After a thorough review of documentation, direct observation, and interviews, the Auditor concludes that Hamilton A & I is compliant with PREA Standard §115.16. The facility demonstrates a structured and proactive approach to ensuring that inmates with disabilities and inmates who are limited English proficient receive equal access to PREA education, reporting channels, and protective services through effective communication methods and accessible resources.

Adapted materials, professional interpretation resources, bilingual postings, and staff understanding collectively reflect an environment in which communication barriers are actively addressed rather than passively acknowledged. Through these measures, Hamilton A & I supports a correctional setting in which safety, dignity, inclusivity, and equal access remain central to its PREA compliance efforts.

115.17	Hiring and promotion decisions
	<p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <p data-bbox="256 340 576 376">DOCUMENT REVIEW</p> <p data-bbox="256 416 1477 824">To assess compliance with PREA Standard §115.17, the Auditor reviewed a broad range of documentation submitted by Hamilton A & I and the Alabama Department of Corrections. A central source in that review was the Pre-Audit Questionnaire (PAQ), which outlined staffing levels, hiring practices, screening procedures, and the mechanisms used to ensure that persons with disqualifying histories are not hired, promoted, contracted, or otherwise placed in positions involving inmate contact. These materials reflected a structured approach consistent with the purpose of PREA §115.17, which is to prevent staff sexual misconduct by screening out individuals with histories of sexual abuse, coercive sexual conduct, or substantiated sexual harassment from positions of trust and authority over inmates.</p> <p data-bbox="256 864 1477 1312">The Auditor conducted a detailed review of Administrative Regulation (AR) #454 - Inmate Sexual Abuse and Harassment, effective May 29, 2025, which establishes agency-wide expectations governing hiring, promotion, contracting, and ongoing employment decisions related to the prevention of sexual abuse and sexual harassment. This regulation reflects ADOC's zero-tolerance posture by identifying disqualifying conduct and requiring formal review of PREA-related information before employment actions are taken. The Auditor also reviewed Administrative Regulation (AR) #216 - Background Checks, dated January 31, 2025, which sets forth the scope, renewal cycle, and documentation requirements for criminal background investigations for employees, contractors, and other individuals who may have contact with inmates.</p> <p data-bbox="256 1352 1477 1760">In addition to policy review, the Auditor examined a representative sample of employee personnel files, background investigation records, and contractor documentation. Included within this review were completed Application and Pre-Employment Questionnaires, including ADOC Form 216-B, which require disclosure of prior sexual misconduct, criminal convictions, disciplinary findings, civil adjudications, or administrative determinations related to sexual abuse or sexual harassment. Collectively, the documentation demonstrated that Hamilton A & I operates within an established screening framework designed to prevent the placement of unsuitable individuals in positions involving inmate contact and to ensure that employment decisions remain consistent with PREA's prevention-focused standards.</p> <p data-bbox="256 1800 456 1836">INTERVIEWS</p> <p data-bbox="256 1877 632 1912">Human Resources Staff</p> <p data-bbox="256 1953 1477 2065">Interviews conducted with Human Resources administrative staff provided a detailed understanding of how PREA hiring and promotion requirements are carried out in daily practice. Human Resources personnel described a structured, multi-layered</p>

screening process that applies to new hires, promotional candidates, current employees, contractors, and volunteers whose duties may involve direct or indirect inmate contact. Their responses reflected a clear understanding that PREA §115.17 is intended not only to guide initial hiring decisions, but also to prevent future placement or advancement of individuals whose backgrounds present an unacceptable risk to inmate safety.

Human Resources staff explained that all employment and promotion decisions are contingent upon successful completion of a criminal background records check, and that no individual may be cleared for inmate contact until that review is complete. They further described a centralized Divisional Human Resources tracking process used to monitor completion dates, renewal cycles, and required PREA-related disclosures, helping ensure that background checks remain current and that no lapse in review occurs. Staff stated that background rechecks are conducted at least every five years for employees and contractors, consistent with PREA requirements and ADOC policy.

Interviewees also explained that personnel files are reviewed thoroughly before any hiring or promotion action is finalized. Mandatory disclosures concerning prior sexual abuse, sexual harassment, criminal convictions, resignations during pending investigations, disciplinary findings, and civil or administrative adjudications are required and maintained in the employee's official personnel record. Human Resources staff emphasized that these disclosures are treated as a critical part of the decision-making process and that employment or promotion cannot proceed when documentation reflects disqualifying conduct or other unresolved concerns related to sexual misconduct.

In addition, Human Resources personnel described ongoing reporting obligations for current employees, including the expectation that staff disclose arrest activity and other relevant changes in status during the course of employment. They also confirmed that, when legally permitted, ADOC responds to requests from other institutional employers by providing information regarding substantiated allegations of sexual abuse or sexual harassment involving former employees. This practice was described as an important safeguard that supports interagency accountability and helps prevent individuals with disqualifying PREA-related histories from moving undetected between correctional settings.

PROVISIONS

Provision (a) - Prohibition Against Hiring or Promoting Individuals with Disqualifying Sexual Misconduct Histories

According to the PAQ, Hamilton A & I employs a total of 105 staff, 44 medical and mental health staff, and 402 volunteers who have direct or routine contact with inmates. This staffing information was verified through Human Resources records and corroborated during interviews. The Auditor reviewed a representative sample of personnel files and confirmed that each contained completed criminal background checks and signed PREA-related disclosure forms, demonstrating that screening requirements are being applied in practice.

Administrative Regulation #454 expressly prohibits the hiring or promotion of any individual who may have contact with inmates if that person has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in coercive or nonconsensual sexual activity in the community; or has been civilly or administratively adjudicated to have engaged in such conduct. These prohibitions mirror the express language of PREA §115.17(a) and are designed to ensure that individuals with qualifying histories are barred from positions of inmate contact.

Relevant Policy:

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

Provision (b) - Consideration of Sexual Harassment History in Employment, Promotion, and Contracting Decisions

Hamilton A & I incorporates review of substantiated incidents and credible allegations of sexual harassment into its hiring, promotion, and contracting decisions.

Documentation review and staff interviews confirmed that this consideration is a routine and required component of the screening process and is treated as a serious indicator of suitability for positions involving inmate contact.

This practice is consistent with PREA §115.17(b), which requires agencies to consider any incidents of sexual harassment in determining whether to hire or promote any person, or to enlist the services of any contractor, who may have contact with inmates. Human Resources staff confirmed that this review is applied consistently and that the presence of such information informs decision-making before any employment or contract placement is finalized.

Relevant Policy:

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

Provision (c) - Pre-Employment Criminal Background Checks and Institutional Employer Inquiries

Before extending any offer of employment to a candidate who may have contact with inmates, Hamilton A & I conducts a criminal background records check and makes documented efforts to review prior institutional employment history. These inquiries are intended to determine whether an applicant resigned while under investigation, was the subject of substantiated allegations of sexual abuse or sexual harassment, or otherwise presents a disqualifying risk under PREA standards.

The Auditor verified that all 58 individuals hired within the previous 12 months completed the required background check process before beginning employment. Corresponding documentation was present in the personnel files reviewed, and this practice was confirmed by Human Resources staff during interviews. This process is consistent with PREA §115.17(c), which requires a criminal background records check before hiring and reasonable efforts to contact all prior institutional employers for

information on substantiated allegations of sexual abuse, sexual harassment, or resignation during a pending investigation.

Relevant Policy:

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

Provision (d) - Contractor Screening for Positions Involving Inmate Contact

During the previous 12-month period, two service contracts were active at Hamilton A & I. All contractors whose duties involved inmate contact were required to complete criminal background investigations before services began, and those background reviews are subject to renewal at least every five years. Documentation and interviews confirmed that this screening expectation was consistently applied to contracted personnel.

This practice aligns with PREA §115.17(a) and (e), which prohibit the agency from enlisting the services of any contractor who may have contact with inmates if the contractor has a disqualifying history, and which require criminal background checks at the time of initial engagement and periodic review thereafter when applicable. The facility's tracking and documentation practices support continued compliance in this area.

Relevant Policy:

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

Provision (e) - Five-Year Rechecks of Employees and Contractors

ADOC policy requires that current employees and contractors undergo criminal background rechecks at least every five years, and this requirement was verified through policy review, record examination, and interviews with Human Resources staff. Personnel demonstrated the use of an organized tracking system designed to monitor renewal timeframes and ensure that background investigations are updated before expiration.

This process is consistent with PREA §115.17(e), which requires agencies to conduct criminal background records checks at least every five years for current employees and contractors who may have contact with inmates, or to maintain a system for capturing any such information on an ongoing basis. The evidence reviewed showed that Hamilton A & I relies on a structured tracking method to minimize the risk of missed renewals or lapses in compliance.

Relevant Policy:

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

Provision (f) - Required Disclosure of Prior Misconduct, Adjudications, and

Criminal History

Applicants and employees at Hamilton A & I are required to disclose prior sexual misconduct, disciplinary history, criminal convictions, and civil or administrative findings during the hiring and promotion process. These disclosures are obtained through written questionnaires and reinforced through interviews, personnel review, and periodic recertification measures.

The Auditor reviewed multiple completed ADOC Form 216-B questionnaires, each of which included direct inquiries concerning past sexual abuse, criminal convictions, and civil or administrative findings relating to sexual misconduct. All reviewed forms were signed and maintained in official personnel files. This practice is consistent with PREA §115.17(f), which requires agencies to ask all applicants and employees directly about previous misconduct described in the standard and to impose a continuing affirmative duty to disclose such misconduct.

Provision (g) - Enforcement of Truthfulness and Consequences for Material Omissions or False Statements

Hamilton A & I enforces a strict expectation that applicants and employees provide complete and truthful information regarding prior sexual misconduct, criminal history, and disciplinary findings. Falsification, material omission, or misrepresentation of PREA-related information constitutes grounds for disqualification from employment or termination from service.

This expectation was confirmed through policy review and Human Resources interviews and is consistent with PREA §115.17(g), which requires agencies to treat material omissions regarding such misconduct, or the provision of materially false information, as grounds for termination. This requirement strengthens accountability by ensuring that the integrity of the hiring and promotion process is preserved.

Relevant Policy:

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

Provision (h) - Disclosure to Other Institutional Employers When Permitted by Law

ADOC maintains a practice of responding to employment-related inquiries from other institutional employers by providing information on substantiated allegations of sexual abuse or sexual harassment involving former employees, when such disclosure is permitted by law. Human Resources staff confirmed that these requests are handled in accordance with legal requirements and departmental policy.

This practice is consistent with PREA §115.17(h), which requires agencies, unless prohibited by law, to 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 the employee has applied to work. This requirement supports transparency, interagency cooperation, and continued protection of inmates

across correctional systems.

Relevant Policy:

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

CONCLUSION

Based on a thorough review of documentation, personnel records, and interviews with Human Resources staff, the Auditor finds that Hamilton A & I is in full compliance with PREA Standard §115.17 – Hiring and Promotion Decisions. The facility’s screening, hiring, promotion, and contracting practices reflect a strong institutional commitment to integrity, accountability, and the prevention of sexual abuse and sexual harassment through careful personnel selection and ongoing review.

Policies are comprehensive, clearly articulated, and consistently implemented, and Human Resources staff demonstrated a strong working knowledge of PREA requirements governing disqualifying conduct, background investigations, disclosure obligations, and interagency information sharing. No deviations from policy or deficiencies in documentation were identified, and the evidence supports the conclusion that Hamilton A & I’s employment practices align with both the purpose and the specific requirements of PREA Standard §115.17.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.18, the Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). Central to this review was Administrative Regulation (AR) #454 – Operations & Legal, Inmate Sexual Abuse and Harassment, dated January 4, 2016, which establishes the agency’s framework for preventing, detecting, and responding to sexual abuse and sexual harassment within correctional facilities.</p> <p>In addition to policy review, the Auditor examined a detailed facility schematic outlining the structural layout, housing configurations, camera placements, and potential areas of limited visibility. This blueprint was used to assess the adequacy of existing surveillance coverage and identify possible blind spots that could affect inmate safety.</p> <p>Collectively, the documentation provided a foundation for evaluating whether the agency considers the impact of physical plant design and technological</p>

enhancements on its ability to protect inmates from sexual abuse and harassment.

OBSERVATIONS

During the on-site portion of the audit, the Auditor conducted a comprehensive walkthrough of the facility, carefully examining housing units, program areas, corridors, intake areas, and other locations where inmate movement and interaction occur. Based on direct observation and confirmation from facility leadership, there have been no significant structural renovations, expansions, or newly acquired buildings since the previous PREA audit.

Throughout the tour, the Facility Head highlighted the facility's strategic use of surveillance technology to strengthen institutional safety. Security cameras are positioned to provide wide-ranging coverage, with particular attention given to areas identified as potentially vulnerable to sexual abuse or harassment. Camera placement reflects a deliberate effort to balance effective supervision with respect for inmate privacy.

In addition to camera systems, convex security mirrors are strategically installed in hallways and transitional spaces to reduce blind spots and enhance line-of-sight visibility. These supplemental measures contribute to proactive monitoring and support staff in maintaining awareness of inmate activity in less visible areas.

INTERVIEWS

Facility Head

The Facility Head described an ongoing commitment to strengthening safety through thoughtful integration of surveillance technology. Although no recent upgrades or structural changes have occurred, leadership emphasized a long-term objective of achieving comprehensive camera coverage across the facility. The Facility Head explained that surveillance equipment is continuously maintained and that authorized personnel have access to both live and recorded footage. This capability supports immediate situational awareness as well as post-incident review when necessary.

Leadership further indicated that areas identified as potentially vulnerable are routinely assessed to determine whether additional monitoring measures may be warranted in the future. The monitoring system is considered an essential tool in preventing, detecting, and investigating allegations of sexual abuse or harassment involving inmates.

Agency Head or Designee

The Agency Head's Designee discussed the broader strategic approach applied across ADOC facilities regarding physical plant design and technological enhancements. The agency prioritizes minimizing blind spots and enhancing visibility in a manner that promotes safety while preserving inmate privacy. Particular care is taken to ensure that camera placement avoids cross-gender viewing of inmates in states of undress, consistent with PREA requirements.

The designee confirmed that when facilities are modified, renovated, or newly constructed, consideration is given to how changes will affect the agency's ability to supervise inmates and prevent sexual abuse. Even in the absence of recent upgrades at this specific facility, the agency maintains a forward-looking approach to evaluating the role of physical design and surveillance technology in safeguarding inmates.

PROVISIONS

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

The PAQ confirms that the facility has not undergone significant physical modifications, expansions, or new construction since the previous PREA audit. Likewise, no new facilities have been acquired during the audit period. Interviews with facility leadership corroborated this information.

Although no recent structural changes have occurred, both agency and facility leadership articulated an understanding that any future renovations, expansions, or design alterations would include consideration of how such changes could enhance inmate safety, improve supervision, and reduce opportunities for sexual abuse or harassment.

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

The PAQ indicates that upgrades or expansions of the surveillance system have been made during this audit period. On-site observations confirmed that the current surveillance system remains

Technological enhancements have occurred since the last audit, interviews with facility and agency leadership demonstrate that surveillance placement and monitoring capacity are continuously evaluated. The agency maintains an awareness of how technology can be leveraged to reduce blind spots, improve supervision, and strengthen investigative capacity when allegations arise.

CONCLUSION

Based on a review of the Pre-Audit Questionnaire, applicable policy, facility schematics, on-site observations, and interviews with both agency and facility leadership, the Auditor finds the facility to be in full compliance with PREA Standard §115.18.

Although no structural modifications or technological upgrades have been implemented during the audit period, leadership at both the agency and facility levels demonstrated a clear understanding of the requirement to consider inmate safety when planning future renovations or surveillance enhancements. The facility's existing camera placements, use of security mirrors, and maintenance of monitoring systems reflect a proactive approach to supervision and the prevention of sexual abuse and sexual harassment.

--	--

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.21, the Auditor reviewed a detailed and well-organized body of documentation submitted by Hamilton A & I and the Alabama Department of Corrections. The materials reflected a coordinated response framework designed to ensure proper evidence preservation, timely medical intervention, access to forensic services, and victim-centered support following allegations of sexual abuse. This approach is consistent with PREA §115.21, which requires agencies to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions and to provide access to forensic medical examinations without financial cost when medically or evidentiary appropriate.</p> <p>The review began with the Pre-Audit Questionnaire (PAQ), which outlined the facility's procedures for responding to sexual abuse allegations, including immediate protective actions, evidence preservation, referral for medical assessment, and coordination with outside providers. The Auditor also reviewed ADOC Administrative Regulation #454 - Inmate Sexual Abuse and Harassment, effective May 29, 2025, which identifies agency responsibilities related to investigation, medical response, victim services, and coordination with external advocacy and forensic resources. Administrative Regulation #300 was also examined because it provides operational guidance on investigative practices, evidence handling, chain of custody, and the protection of inmate rights during administrative and criminal inquiry processes.</p> <p>Additional documentation included the Memorandum of Understanding between ADOC and the Alabama Coalition Against Rape, which supports access to advocacy services and qualified forensic response resources, as well as a listing of Sexual Assault Nurse Examiner hospitals and advocacy centers. The Auditor also reviewed the agreement with Tuscaloosa Safe Center, which confirms that inmates are transported to a qualified outside location for forensic examinations conducted by trained professionals. The National Protocol for Sexual Assault Medical Forensic Examinations was also included in the materials and served as an important reference point because PREA §115.21 requires agencies to base their evidence protocols on the most recent edition of the U.S. Department of Justice's national protocol or a similarly authoritative protocol.</p> <p>Taken together, the documentation demonstrated that Hamilton A & I has established a structured response system intended to support timely medical care, proper</p>

evidence collection, coordinated investigative action, and access to emotional support services for inmates who report sexual abuse. The materials reflected a system grounded in consistency, documentation, and a victim-centered response model that aligns with the purpose of PREA §115.21 to minimize additional trauma while preserving accountability.

OBSERVATIONS

During the on-site audit, the Auditor reviewed the facility's procedures related to reporting, medical response, evidence preservation, and transport for forensic medical examinations. Staff described the response sequence in a clear and consistent manner, demonstrating familiarity with the immediate steps required following an allegation of sexual abuse, including separation of the inmate from the alleged abuser, protection of the scene when appropriate, preservation of evidence, and prompt notification of medical, supervisory, investigative, and PREA personnel.

The Auditor confirmed that inmates who require forensic medical examinations are transported to Tuscaloosa Safe Center, which serves as the designated Sexual Assault Nurse Examiner location for the facility. Staff described the process for arranging secure transport, facilitating medical assessment, and ensuring access to advocacy services in conjunction with the outside provider. These procedures were explained as established and operational rather than theoretical, indicating that the facility has a practical and well-understood pathway for obtaining outside forensic services when needed.

Overall, the system observed during the audit was organized, responsive, and aligned with the expectations of PREA §115.21. From the point of report through medical referral and evidence handling, the response structure supported inmate safety, proper documentation, and preservation of potentially probative evidence for both administrative and criminal investigative purposes.

INTERVIEWS

Interviews with staff, leadership, medical and advocacy partners, and inmates who reported sexual abuse reflected a consistent understanding of the facility's responsibilities under PREA §115.21 and showed that response practices are coordinated across institutional and community-based systems.

The Institutional PREA Compliance Manager described the facility's role in coordinating the initial response to allegations of sexual abuse. The IPCM explained that once a report is received, staff take immediate action to ensure the inmate's safety, initiate required notifications, and arrange transport for medical or forensic services when appropriate. The IPCM confirmed that Hamilton A & I utilizes Tuscaloosa Safe Center for forensic medical examinations and works with statewide advocacy partners through the Alabama Coalition Against Rape to provide victim-centered support. The IPCM further indicated that, over the previous 12 months, twenty-five examinations had been completed by trained Sexual Assault Nurse Examiner personnel, reflecting operational access to qualified forensic services.

The Agency PREA Director explained that ADOC follows a standardized evidence protocol rooted in national best practices and applies that protocol across facilities to ensure consistency in the collection, preservation, and transfer of evidence. The Agency PREA Director stated that every allegation of sexual abuse is assessed for both administrative investigation and potential criminal investigation, which supports comprehensive review and accountability. This description was consistent with PREA's requirement that agencies follow a uniform evidence protocol and coordinate investigative actions in a manner that maximizes the potential for obtaining usable physical evidence.

Random staff demonstrated a strong and consistent understanding of first-responder duties following an allegation of sexual abuse. Staff described actions such as separating involved parties, protecting the inmate, limiting unnecessary movement, preventing contamination of evidence, preserving clothing or linens when appropriate, and contacting supervisors and medical or investigative personnel without delay. Their responses reflected familiarity with PREA first-responder requirements and with the evidentiary importance of early intervention.

SAFE/SANE medical personnel confirmed that forensic examinations are conducted at Tuscaloosa Safe Center by trained professionals and that services are available through an on-call system. They explained that inmates are seen without unnecessary delay when referral is made and that examinations are provided without financial cost. They also indicated that care includes both medical evaluation and forensic evidence collection, as clinically and evidentiary appropriate, which is consistent with PREA's requirement that such exams be offered free of charge and performed by SAFEs or SANEs where possible.

Rape crisis center personnel and advocacy partners confirmed that support services are available to inmates through a coordinated statewide response network. They described services that include crisis intervention, hotline access, counseling support, court advocacy, and in-person victim advocacy when requested or appropriate. They also confirmed that services may be offered regardless of when the abuse occurred, and that support is intended to continue beyond the initial report, reflecting PREA's expectation that inmate victims be given access to advocacy services during the forensic examination process and afterward when available.

Inmates who reported sexual abuse described the facility's response as prompt and respectful. They reported that they were referred for medical attention quickly, were offered support services, and were treated professionally throughout the process. Inmates confirmed that examinations were provided without cost and that they received information about their case. They also indicated that they were not required to submit to polygraph examinations or similar truth-telling devices as a condition for proceeding with an investigation, which is consistent with PREA's broader protections for inmate victims.

Collectively, these interviews reflected a coordinated response system in which facility staff, medical providers, investigators, and victim advocates understand their respective roles and work together to support inmate safety, preserve evidence, and

ensure access to trauma-informed services.

PROVISIONS

Provision (a): Dual Administrative and Criminal Investigative Response Through a Uniform Evidence Protocol

Hamilton A & I operates within an agency structure that requires allegations of sexual abuse to be addressed through both administrative review and, where appropriate, criminal investigation. This dual investigative response promotes a full and impartial examination of reported conduct and supports accountability at multiple levels. Administrative Regulation #300 and AR #454 provide direction on evidence preservation, documentation, referral, and investigative coordination, thereby supporting the uniform evidence protocol required under PREA §115.21(a).

This approach is significant because it ensures that evidence is preserved and assessed not only for internal administrative findings but also for possible criminal prosecution. By requiring a coordinated response that is consistent with agency policy and national guidance, the facility supports the PREA objective of maximizing the potential for obtaining usable physical evidence while protecting the rights and safety of the inmate victim.

Relevant Policies

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

Provision (b): Developmentally Appropriate and Nationally Grounded Evidence Protocols with Cost-Free Access to Services

Although Hamilton A & I does not house youthful inmates, ADOC utilizes an evidence protocol that is based on nationally recognized standards and is capable of application across populations when appropriate. PREA §115.21(b) requires that the protocol be developmentally appropriate for youth where applicable and 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 another similarly authoritative protocol.

Forensic medical examinations are provided through trained Sexual Assault Nurse Examiner professionals in partnership with qualified outside providers and advocacy organizations. Services are made available without financial cost to the inmate, which removes barriers to care and ensures that medical and evidentiary needs can be addressed promptly when clinically or legally appropriate. This structure reflects a victim-centered, trauma-informed response that aligns with the intent of PREA §115.21.

Relevant Policies

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

Provision (c): Timely and Cost-Free Forensic Medical Examinations by Qualified Practitioners

Inmates who report sexual abuse at Hamilton A & I are offered access to forensic medical examinations without financial cost where medically or evidentiary appropriate, consistent with PREA §115.21(c). These examinations are conducted by qualified professionals, specifically certified Sexual Assault Nurse Examiner practitioners when available, through an established referral relationship with Tuscaloosa Safe Center.

Care is offered regardless of whether the inmate elects to participate in an administrative or criminal investigation, ensuring that medical treatment and the opportunity to preserve forensic evidence are not conditioned on cooperation with investigative processes. The facility reports that during the past 12 months there were zero forensic examinations, and the documentation and interviews confirmed that when such examinations are required, each is to be conducted by a certified SANE practitioner. This approach is consistent with PREA's requirement that agencies offer timely examinations by SAFEs or SANEs where possible and document efforts to provide such professionals.

Relevant Policies

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

Provision (d): Availability of Victim Advocacy During the Forensic Examination Process

Hamilton A & I incorporates victim advocacy into its response framework for sexual abuse allegations and ensures that inmate victims have access to advocacy support during the forensic medical examination process when requested and when such services are available, consistent with PREA §115.21(d). Advocacy services are coordinated through community-based partners and statewide rape crisis resources.

In the previous 12 months, zero forensic examinations were completed. Even so, documentation and interviews demonstrated that the infrastructure for advocacy accompaniment remains in place and that community partners are prepared to provide emotional support, information, and crisis intervention during the forensic response process. This readiness reflects a system designed to reduce trauma and support informed decision-making by inmate victims.

Relevant Policies

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

Provision (e): Ongoing Access to Qualified Advocacy and Emotional Support

Services Upon Request

Hamilton A & I ensures that inmates may request advocacy services at any time following an allegation of sexual abuse. These services are provided through trained staff or community-based advocacy partners, including ACAR and affiliated rape crisis resources, and may include emotional support, crisis counseling, safety planning, referral services, and guidance related to medical or legal processes.

This provision supports PREA's expectation that the agency offer inmates access to outside victim advocates for emotional support services related to sexual abuse, provided in as confidential a manner as possible and consistent with security needs. The availability of these services extends the facility's response beyond the immediate incident and reflects a broader commitment to recovery-oriented and trauma-informed care.

Relevant Policies

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

Provision (f): Agency Retention of Investigative Responsibility and Case Accountability

ADOC retains responsibility for ensuring that allegations of sexual abuse are investigated in a consistent, documented, and accountable manner. This centralized responsibility supports uniformity in investigative practice, oversight of evidence handling, and continuity in administrative and criminal referral processes.

This arrangement is important because it reinforces transparency, supports quality control across facilities, and ensures that allegations are not handled informally or inconsistently. By maintaining responsibility for the investigative process, the agency strengthens accountability and aligns with the requirements of PREA §115.21(a) and related investigative standards.

Relevant Policies

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

Provision (g): Auditor Exemption

This provision does not require review during the audit process.

Provision (h): Integrated Advocacy Partnerships Supporting Continuity of Care

Advocacy services at Hamilton A & I are integrated into the sexual abuse response system through formal and operational partnerships with ACAR, rape crisis providers, and outside medical resources. These partnerships help ensure that inmates have access to support from the time of report through medical response, investigative follow-up, and recovery-oriented services.

This integrated structure is important because it creates a more complete and victim-centered response system, combining medical, investigative, and emotional support in a coordinated manner. The arrangement is consistent with the broader purpose of PREA §115.21, which emphasizes collaboration and trauma-informed intervention in response to sexual abuse allegations.

Relevant Policies

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

CONCLUSION

After reviewing documentation, observing procedures, and conducting interviews with staff, inmates, medical providers, and advocacy partners, the Auditor determined that Hamilton A & I is compliant with PREA Standard §115.21. The facility demonstrates a coordinated and well-structured system for evidence preservation, medical referral, forensic examination access, and victim advocacy, consistent with PREA’s requirement for a uniform, victim-centered response to allegations of sexual abuse.

Staff demonstrated clear knowledge of their responsibilities, outside medical and advocacy resources were established and available, and the facility’s policies and practices supported timely and appropriate action following a report. Hamilton A & I’s approach reflects a practical commitment to safety, accountability, respectful care, and trauma-informed response for every inmate who may require services under this standard.

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 thorough and methodical review of the Pre-Audit Questionnaire (PAQ) and the supporting documentation provided by Hamilton A & I and the Alabama Department of Corrections (ADOC) to assess compliance with PREA Standard §115.22. This review included controlling policies, operating procedures, formal reports, and related records that define how the agency receives, documents, refers, and investigates allegations of sexual abuse and sexual harassment involving inmates. ADOC’s publicly available PREA materials reflect the agency’s zero-tolerance framework and identify Administrative Regulation 454 as the governing policy for preventing, detecting, responding to, and investigating sexual abuse and harassment involving inmates in ADOC custody.</p> <p>At the center of this assessment was ADOC Administrative Regulation 454, Inmate Sexual Abuse and Harassment, which establishes the agency’s framework for</p>

responding to PREA allegations and aligns with the PREA requirement that an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. In keeping with §115.22, the documentation reviewed reflected a structure designed to ensure that allegations involving potentially criminal behavior are referred to an agency with legal authority to conduct criminal investigations, that those referrals are documented, and that the governing policy is publicly available. The Auditor also reviewed associated investigative and operational materials, including Duty Officer Reports and training documentation, to confirm that allegations are formally recorded, appropriately routed, and handled by qualified investigative staff.

The records further demonstrated that PREA-related allegations are supported by an organized investigative process that emphasizes timely reporting, preservation of evidence, professional investigative training, and accountability in case handling. Training materials and related documentation showed that investigators assigned to these matters receive specialized preparation consistent with the agency's obligation to conduct competent, objective, and well-documented investigations. Taken together, the records support the conclusion that ADOC has established a centralized investigative process intended to promote prompt referral, proper investigative review, and reliable documentation of all allegations received at Hamilton A & I.

INTERVIEWS

Investigative Staff

Investigative staff explained that all allegations of sexual abuse and sexual harassment are directed to ADOC's Law Enforcement Services Division (LESD), where they are reviewed for administrative and, when applicable, criminal investigation. They described a process in which allegations are documented through formal reporting channels, preserved for investigative review, and assigned to trained personnel with the authority to conduct comprehensive investigations. Their statements were consistent with PREA's expectation that allegations involving potentially criminal behavior be referred to an agency with legal authority to investigate and that all such referrals be documented.

Investigative personnel also described the use of standardized practices for evidence preservation, case documentation, witness interviews, and coordination with prosecutorial authorities when the facts support criminal review. They stated that LESD investigators operate with sworn authority and handle both criminal and administrative matters within the ADOC system, which supports a consistent and controlled response to PREA allegations. This interview information aligned with ADOC's published PREA framework and with the requirements of §115.22.

Agency Head or Designee

The Agency Head's designee described ADOC's commitment to treating every allegation of sexual abuse and sexual harassment with urgency, seriousness, and institutional accountability. The designee explained that the Department retains investigative responsibility through its own Law Enforcement Services Division rather

than relying on outside entities for routine PREA investigative functions, and that allegations are formally documented, referred, tracked, and reviewed in accordance with agency policy. The designee also confirmed that the Department's PREA policy is publicly accessible, which is consistent with §115.22's requirement that the referral policy be published or otherwise made available.

The designee further emphasized that allegations are not dismissed informally or handled outside established channels. Instead, each report is expected to move through a formal process that supports documentation, referral, and investigative completion, reinforcing inmate confidence in the reporting system and the integrity of the agency's response. That description is consistent with PREA guidance recognizing that a strong referral and investigative structure enhances trust in the reporting process and reduces uncertainty following allegations of sexual abuse or sexual harassment.

PROVISIONS

Provision (a): Structured Investigative Referral and Completion Process

Hamilton A & I demonstrated a process in which every allegation of sexual abuse and sexual harassment is referred for investigative review through ADOC's established channels. PREA §115.22(a) requires that an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment, and the documentation and interviews reviewed by the Auditor reflected an agency structure intended to satisfy that obligation through LESD assignment, case tracking, and formal investigative handling. The materials reviewed also supported that trained investigators are available within the agency to receive and investigate PREA-related allegations in a consistent manner.

During the previous twelve months, the facility reported no allegations of sexual abuse, and as a result no forensic examinations were conducted during that period. During the same period, the facility received seven allegations of sexual harassment. Of those seven allegations, six involved inmate-on-inmate conduct and were investigated in accordance with agency procedure and administrative investigative standards; after review, four were determined to be unsubstantiated and two were substantiated, and the affected inmates were notified of the investigative outcomes. Because those matters were classified as sexual harassment rather than sexual abuse, they did not result in a formal sexual abuse incident review, and they were not referred for prosecution because the evidence did not support criminal action.

The remaining allegation involved staff-on-inmate sexual harassment and was reportedly investigated in accordance with agency procedures and criminal investigative standards. At the time of the on-site audit, that matter remained open. This narrative is consistent with the PREA requirement that allegations proceed through an administrative or criminal investigative process and that completion occur through the appropriate authority based on the nature of the conduct alleged.

Relevant Policy:

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

Provision (b): Documented Referral Authority and Inmate Notification Practices

PREA §115.22(b) requires the agency to maintain a policy ensuring 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. It also requires the agency to publish that policy and document all such referrals. The documentation reviewed and interviews conducted indicated that ADOC uses formal reporting and referral mechanisms to ensure allegations are routed to LESD, whose investigators are described as having the legal authority to address criminal investigative matters when warranted.

Within the audit period, one of the seven sexual harassment allegations was referred for criminal investigation. The Duty Officer Report served as the formal mechanism for documenting the allegation and initiating the appropriate response, thereby supporting the PREA expectation that referrals be documented rather than handled informally. The Auditor also found that ADOC's published PREA materials support transparency by making the agency's governing approach publicly accessible.

The review further showed that inmates are provided written notice regarding the outcome of investigations, including whether allegations are substantiated, unsubstantiated, or unfounded, in accordance with agency practice. Interviews and documentation reflected that this notification process is carried out consistently and in a manner intended to keep the alleged victim informed of the status and disposition of the case. This practice supports PREA's broader objective of maintaining confidence in the reporting and investigative system for inmates in custody.

Relevant Policy:

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

Provision (c): Centralized Internal Investigative Oversight and Consistency

All investigations concerning allegations of sexual abuse and sexual harassment at Hamilton A & I are conducted through the ADOC Law Enforcement Services Division. By keeping investigative responsibility within the agency, ADOC maintains uniform standards for referral, case assignment, documentation, investigative practice, and accountability. This structure is consistent with PREA guidance emphasizing the importance of a clearly defined investigative infrastructure that reduces confusion, supports timely response, and clarifies roles and responsibilities after a report is made.

The centralized nature of this process also supports consistent handling of both administrative and potentially criminal allegations, with the same system governing documentation and referral decisions. Rather than relying on fragmented or ad hoc outside processes, the agency's internal model promotes continuity and alignment

with department policy and PREA expectations.

Relevant Policy:

1. AR #454, IV.C, p. 5.

Provisions (d) and (e): Audit Scope Limitations and Non-Applicable Review Elements

Provisions (d) and (e) were outside the scope of this audit review and therefore were not assessed for a compliance finding in this section. Their exclusion from the compliance determination reflects audit parameters rather than any identified deficiency in the agency’s referral practices.

CONCLUSION

Based on the documentation reviewed, the interviews conducted with agency leadership and investigative staff, and the structure of the agency’s investigative practices, the Auditor finds that the Alabama Department of Corrections and Hamilton A & I meet the requirements of PREA Standard §115.22, Referral of Allegations for Investigations. The available information reflects a system in which allegations are documented, referred through formal channels, investigated by authorized personnel, and managed in a manner consistent with PREA’s requirement that all allegations of sexual abuse and sexual harassment receive an administrative or criminal investigative response.

The agency’s approach reflects a professional and organized process designed to ensure accountability, transparency, and protection for inmates. By maintaining published policy, documenting referrals, assigning investigations to personnel with legal authority, and following through on investigative and notification responsibilities, ADOC demonstrates substantial alignment with the language and intent of §115.22

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.31, the Auditor conducted a detailed and comprehensive review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by Hamilton A & I. The review centered on the structure, content, delivery, reinforcement, and documentation of employee training related to the prevention, detection, reporting, and response to sexual abuse and sexual harassment involving inmates. This assessment was guided by the specific</p>

requirements of §115.31, which establish the minimum training topics and documentation obligations for employees who may have contact with inmates.

As part of this review, the Auditor examined Alabama Department of Corrections Administrative Regulation #454, Inmate Sexual Abuse and Harassment, which sets forth training expectations for staff and requires instruction sufficient to ensure compliance with PREA standards. The Auditor also reviewed the PREA training curriculum developed by The Moss Group, a nationally recognized curriculum created to assist agencies in meeting the requirements of PREA employee training standards, including §115.31. Together, these materials form the foundation of the facility's employee training program and reflect a structured approach to equipping staff with the knowledge necessary to carry out their PREA responsibilities in a confinement setting.

Additional materials reviewed included staff educational pamphlets, training assessments, IPCM-related training resources, and records from staff meetings and shift briefings that are used to reinforce PREA concepts throughout the year. The Auditor also examined 50 staff training files to verify timely completion of required instruction, signed acknowledgments or other verification of understanding, and consistent retention of training documentation. This review was consistent with §115.31(d), which requires agencies to document, through employee signature or electronic verification, that employees understand the training they have received.

OBSERVATIONS

During the on-site tour of Hamilton A & I, the Auditor observed multiple PREA Information Boards placed in areas accessible to both staff and inmates. These boards were clearly arranged, easy to read, and presented essential information in a straightforward format that supported routine awareness beyond formal classroom or in-service settings. Their visibility contributed to an environment in which PREA expectations remained present in day-to-day operations rather than being limited to scheduled training events.

The boards included definitions of sexual abuse and sexual harassment, a statement of the agency's zero-tolerance policy, and instructions on how to report allegations or concerns. The internal reporting number, *661, was prominently displayed, along with information affirming the right of inmates to be free from sexual abuse and sexual harassment. These posted materials reinforced the same core principles required under §115.31 training, particularly staff awareness of reporting responsibilities, inmate rights, and the agency's prevention-and-response framework.

The Auditor determined that the clarity and accessibility of the posted information supported ongoing education and practical reinforcement of PREA concepts. In this way, the facility's visual communication tools complemented formal staff instruction and helped sustain familiarity with PREA requirements in the daily operational setting. This type of reinforcement is consistent with PREA guidance encouraging agencies to keep sexual safety concepts active and visible across the institution.

INTERVIEWS

Random Staff

The Auditor interviewed randomly selected staff members across different shifts and assignments, and their responses reflected a consistent understanding of PREA requirements. Staff reported that they completed PREA training before having contact with inmates and that PREA-related content continues to be reinforced through annual training, shift briefings, and staff meetings. Their descriptions were consistent with PREA's requirement that employees who may have contact with inmates receive training on the agency's zero-tolerance policy and their responsibilities for prevention, detection, reporting, and response.

When questioned about the substance of their training, staff were able to explain key topics clearly and practically. They discussed zero tolerance, reporting obligations, professional boundaries, appropriate response actions, and the expectation that staff remain alert to signs of sexual abuse, sexual harassment, retaliation, and inappropriate staff or inmate conduct. Their responses also indicated awareness that inmates have a right to be free from sexual abuse and sexual harassment and that staff must respond in a way that is professional, timely, and consistent with agency policy.

The interviews showed that PREA training at Hamilton A & I is not merely documented but functionally understood and applied. Staff responses suggested that the facility's training program is effectively translating required PREA concepts into daily operational practice, which is an important consideration in evaluating compliance with §115.31.

PROVISIONS

Provision (a): Comprehensive Foundational Employee Training and Core PREA Competencies

Documentation confirmed that all employees with inmate contact receive PREA training that covers the required elements of §115.31. The training addresses the agency's zero-tolerance policy for sexual abuse and sexual harassment; staff responsibilities for prevention, detection, reporting, and response; the rights of inmates to be free from sexual abuse and sexual harassment; and the right of inmates and staff to be free from retaliation for reporting. It also addresses the dynamics of sexual abuse in confinement, common reactions of victims, methods for recognizing warning signs, the importance of maintaining professional boundaries, and appropriate communication with lesbian, gay, bisexual, transgender, intersex, and gender-nonconforming inmates.

The training further includes applicable legal reporting obligations and practical instruction designed to help staff understand how PREA requirements apply within a correctional setting. The Moss Group curriculum presents these subjects in clear language and uses practical examples to support comprehension and retention. Review of 50 staff files confirmed completion of required training and showed that signed acknowledgments and attendance documentation were properly maintained, supporting the conclusion that the facility has implemented a structured and

comprehensive training program.

Relevant Policies:

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

Provision (b): Facility-Specific Delivery and Gender-Responsive Training Content

The training program is adapted to the operational realities of Hamilton A & I while remaining aligned with PREA requirements. PREA §115.31 also requires that employees be trained in a manner tailored to the gender of the inmate population at the facility, although staff transferring or working in another setting must receive additional training if the gender composition differs. Within this framework, gender-based topics are presented in a neutral, professional, and facility-appropriate manner that supports respectful and effective communication in the correctional environment.

Training records, including attendance documentation and related files, confirmed staff participation in the required sessions. The Auditor found that the facility's delivery of training remained consistent with agency expectations while still reflecting institutional operations and the needs of the inmate population housed there. This balance supports both technical compliance and practical implementation.

Relevant Policies:

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

Provision (c): Timely Refresher Training and Ongoing Informational Reinforcement

Review of staff training records confirmed that all 50 staff members completed PREA training within the past 12 months. Although §115.31(c) specifically requires refresher training every two years and refresher information in intervening years, the records reviewed reflected a training schedule that exceeds the minimum federal expectation by providing PREA-related reinforcement on a more frequent basis. This approach helps ensure that employees remain current on agency sexual abuse and sexual harassment policies and procedures.

Staff are also provided with supplemental reference materials that reinforce core concepts outside formal training sessions. These materials include the pamphlet "PREA: What Staff Should Know About Sexual Misconduct with Inmates," which summarizes key principles in an accessible format, and the guide "Prison Rape Elimination Act (PREA): A Trauma-Informed Guide for First Responders," which serves as a practical tool for responding appropriately in daily operations. The use of supplemental materials reflects a layered training strategy that supports retention, application, and trauma-informed practice.

Relevant Policies:

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

Provision (d): Reliable Documentation of Training Completion and Staff Understanding

PREA training at Hamilton A & I is consistently documented through attendance records, acknowledgment forms, or other verification measures maintained in staff training files. Section 115.31(d) requires the agency to document, through employee signature or electronic verification, that employees understand the training they have received, and the Auditor’s file review confirmed that this requirement was met in the records examined. Documentation was complete, orderly, and consistently retained.

The training logs and signed records demonstrated a dependable tracking process that supports accountability and permits verification of training status during the audit process. This level of documentation strengthens the facility’s ability to show not only that training occurred, but also that employee understanding was formally acknowledged in accordance with PREA requirements.

Relevant Policies:

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

CONCLUSION

Based on the documentation reviewed, the on-site observations made by the Auditor, and the staff interviews conducted during the audit, Hamilton A & I is in compliance with PREA Standard §115.31. The facility has established a structured employee training program that reflects the substantive requirements of the standard and supports staff competency in preventing, detecting, reporting, and responding to sexual abuse and sexual harassment involving inmates.

The evidence showed that training is comprehensive, reinforced through ongoing communication, documented in a reliable manner, and understood by staff in practical terms. Through formal instruction, refresher efforts, posted information, and staff accountability measures, the facility demonstrates a consistent commitment to maintaining a culture of sexual safety and PREA awareness throughout its operations.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>
	To evaluate compliance with PREA Standard §115.32, the Auditor reviewed the Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by Hamilton A & I. The review focused on the manner in which the facility provides, tracks, and

maintains PREA training for volunteers and contractors who may have contact with inmates, with particular attention to whether the training is delivered before access is granted, whether the content is appropriate to the person's role, and whether documentation confirms the training was understood. These are central requirements of §115.32 and are essential to ensuring that non-employee personnel understand their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response framework.

As part of this review, the Auditor examined Alabama Department of Corrections Administrative Regulation 454, Inmate Sexual Abuse and Harassment, which outlines training expectations for volunteers and contractors, as well as Administrative Regulation 216, Background Checks, which supports the screening and approval process for outside personnel. The review also included training curricula designed specifically for volunteers and contractors, training rosters, signed acknowledgment forms, and records showing that PREA training was completed before individuals were permitted access to the facility. The documentation encompassed both medical and non-medical contractors, along with volunteers, allowing the Auditor to assess whether the facility applies PREA expectations consistently across different categories of outside personnel.

These materials demonstrated that Hamilton A & I uses a practical and organized training process intended to prepare outside personnel before they begin duties that may bring them into contact with inmates. PREA guidance emphasizes that agencies must clearly identify who qualifies as a volunteer or contractor, tailor training to the services provided and level of contact, and retain documentation showing when and how the training occurred. The records reviewed were consistent with that framework and reflected a deliberate approach to ensuring that volunteers and contractors receive role-appropriate information before entering the operational environment.

OBSERVATIONS

During the on-site visit, the Auditor observed that PREA information for outside personnel was communicated in a consistent and straightforward manner. Facility staff explained that volunteers and contractors are required to complete PREA training before being allowed into housing units, program areas, or other spaces where inmate contact may occur. This practice is consistent with the purpose of §115.32, which is to ensure that individuals who are not agency employees nevertheless understand their responsibilities before they begin work or service inside the facility.

The Auditor did not observe any volunteers or contractors interacting with inmates without first having completed the required PREA instruction. This observation supported the documentation reviewed and suggested that Hamilton A & I applies its pre-service training expectations in a careful and consistent way. The observed practice was also consistent with PREA guidance recommending that agencies ensure anyone entering the facility who may have contact with an inmate is appropriately trained and informed of reporting duties before that contact occurs.

Taken together, the on-site observations reinforced the conclusion that the facility

treats volunteer and contractor training as an operational requirement rather than a formality. The organized nature of the training process supported the credibility of the records and reflected a systematic commitment to compliance with §115.32.

INTERVIEWS

Contractor

The Auditor interviewed a contractor who stated that PREA training was completed before any contact with inmates began. The contractor described the training as practical, direct, and easy to understand, with clear instruction regarding professional boundaries, reporting responsibilities, and the expectation that any concern, suspicion, or allegation of sexual abuse or sexual harassment must be reported immediately. This account was consistent with §115.32's requirement that contractors be trained on their responsibilities under the agency's prevention, detection, and response policies and procedures.

The contractor further explained that the training clearly identified behavior that is prohibited, explained what must be reported, and provided guidance on how to respond if an issue arose. The contractor's statements indicated not only receipt of the training, but comprehension of the practical responsibilities attached to working in a correctional environment. This supports the standard's emphasis on meaningful training that reflects the person's level of contact and the nature of the services provided.

Volunteer

The Auditor also spoke with a volunteer who confirmed that PREA training was completed before approval was granted to enter the facility. The volunteer described the training as clear, understandable, and closely tied to expected conduct, personal boundaries, and the duty to act promptly when learning of or suspecting sexual abuse or sexual harassment. The volunteer stated that the agency's zero-tolerance policy was explained plainly and that the reporting expectations were easy to understand.

The volunteer also noted that the material was directly relevant to the role being performed and that facility staff were available to answer questions when needed. This interview response supported the conclusion that the facility's training is not generic, but presented in a way that helps outside personnel understand how PREA expectations apply within the specific correctional setting where they serve. Such role-linked delivery is consistent with PREA guidance encouraging agencies to provide volunteers and contractors with training that is appropriate to their duties and level of inmate contact.

PROVISIONS

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

Hamilton A & I requires all volunteers and contractors who have contact with inmates to complete PREA training before being allowed into the facility. This practice aligns

directly with §115.32(a), which requires training for all volunteers and contractors who have contact with inmates on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The facility's pre-service training process is structured to ensure that outside personnel understand how to recognize concerning behavior, maintain professional boundaries, report information appropriately, and respond in accordance with institutional expectations before any inmate contact occurs.

The facility reported 44 medical and mental health contractors and 402 approved volunteers, while also noting that not all of these individuals enter the facility on a regular basis. PREA guidance recognizes that the level and type of training may vary depending on the services provided and the level of contact, including situations involving infrequent or closely supervised access. The records and interviews reviewed by the Auditor were consistent with this principle and indicated that the facility distinguishes between approval status and actual frequency of institutional access while still requiring PREA training before inmate contact is permitted.

The Auditor reviewed a sample of training files that included all 54 medical and mental health contractors and 50 volunteers. All records reviewed reflected that PREA training had been completed and documented before access was granted. Training materials developed with support from The Moss Group addressed required PREA topics and were adjusted to reflect the individual's level of inmate contact and type of work, while the Institutional PREA Compliance Manager was identified as the person responsible for verifying completion of training before approval to enter the facility was issued. This provision is significant because it ensures that all outside personnel are informed of expectations and responsibilities before entering an environment where inmate safety and institutional accountability are paramount.

Relevant Policies:

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

Provision (b): Role-Responsive Training Content and Clear Reporting Expectations

Hamilton A & I provides PREA training to volunteers and contractors in a manner that is practical, understandable, and tailored to the duties being performed. This approach is consistent with §115.32(b), which requires that the level and type of training be based on the services provided and level of contact with inmates, while also requiring that all volunteers and contractors with inmate contact be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The facility's training materials conveyed these expectations in plain language and used examples designed to connect directly to day-to-day responsibilities.

The curriculum emphasized the zero-tolerance policy, outlined behaviors that are prohibited, and explained reporting procedures in a direct and accessible way. Materials included a four-page handout titled "PREA Training for Volunteers and Contractors," which summarized key definitions, reporting methods, and essential

expectations, as well as a trifold PREA pamphlet that reinforced major points in a concise format. Participants also received a PREA First Responder Duties card that provided simple step-by-step guidance for responding to allegations, helping translate policy expectations into practical action.

Medical contractors received an additional training component focused on responding to sexual abuse in a healthcare setting within a correctional environment. This additional module appropriately reflected the more specialized responsibilities of medical personnel and demonstrated that the facility calibrates training based on role complexity and potential involvement in the response process. Interviews with both the contractor and volunteer confirmed that the training was easy to follow, relevant to their roles, and well understood, reinforcing the conclusion that the content was delivered in a meaningful and effective manner. This provision is important because it promotes consistent conduct, clear reporting, and informed decision-making across all categories of outside personnel.

Relevant Policies:

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

Provision (c): Verified Documentation of Training Completion and Demonstrated Understanding

Hamilton A & I maintains organized documentation showing that volunteers and contractors completed PREA training and acknowledged their understanding of the material. This practice aligns with §115.32(c), which requires the agency to maintain documentation confirming that volunteers and contractors understand the training they have received. The Institutional PREA Compliance Manager collects and retains signed acknowledgment forms and related records as proof of participation and comprehension.

The Auditor reviewed multiple training records, including printed reports from an online training platform. Each record identified the individual's name, position, completion date, and course results, demonstrating that the participant successfully completed the required training. The records were well organized, easy to follow, and consistent with PREA best-practice guidance recommending retention of training curricula, dates of delivery, sign-in information, and signed acknowledgments verifying understanding.

This documentation process supports accountability, transparency, and audit readiness by ensuring that required training is recorded, verified, and retrievable when needed. It also reflects that the facility does not rely on informal assurances of completion, but instead maintains a consistent recordkeeping system to confirm that volunteers and contractors have received and understood PREA training before engaging in work or service involving inmate contact. This provision is important because it demonstrates that Hamilton A & I places institutional significance on both the completion of training and the verification of comprehension.

	<p>Relevant Policies:</p> <p>1. ADOC AR #454, V.A.2.a-b, p. 13.</p> <p>CONCLUSION</p> <p>Based on the review of documentation, applicable policies, on-site observations, and interviews with both a contractor and a volunteer, the Auditor finds that Hamilton A & I complies with PREA Standard §115.32. The facility provides structured, role-appropriate PREA training to volunteers and contractors before they are permitted to interact with inmates, and the training process reflects the core requirements of the standard regarding zero tolerance, reporting obligations, role-based instruction, and documentation of understanding.</p> <p>The evidence reviewed showed that training is completed before access is granted, tailored to the level of inmate contact and type of service provided, and documented through a reliable system of acknowledgments and training records. These practices support a safe, respectful, and accountable environment and help ensure that all individuals entering the facility with potential inmate contact understand their responsibilities under PREA.</p>
--	---

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 detailed and methodical review of the Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by Hamilton A & I and the Alabama Department of Corrections (ADOC). The review focused on how inmates are informed of their rights, how education is delivered at intake and reinforced over time, how the facility ensures accessibility for all inmates, and how participation is documented. These are the central elements of §115.33, which is designed to ensure that inmates receive PREA information in a manner they can understand and retain when needed.</p> <p>The Auditor examined Alabama Department of Corrections Administrative Regulation 454, Inmate Sexual Abuse and Harassment, which establishes requirements for intake education, comprehensive instruction, accessibility, documentation, and ongoing visibility of PREA information. Additional materials reviewed included the inmate PREA training curriculum, orientation materials, and the ADOC Inmate Handbook, all of which are intended to provide inmates with understandable information about their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting, and the methods available for reporting concerns or</p>

incidents. ADOC's publicly posted PREA materials also reflect the agency's zero-tolerance policy and its broader commitment to prevention, detection, and response.

The Auditor also reviewed PREA acknowledgment forms, inmate education sign-in sheets, 30-day education logs, and a tracking spreadsheet used to document participation in PREA education sessions. Informational pamphlets, including "What You Should Know About Sexual Abuse and Assault," were reviewed alongside posters and other visual materials used throughout the facility to reinforce key messages. Materials were also reviewed in alternative formats, including Spanish-language resources and accessible formats for inmates with low vision, hearing limitations, limited reading ability, or other communication needs, and the documentation reflected a consistent and organized approach to inmate education across multiple delivery methods.

OBSERVATIONS

During the on-site tour, the Auditor observed PREA educational materials posted in housing units, common areas, and near inmate telephones. The materials were clear, direct, and easy to read, and they presented key information in a way that supported both initial education and ongoing reinforcement. The posted content included definitions of sexual abuse and sexual harassment, the agency's zero-tolerance policy, and instructions for reporting incidents or suspicions, which aligns with PREA's requirement that inmates receive understandable information about prohibited conduct and reporting options.

The internal reporting number, *661, was clearly displayed, and external reporting options were also posted, including Crisis Services of North Alabama as a confidential support resource. The visibility of both internal and outside reporting avenues supported the conclusion that inmates are provided multiple ways to seek help or make a report. This reflects PREA's broader intent that inmate education be practical and actionable, not merely informational.

Materials were available in English and Spanish, and accessible formats were evident during the tour. The Auditor observed the use of Braille materials, closed-captioned video content, and American Sign Language interpretation, and noted that the "Discussing PREA" video was available in multiple formats and languages. The placement, variety, and accessibility of these materials demonstrated an ongoing effort to ensure that PREA information remains continuously and readily available to inmates with a wide range of communication needs, which is specifically required by §115.33(d) and (f).

INTERVIEWS

Random Inmates

Interviews with randomly selected inmates confirmed that PREA education is consistently provided and understood at a functional level. Inmates reported receiving written PREA materials shortly after arrival and recalled participating in PREA video instruction or related educational presentations. Their responses

supported the conclusion that the facility is providing both intake information and more comprehensive follow-up education in a way that inmates can recall and use.

When asked about reporting options, inmates were able to explain how to report sexual abuse or sexual harassment and identified both internal and external methods of reporting. They also demonstrated a basic understanding of their right to be free from sexual abuse and sexual harassment while in custody. These interviews were consistent with §115.33's purpose of ensuring that inmate education results in practical awareness of rights, reporting avenues, and available protections.

Intake Staff

The Auditor also interviewed intake staff, who explained that PREA education begins immediately when an inmate arrives at Hamilton A & I. Staff described a consistent intake process in which inmates are informed of their right to be free from sexual abuse and retaliation, provided information about reporting options, and given initial written materials, including the Inmate Handbook and PREA-related information. Staff stated that inmates sign acknowledgment forms to document receipt of this information and later receive more comprehensive education through video instruction or direct presentation within the required timeframe.

Intake staff further explained that education is adapted for inmates with limited English proficiency, hearing or vision limitations, cognitive needs, or limited literacy. They described the use of alternate formats and accommodations to ensure that the information is understandable to each inmate rather than simply provided in a standard format. This approach is fully consistent with PREA's requirement that inmate education be accessible to all inmates, including those who are deaf, visually impaired, otherwise disabled, limited English proficient, or who have limited reading skills.

PROVISIONS

Provision (a): Immediate Intake Education and Early Awareness of Rights and Reporting

Hamilton A & I provides immediate PREA education to inmates during the intake process. This initial education is direct, understandable, and focused on the foundational topics required by §115.33(a), including the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how inmates may report incidents or suspicions. The purpose of this early education is to ensure that inmates receive essential safety information as soon as they enter the facility, rather than waiting until later in the intake cycle.

Documentation and interview responses confirmed that inmates admitted during the previous 12 months received this information at intake. PREA education is conducted with new arrivals on Tuesday and Tuesday of every week, and the evidence reviewed reflected that the facility uses this process to ensure that inmates are informed from the beginning of their placement. This practice supports the standard's intent that core PREA information be delivered promptly and consistently at intake so that

inmates know their rights and reporting options from the outset.

Relevant Policies:

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

Provision (b): Timely Comprehensive Education Within the Required Timeframe

Inmates who remain at Hamilton A & I receive more detailed PREA education within the timeframe required by §115.33(b). PREA requires that within 30 days of intake, inmates receive comprehensive education, either in person or through video, regarding their rights to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting, and the agency's policies and procedures for responding to such incidents. The facility's educational process includes video instruction, discussion, and the opportunity for inmates to ask questions, thereby supporting more complete understanding beyond the initial intake information.

The records reviewed by the Auditor, including attendance logs and tracking documents, confirmed that eligible inmates received this additional education and that the process was clearly documented. The use of more comprehensive education after intake reflects PREA's recognition that inmates benefit from receiving information in stages, beginning with immediate intake instruction and followed by fuller explanation once the inmate has had time to orient to the facility. This staged approach strengthens understanding and retention.

Relevant Policies:

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

Provision (c): Education for Current and Transferred Inmates Through Consistent Program Delivery

The facility's education process also supports PREA compliance for inmates who remain in custody and for those whose educational status must be verified after intake. Section 115.33(c) requires that current inmates who have not previously received such education be educated within one year of the effective date of the standards and that inmates be educated upon transfer to a different facility to the extent that the policies and procedures of the new facility differ from those of the previous one. The documentation reviewed by the Auditor, including tracking logs and acknowledgment records, reflected a structured process for ensuring that inmate education is not limited to a single intake event but is part of an ongoing and trackable institutional practice.

The Auditor reviewed a sample of inmate records and confirmed the presence of signed and dated PREA acknowledgment forms documenting participation in PREA orientation and receipt of the Inmate Handbook and related materials. These records supported the conclusion that Hamilton A & I uses reliable systems to identify whether inmates have received the required education and to confirm completion when additional instruction is needed. This provision is important because it helps

ensure continuity of PREA awareness for inmates at different stages of confinement.

Relevant Policies:

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

Provision (d): Accessible Communication and Inclusive Delivery for All Inmates

REA education at Hamilton A & I is delivered in a range of accessible formats to meet the needs of all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, or who have limited reading skills. Section 115.33(d) specifically requires agencies to provide inmate education in formats accessible to all inmates, and the evidence reviewed showed that the facility has taken active steps to satisfy that obligation. Materials were available in multiple languages, and accommodations were in place for inmates with hearing, vision, literacy, or cognitive limitations.

The facility uses posters, visual aids, and video materials with closed captioning and American Sign Language interpretation, and the Auditor observed accessible formats in practice during the on-site review. Policy also prohibits the use of inmates as interpreters, except in very limited circumstances where no other option exists, which supports both accuracy and confidentiality when sensitive PREA information is being communicated. This provision is particularly important because PREA education is only effective if inmates can truly understand the information being provided, especially those who may be most vulnerable to communication barriers.

Relevant Policies:

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

Provision (e): Documented Participation and Centralized Tracking of Education History

All inmates are required to sign a PREA acknowledgment form, and that documentation is maintained in the institutional file. Section 115.33(e) requires the agency to maintain documentation of inmate participation in education sessions, and the facility's use of signed acknowledgment forms provides direct evidence that education was delivered. The Auditor found that this documentation was complete, organized, and consistent with the facility's stated education process.

In addition to institutional file documentation, the agency maintains a centralized tracking system that allows staff to verify an inmate's PREA education history. This supports continuity when inmates transfer between facilities and allows staff to determine whether additional education is needed based on the receiving facility's policies and procedures. The existence of both local documentation and centralized tracking reflects a reliable and practical system for monitoring compliance with inmate education requirements.

Relevant Policies:

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

Provision (f): Continuous Visibility and Reinforcement of PREA Information Throughout the Facility

Hamilton A & I uses multiple visible and accessible methods to reinforce PREA education after intake and formal instruction have been completed. Section 115.33(f) requires agencies to ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. The facility satisfies this requirement through the use of posters, handbooks, videos, and repeated visual reminders in housing areas, common spaces, and other locations regularly accessed by inmates.

The Auditor observed PREA materials in all areas visited, and the variety in design and placement appeared to support continued awareness rather than passive display. This ongoing reinforcement helps keep critical information available when inmates need it, including how to report, what conduct is prohibited, and where support may be obtained. The consistent presence of educational materials throughout the facility demonstrated an active and sustained approach to inmate education rather than a one-time orientation model.

Relevant Policies:

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

CONCLUSION

Based on the review of documentation, staff and inmate interviews, and on-site observations, the Auditor finds that Hamilton A & I is in compliance with PREA Standard §115.33. The facility provides timely, clear, and accessible PREA education to inmates, documents participation in a reliable manner, and reinforces key information throughout the institution in ways that are visible and understandable.

The evidence demonstrated that inmates receive intake information, comprehensive follow-up education, accessible materials, and continuing exposure to PREA messaging through multiple formats. These practices support an informed inmate population, strengthen awareness of reporting options and protections, and contribute to a safer correctional environment that is aligned with the requirements and intent of §115.33.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.34, the Auditor reviewed the Pre-Audit Questionnaire (PAQ) and a broad range of supporting documentation submitted in connection with Hamilton A & I and the Alabama Department of Corrections (ADOC). The review focused on whether agency investigators who conduct sexual abuse investigations in confinement settings receive the specialized training required by PREA, whether the content of that training reflects the subjects mandated by the standard, and whether the agency maintains clear documentation confirming successful completion. This review is central to §115.34 because the standard is designed to ensure that allegations of sexual abuse are investigated by personnel with the specialized skills necessary to work effectively in a correctional environment.

The Auditor examined ADOC Administrative Regulation 454, Inmate Sexual Abuse and Harassment, effective May 29, 2025, which establishes the agency's expectations for PREA-related investigator training. The Auditor also reviewed the specialized training curriculum for investigators, training certificates, and course materials provided through The Moss Group, ADOC, Training Force USA, and the National Institute of Justice. These materials collectively addressed the requirements of §115.34 and reflected a training structure intended to ensure that investigators are not relying solely on general staff instruction, but are receiving focused preparation for the unique demands of sexual abuse investigations in confinement settings.

The records demonstrated that the agency has developed a layered training process that includes both formal classroom-style instruction and supplemental online or institutional learning resources. In doing so, ADOC's program aligns with PREA guidance recognizing that sexual abuse investigations in correctional settings require specialized knowledge beyond ordinary investigative practice, including an understanding of institutional culture, victim behavior in confinement, evidence preservation challenges, and the distinction between administrative fact-finding and criminal case development.

INTERVIEWS

Investigative Staff

During interviews, investigative staff confirmed that they had completed specialized training in conducting sexual abuse investigations within confinement settings. Their responses reflected knowledge of essential investigative procedures, including the proper use of Miranda and Garrity warnings, trauma-informed and victim-centered interviewing practices, and methods of collecting and preserving evidence in the correctional environment. These responses were consistent with §115.34(b), which specifically identifies those topics as core components of required investigator training.

Investigative staff also demonstrated an understanding of how confinement settings affect both victim disclosures and investigative strategy. They spoke in a manner that reflected familiarity with interviewing techniques tailored to sexual abuse victims, the importance of distinguishing interviews from interrogations, and the need to conduct

investigations in a way that is legally sound, professionally objective, and sensitive to the realities of trauma. Their interview responses reinforced the documentation reviewed by the Auditor and supported the conclusion that the specialized training received was not merely theoretical, but meaningfully understood.

PROVISIONS

Provision (a): Specialized Investigator Preparation for Sexual Abuse Cases in Confinement Settings

The PAQ and supporting documentation confirmed that ADOC policy requires all investigators who conduct PREA-related investigations to receive specialized training in the investigation of sexual abuse in confinement settings. This requirement is directly consistent with §115.34(a), which applies whenever the agency itself conducts sexual abuse investigations and obligates the agency to ensure that its investigators receive training specific to those investigations. Interviews with investigative staff corroborated that this training requirement is active in practice and that investigators understand the substance and purpose of the training they have completed.

The Auditor reviewed training certificates for 15 investigators affiliated with Hamilton A & I and verified successful completion of courses delivered by The Moss Group, ADOC, and Training Force USA. Training topics included trauma-informed sexual assault investigations, human trafficking awareness, prison rape and sexual assault investigation, and specialized PREA investigative techniques. These topics are closely aligned with PREA's expectation that investigators be prepared to address the dynamics of sexual abuse in confinement settings with a combination of legal, forensic, and victim-centered competence.

The Auditor also noted that all 52 Institutional PREA Compliance Managers statewide had completed the same specialized training, reflecting a broader agency investment in PREA-related investigative competence beyond individual facility assignment. In addition, the Auditor reviewed relevant portions of the National Institute of Justice's online course Sexual Abuse and the Initial Responder, including modules on PREA investigations, collaborating with victims, interviewing techniques, and institutional culture and investigations. This combination of training sources demonstrated that the agency has established a structured and substantive training framework that supports investigator readiness in a confinement context.

Relevant Policy:

1. AR #454, V.A.5. 3. a-b, pp. 14-15.

Provision (b): Required Investigative Competencies, Legal Warnings, and Evidentiary Decision-Making

The agency confirmed, through documentation and staff interviews, that investigator training includes the core subject matter required by §115.34(b). This includes techniques for interviewing sexual abuse victims, the proper application of Miranda

and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to determine whether allegations support administrative action or referral for criminal prosecution. These subjects are fundamental under PREA because they ensure that investigators can conduct legally sound, trauma-informed, and institutionally appropriate investigations.

The Auditor reviewed National Institute of Justice and National Institute of Corrections training content and verified completion through training records as well as direct confirmation from investigative staff. PREA guidance emphasizes that specialized investigator training should address the distinction between victim interviewing and interrogation, the unique evidentiary challenges present in correctional facilities, and the standards for evaluating whether a case can be substantiated for administrative or criminal purposes. The materials reviewed and the interviews conducted reflected that those competencies were embedded in the agency's training process.

Relevant Policy:

1. AR #454, V.A.5. 3. a-b, pp. 14-15.

Provision (c): Documented Training Completion and Verifiable Investigative Readiness

The agency maintains detailed documentation of specialized training completion for each investigator, as required by §115.34(c). The Auditor verified this through review of signed training certificates for twenty PREA investigators currently employed by the ADOC Law Enforcement Services Division, as well as through confirmation that training had been completed through a combination of in-person instruction and online learning modules. These records provided verifiable proof that investigators had successfully completed the required training in conducting sexual abuse investigations in confinement settings.

Agency policy requires that all such training be documented, signed, and maintained in personnel files, and the Auditor confirmed adherence to those documentation practices. The records reviewed were consistent, organized, and sufficient to establish a reliable training history for each investigator. This documentation is especially significant under PREA because it permits the agency and the Auditor to verify not only that training is required by policy, but that it has in fact been completed by the personnel responsible for investigating sexual abuse allegations.

Relevant Policy:

1. AR #454, V.A.5. 3. a-b, pp. 14-15.

Provision (d): Non-Applicable State Investigative Entity Requirement

Provision (d) was not applicable for this audit. Section 115.34(d) applies to a State entity or Department of Justice component that investigates sexual abuse in confinement settings, requiring that such external investigative body provide the

same specialized training to its agents and investigators. Because this audit evaluated the agency's own investigative structure and found that ADOC maintains its own trained investigative personnel, this provision was not applied as part of the compliance determination for Hamilton A & I.

CONCLUSION

Based on a comprehensive review of policy documentation, training materials, personnel records, and interviews with investigative staff, the Auditor concludes that Hamilton A & I is in full compliance with PREA Standard §115.34, Specialized Training: Investigations. The evidence demonstrated that the agency has established and implemented a robust system to ensure that investigators who conduct sexual abuse investigations in confinement settings are appropriately trained, that the training covers the specialized topics required by PREA, and that completion of the training is fully documented.

The agency's training structure reflects a serious and professional approach to investigative readiness. By providing specialized instruction in trauma-informed interviewing, legal warnings, evidence collection, and case substantiation standards, and by retaining reliable records of completion, ADOC supports thorough, legally defensible, and effective investigations of sexual abuse allegations in the correctional setting.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>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 Hamilton A & I and the Alabama Department of Corrections (ADOC). The review focused on the training requirements applicable to medical and mental health practitioners who work regularly within the facility, including both the general PREA instruction required of staff, contractors, or volunteers and the specialized clinical training mandated by §115.35. This review was intended to determine whether practitioners receive role-specific preparation sufficient to respond professionally and appropriately to PREA-related concerns in a correctional setting.</p> <p>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</p>

specialized training curricula, lesson plans, and training records maintained for medical and mental health staff. These materials documented participation, completion, and acknowledgment of required instruction, and collectively reflected a structured, policy-driven training process intended to ensure that practitioners are prepared to detect, assess, report, and respond to sexual abuse and sexual harassment in a manner consistent with PREA and professional practice.

The documentation further demonstrated that the training program is designed to address the realities of clinical work inside a confinement setting. PREA guidance emphasizes that medical and mental health practitioners must understand not only how to identify signs of abuse and respond to victims, but also how to preserve evidence when applicable and fulfill reporting responsibilities within the institution. The records reviewed by the Auditor showed that the facility's training program is structured to support those responsibilities through both foundational PREA instruction and specialized clinical content.

INTERVIEWS

Medical and Mental Health Practitioners

Medical and mental health practitioners independently confirmed that they had completed both the general PREA training required for their status and the specialized instruction designed specifically for clinical professionals. They described training content focused on identifying signs of sexual abuse and sexual harassment, responding to victims in a professional and trauma-informed manner, and meeting mandatory reporting obligations. Their responses were consistent with §115.35(a), which requires specialized training for practitioners who work regularly in the facility.

Practitioners also demonstrated awareness that their role is distinct from that of investigators and first responders, while still requiring careful attention to evidence preservation, victim support, and appropriate notification through agency reporting channels. Their statements reflected an understanding of how clinical responsibilities intersect with PREA requirements, particularly when an inmate discloses abuse, presents with behavioral or physical indicators, or requires immediate medical or mental health intervention. This interview information supported the conclusion that the training is not merely completed, but understood in a way that informs clinical practice.

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 the specialized training tailored to their clinical duties. The IPCM described this layered training approach as necessary to ensure that practitioners understand both the agency-wide PREA framework and the more specific responsibilities attached to their professional roles. This description aligned with §115.35(d), which requires medical and mental health practitioners to receive both specialized training and the general PREA training applicable to their employment or contractual status.

Facility Leadership

Facility leadership further affirmed that compliance with PREA training requirements is actively monitored and documented and that no medical or mental health practitioner is permitted to work regularly in the facility without first completing the required training components. Leadership emphasized that training completion is tracked, retained, and reviewed to ensure that clinical personnel are prepared before engaging in duties that may involve inmate contact or response to PREA-related concerns. These statements were consistent with the documentary record and reinforced the facility's structured approach to compliance.

PROVISIONS

Provision (a): Specialized Clinical Training for Detection, Response, and Professional Duty

Through the PAQ and supporting documentation, the facility reported that agency policy requires all medical and mental health practitioners who work regularly at Hamilton A & I to complete specialized PREA training. At the time of the audit, a total of 44 medical and mental health practitioners were contracted through YesCare and assigned to the facility, and the review of representative training documentation confirmed that each record examined reflected completion of the required training in accordance with agency policy. This is consistent with §115.35(a), which applies to all full- and part-time medical and mental health practitioners who work regularly in the facility.

Review of lesson plans and training materials verified that the specialized curriculum addresses the core subject matter relevant to clinical practice in a correctional environment. The training includes instruction on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence when appropriate, how to respond effectively and professionally to victims, and how and to whom allegations or suspicions must be reported. Additional instruction addresses the unique medical and mental health needs of inmates who may be victims of sexual abuse, along with clinical awareness of risk factors associated with sexual victimization and the importance of trauma-responsive care.

Agency policy requires that completion and comprehension of this training be documented through staff acknowledgment, and the Auditor's review of training records, together with staff interviews, confirmed compliance with this expectation. This provision is significant because medical and mental health practitioners often occupy a critical role in identifying abuse, supporting victims, and ensuring that allegations are routed promptly and properly through the facility's PREA response process.

Relevant Policy:

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

Provision (b): Non-Applicable Forensic Examination Requirement

This provision was not applicable during the audit. Section 115.35(b) applies only if medical staff employed by the agency conduct forensic examinations and, in such cases, requires those staff to receive the appropriate training to perform those examinations. Facility procedures prohibit medical staff at Hamilton A & I from conducting forensic examinations of victims of sexual abuse, and therefore the additional forensic-exam training requirement did not apply to this audit determination.

Provision (c): Documented Training Completion and Reliable Record Maintenance

The PAQ indicated, and the supporting 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 PREA training. This is consistent with §115.35(c), which requires the agency to maintain documentation that medical and mental health practitioners have received the training referenced in the standard, whether from the agency or from another source.

Staff interviews further reinforced that training requirements had been met and appropriately recorded. The records reviewed were organized, complete, and sufficient to verify that practitioners assigned to Hamilton A & I had received the training necessary to perform their duties in a PREA-compliant manner. This level of documentation supports accountability, audit verification, and continuity of compliance across both employed and contracted practitioners.

Relevant Policy:

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

Provision (d): General PREA Training in Addition to Specialized Clinical Instruction

In addition to specialized clinical instruction, medical and mental health practitioners also receive the general PREA training required of employees, contractors, or volunteers, depending on their status with the agency. Section 115.35(d) explicitly requires this layered approach, recognizing that clinical personnel must understand both the broader institutional PREA framework and the more specialized expectations associated with their professional roles. The PAQ, sign-in sheets, and training materials reviewed by the Auditor confirmed participation in these general PREA training sessions.

The documentation demonstrated that required general training is delivered consistently and that attendance is tracked in accordance with policy. This dual-training model strengthens the facility's PREA compliance posture by ensuring that medical and mental health practitioners are grounded in the same zero-tolerance principles, reporting expectations, retaliation protections, and response obligations

that apply to other personnel, while also receiving the specialized instruction needed for clinical response.

Relevant Policy:

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

CONCLUSION

Based on a comprehensive review of agency policy, training curricula, training records, the Pre-Audit Questionnaire, and interviews with facility leadership, the Institutional PREA Compliance Manager, and medical and mental health practitioners, the Auditor concludes that Hamilton A & I meets all requirements of PREA Standard §115.35, Specialized Training: Medical and Mental Health Care. The evidence showed that practitioners who work regularly in the facility receive both general PREA training and the specialized clinical training required by the standard, that training completion is documented, and that the content addresses the core duties identified in §115.35.

The facility has implemented a consistent and well-documented training program that prepares medical and mental health practitioners to respond to PREA-related concerns in a professional, informed, and trauma-responsive manner. By combining policy-based expectations, specialized lesson content, documented completion, and active monitoring by facility leadership, Hamilton A & I demonstrates compliance with both the technical requirements and the protective intent of §115.35.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.41, the Auditor conducted a broad and detailed review of agency and facility records related to intake screening, subsequent reassessment, and the protection of sensitive information concerning sexual victimization and potential abusiveness. This review included the Pre-Audit Questionnaire (PAQ), statewide Alabama Department of Corrections (ADOC) policies, PREA-specific screening tools, and local intake and classification records from Hamilton A & I that guide staff in carrying out the screening process. These materials were examined to determine whether screening is timely, objective, comprehensive, and used meaningfully to support safety-related decisions, as required by PREA.</p> <p>The policy foundation for this process is ADOC Administrative Regulation (AR) 454, Inmate Sexual Abuse and Harassment, dated May 29, 2025, which establishes</p>

departmental requirements for PREA risk screening at intake, later reassessment, and protection of confidentiality. The Auditor also reviewed ADOC AR 637, Gender Dysphoria, which addresses assessment and protections for transgender and intersex inmates, consistent with PREA's requirement that decisions for these individuals be made on a case-by-case basis with serious consideration of their views of safety. Additional key documents included ADOC Form 454-C, Classification PREA Risk Factors Checklist, ADOC Form 454-K, PREA Risk Assessment, and the facility's internal Risk Assessment Checklist. The file review further encompassed inmate-specific records documenting initial screenings and 30-day reassessments. Taken together, the materials showed how PREA risk information is collected, verified, recorded, and used to inform housing, supervision, and program placement decisions in a way that aligns with §115.41.

INTERVIEWS

Random Inmates

Randomly selected inmates described intake screening as a regular and prompt part of arriving at Hamilton A & I. They reported that staff asked questions about personal safety, fear of sexual harm, prior experiences of sexual abuse, housing concerns, sexual orientation, gender identity, and whether this was their first prison commitment. Inmates indicated that the initial screening typically occurred within the first day, and that follow-up screening was completed within the first several weeks. Their explanations reflected an understanding that the purpose of these questions is to help the facility identify risk and increase safety, rather than to discipline or stigmatize them.

Transgender Inmates

At the time of the on-site audit, there were no transgender inmates assigned to Hamilton A & I, and therefore no transgender inmates were interviewed for this standard. However, the Auditor's review of AR 637 and related documents showed that the agency has policy mechanisms in place to address screening and safety for transgender and intersex inmates in accordance with PREA expectations, should such cases arise.

Risk Screening Staff

Staff responsible for intake and classification screening explained that inmates are screened for PREA-related risk as soon as possible after arrival, usually within 24 hours and no later than the 72-hour deadline required by policy. They described a structured process that considers multiple risk domains, including history of sexual victimization, prior sexually abusive or violent behavior, sexual offense history, and other indicators of vulnerability or potential abusiveness. Staff stated that every inmate receives a 30-day reassessment following intake, and that additional reassessments occur when new information is received—such as a PREA allegation, a staff referral, a release and return, or a significant change in circumstances that could affect safety.

PREA Compliance Manager

The Institutional PREA Compliance Manager emphasized that initial screening and reassessment are central components of the facility's overall safety strategy. Information gathered through the screening process is used to identify inmates who may be at increased risk of sexual victimization and those who may pose a heightened risk of sexually abusive behavior. According to the PREA Compliance Manager, this information is incorporated into housing, supervision, and program decisions in a careful, case-specific, and practical manner, and is reviewed collaboratively with classification, medical, and mental health staff when needed. This approach reflects PREA's requirement that placement and program decisions take account of screening information to enhance protection from harm.

PREA Director

The PREA Director confirmed that access to PREA screening information is limited to staff with a legitimate need to know. This includes medical and mental health professionals, classification staff, the PREA Compliance Manager, and other designated personnel who require the information for treatment, safety, or management purposes. The PREA Director also explained that ADOC does not hold individuals solely for civil immigration enforcement and that, when immigration status is relevant, it is used only as a risk factor within the PREA screening process and not as a basis for discipline or detention. These practices are consistent with PREA's emphasis on maintaining confidentiality and avoiding inappropriate use of sensitive information.

PROVISIONS

Provision (a): Intake and Transfer Screening as a Standard Safety Practice

Under Provision (a), §115.41 requires that all inmates be screened on admission and upon transfer for risk of sexual victimization and risk of sexually abusive behavior. The PAQ and associated records demonstrated that Hamilton A & I conducts such screening on all admitted and transferred inmates. During the on-site review, intake staff walked the Auditor through the step-by-step screening process and demonstrated how ADOC Form 454-C and related tools are completed, reviewed, and filed. Staff clearly articulated the purpose of each question and described how responses inform classification and safety decisions.

The Auditor's review of 50 inmate files confirmed that each file contained documentation of an initial PREA risk screening completed for the admission or transfer event within the required timeframe. The screening forms were consistently present, legible, and aligned with policy requirements. This showed that intake and transfer screening is not only required on paper but is integrated into daily intake and classification operations at Hamilton A & I.

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, pp. 3, 17-18

Provision (b): Compliance with the 72-Hour Screening Window

Provision (b) specifies that screening for risk of sexual victimization and abusiveness must occur within 72 hours of an inmate's arrival. Facility policy mirrors this requirement, directing that all inmates be screened within that timeframe, and preferably sooner. The PAQ indicated that, during the previous 12 months, 100 percent of the 809 inmates admitted to Hamilton A & I were screened within 72 hours.

The Auditor verified this claim by reviewing 50 randomly selected inmate records. Every file examined contained an initial PREA screening completed within the 72-hour window, and many were completed within the first 24 hours. Intake staff confirmed that the PREA risk questions are embedded into the standard intake and classification process so that screenings occur automatically as part of admission. These findings supported full compliance with the PREA-mandated screening timeframe.

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, pp. 3, 17-18

Provision (c): Objective, Structured Screening Tools Provision (c) calls for the use of an objective screening instrument. ADOC satisfies this requirement through Forms 454-C and 454-K, which are used consistently at Hamilton A & I. These tools guide staff through a standardized set of risk factors associated with sexual victimization and abusiveness and apply a weighted scoring system to support objective decision-making.

During interviews, staff demonstrated familiarity with these tools and explained how each factor contributes to an overall risk profile. The Auditor's file review confirmed that the forms were used in a consistent and proper manner and that screening results were documented and easily traceable. This structured approach helps reduce subjectivity and aligns with PREA's requirement that screening be based on information that is as objective as possible.

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, pp. 3, 17-18

Provision (d): Comprehensive Consideration of Vulnerability Factors

Provision (d) requires that screening instruments consider specific vulnerability

factors relevant to risk of sexual victimization. The Auditor verified that the ADOC screening tools include all required factors, including age, physical build, mental or developmental disability, prior incarceration history, criminal and offense history, sexual orientation, gender identity, prior sexual victimization, self-identified vulnerability, and immigration status when relevant.

These elements are clearly identified in Part 1 of ADOC Form 454-C. Staff were able to describe how each factor is evaluated and recorded, and the file review demonstrated that these items are consistently considered when screening inmates. This comprehensive scope of vulnerability factors is consistent with PREA and supports more accurate identification of those who may require additional protection.

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, pp. 3, 17-18

Provision (e): Assessment of Potential Abusiveness and Risk to Others

Provision (e) requires that screening instruments also address factors related to potential sexually abusive behavior. Document review and staff interviews confirmed that the ADOC process incorporates indicators of potential abusiveness, including prior acts of sexual abuse, convictions for violent offenses, and a history of institutional violence or predatory behavior.

These considerations are clearly reflected in Part 2 of the Classification PREA Risk Factors Checklist. Staff described how such history is weighed in making housing and supervision decisions, particularly in avoiding placing likely aggressors with likely victims. This dual attention to both victimization and abusiveness risk aligns with PREA's intent to prevent sexual abuse by differentiating between those who may require added protection and those who may pose a threat.

Relevant Policies:

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

Provision (f): Mandatory Thirty-Day Reassessment for Ongoing Safety

Provision (f) requires that inmates be reassessed for risk of sexual victimization and abusiveness within 30 days of their arrival. Policy at Hamilton A & I mirrors this requirement. The Auditor reviewed 50 inmate files and confirmed that each contained a documented 30-day PREA reassessment, completed within the appropriate time frame.

These documented reassessments demonstrate that the facility does not rely solely on the initial intake screening but continues to evaluate risk once the inmate has

been in the institution long enough for additional information—such as institutional behavior, new disclosures, or changes in circumstances—to emerge. This practice supports the PREA expectation that risk assessment be an ongoing process, not a one-time event.

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, pp. 3, 17-18

Provision (g): Additional Reassessments Triggered by New Information

Provision (g) requires that facilities reassess inmates when new information indicates an increased risk of sexual victimization or abusiveness. Screening staff explained that reassessments are completed when an inmate is referred by staff, requests a reassessment, reports sexual abuse or sexual harassment, or when new PREA-related information becomes available. They provided practical examples, such as reassessing an inmate after a PREA allegation, a documented fear of harm, or a notable behavioral change.

Staff described the reassessment process confidently and consistently, indicating that they understand when and how to initiate additional screenings beyond the 30-day requirement. This practice is aligned with PREA's emphasis on dynamic risk management and ensures that the facility can respond to changing circumstances that may affect inmate safety.

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, pp. 3, 17-18

Provision (h): Protection from Discipline for Refusal to Answer Screening Questions

Provision (h) prohibits agencies from disciplining inmates who refuse to answer questions or do not disclose information during PREA risk screening. Facility policy at Hamilton A & I reflects this mandate. Screening staff confirmed that inmates are informed about why the questions are being asked and are encouraged—but not compelled—to respond. Staff indicated that if an inmate declines to answer, they may revisit the questions later, but the refusal itself does not result in disciplinary action.

This approach respects inmate autonomy and aligns with PREA's requirement that risk screening not be used punitively. It also protects against the possibility that fear of punishment would deter inmates from being candid about sensitive histories or current fears.

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, pp. 3, 17-18

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

Provision (i) requires that screening information be handled as sensitive and shared only with staff who have a need to know. The Auditor confirmed through policy review and interviews that PREA screening information at Hamilton A & I is restricted to staff with a legitimate professional purpose, such as medical and mental health practitioners, classification staff, the PREA Compliance Manager, and certain designated security or administrative personnel.

Policies clearly prohibit the misuse or inappropriate disclosure of screening information, and staff demonstrated awareness of these confidentiality rules. This limited-access approach supports inmate privacy, reduces the risk of stigma or retaliation associated with disclosed information, and is consistent with PREA's requirement to safeguard sensitive risk data.

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, pp. 3, 17-18

CONCLUSION

Based on the review of policies and records, interviews with staff and inmates, and direct observation of intake and classification practices at Hamilton A & I, the Auditor concludes that the facility meets the requirements of PREA Standard §115.41, Screening for Risk of Sexual Victimization and Abusiveness. Screening and reassessment procedures are clearly defined in policy, implemented consistently in practice, and supported by training and oversight.

The facility uses objective tools and required risk factors to identify inmates who may be vulnerable to sexual victimization or who may pose a risk of sexual abusiveness. Risk information is used appropriately to guide housing, supervision, and program decisions, 30-day reassessments and additional reassessment triggers are followed, and confidentiality protections are applied in a careful and consistent manner. Together, these practices demonstrate a PREA-compliant approach to managing risk and promoting safety within the institution.

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.42, the Auditor conducted an extensive review of agency and facility records showing how PREA risk screening information is used to guide housing assignments, classification decisions, and access to work, education, and programming at Hamilton A & I. The review included the Pre-Audit Questionnaire (PAQ) and supporting attachments, which described how screening results are incorporated into intake procedures, reassessment practices, classification review, and daily operational decisions affecting inmate placement and supervision. PREA §115.42 requires agencies to use the information gathered under §115.41 to make housing, bed, work, education, and program decisions with the goal of keeping separate those inmates at high risk of sexual victimization from those at high risk of sexually abusive behavior, while also making individualized safety determinations for each inmate.

The primary governing document reviewed was Alabama Department of Corrections Administrative Regulation 454, Inmate Sexual Abuse and Harassment, dated May 29, 2025. This regulation establishes statewide direction for using screening information to reduce the risk of sexual victimization and sexually abusive conduct in ADOC facilities. The Auditor also reviewed ADOC Standard Operating Procedure 454-5 to confirm how these requirements are implemented at the facility level. Taken together, these directives reflect a structured expectation that screening information will be used actively and meaningfully in classification and placement decisions rather than retained only for recordkeeping purposes.

The Auditor also examined operational tools used to support these decisions, including ADOC Form 454-C, Classification PREA Risk Factors Checklist, and ADOC Form 454-K, PREA Risk Assessment. These forms provide staff with standardized criteria for evaluating housing placements, bed assignments, work details, educational access, and program participation. The review extended to inmate files, intake checklists, reassessment notes, and housing assignment logs, which confirmed that PREA screening information is incorporated into actual decision-making at Hamilton A & I. PREA guidance emphasizes that agencies should use both the initial screening and any later reassessment information to support individualized housing and management decisions, and the records reviewed were consistent with that expectation.

INTERVIEWS

PREA Director

The PREA Director explained that housing and classification decisions begin with the inmate's legal sex as assigned at birth, but that this is only the starting point and not the sole factor controlling final placement. The PREA Director stated that each inmate receives an individualized review to ensure that housing and classification decisions

are consistent with safety needs and PREA requirements. For transgender and intersex inmates, the Director emphasized that the inmate's own views concerning personal safety are taken seriously and carry substantial weight in placement decisions, consistent with §115.42(c), which requires case-by-case determinations of health and safety and consideration of whether a placement presents management or security concerns.

The PREA Director further stated that housing decisions involving transgender and intersex inmates are reviewed at least every six months and reassessed sooner if a PREA incident, report, or other emerging safety concern arises. The Director also described how intake and reassessment interviews explore possible enemies, prior conflicts, threats, and other indicators relevant to safety, and how this information directly informs housing and classification outcomes. These responses were consistent with PREA guidance recognizing that individualized, periodically reviewed placement decisions are a critical component of sexual safety for vulnerable populations.

Institutional PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager described a deliberate classification and housing process in which inmate safety is treated as the central consideration. The IPCM confirmed that neither Hamilton A & I nor ADOC operates under a consent decree, settlement agreement, or court order requiring a dedicated LGBTI housing unit. As a result, inmates who identify as lesbian, gay, bisexual, transgender, or intersex are ordinarily housed in the general population unless specific circumstances support protective or alternative housing to ensure their safety. This approach is consistent with PREA's requirement that agencies avoid blanket placement practices and instead make individualized determinations.

The IPCM explained that PREA screening results are reviewed together with mental health information and classification data to avoid placing inmates at high risk of victimization with those who may present a greater risk of sexually abusive behavior. The IPCM stated that staff give careful attention to documented safety concerns and that, when relevant, the stated views of transgender and intersex inmates about their own safety are recorded and considered in the classification process. This interview information reflected a consistent and practical use of PREA screening information to shape safe placement decisions.

Staff Responsible for Risk Screening

Staff responsible for PREA risk screening described an individualized process that combines standardized agency screening tools with direct discussion with the inmate. They stated that the screening process gives inmates an opportunity to raise safety concerns, identify perceived risks, and discuss compatibility issues that may affect housing or programming. This mix of objective screening data and inmate input helps staff make more informed decisions about bed assignments, work details, education placement, and other program opportunities.

Staff emphasized that the purpose of using screening information is to improve

inmate safety and institutional order by promoting thoughtful housing and supervision arrangements. They stated that these practices are applied consistently and are intended to support both immediate safety needs at intake and longer-term management as circumstances change. Their responses aligned with PREA's expectation that screening information be used actively and continuously to reduce the risk of sexual abuse and sexual harassment.

PROVISIONS

Provision (a): Direct Application of Screening Information to Housing, Bed, Work, Education, and Program Decisions

According to the PAQ, Hamilton A & I uses PREA risk screening information to inform housing, bed, work, education, and program assignments with the goal of separating inmates who are at high risk of sexual victimization from inmates who are at high risk of being sexually abusive. This is the core requirement of §115.42(a), and it is intended to ensure that screening data serves a functional safety purpose rather than remaining only in the record. Discussions with the Institutional PREA Compliance Manager confirmed that this use of screening information is a routine part of daily operations and classification practice.

The Auditor reviewed 50 inmate files and found that PREA risk information was regularly referenced in classification and housing decisions. These records showed that screening results were used in a practical and safety-oriented way, consistent with policy expectations and staff explanations. Agency policy further requires staff to consider PREA risk factors, mental health input, and related safety concerns when making placement decisions, which reinforces the standard's emphasis on using all available information to protect inmates from sexual abuse and sexual harassment.

Policy Reference:

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

Provision (b): Individualized Determinations Centered on Inmate Safety and Risk Reduction

The PAQ reflected that housing and placement decisions at Hamilton A & I are made on an individualized basis, with inmate safety serving as the central objective. PREA §115.42(b) requires agencies to make individualized determinations about how to ensure the safety of each inmate, and the records and interviews reviewed by the Auditor demonstrated that the facility follows this approach. Screening results and mental health information are used not only in housing decisions, but also in determining work assignments, educational participation, and access to other institutional programs.

This individualized process allows staff to respond to each inmate's vulnerabilities, risk factors, and stated concerns rather than relying on generalized assumptions or blanket placement rules. It supports the reduction of sexual victimization risk while also contributing to broader institutional stability and order. The evidence reviewed

showed that safety determinations at Hamilton A & I are made thoughtfully and with attention to the inmate's particular circumstances, which is fully consistent with the language and intent of §115.42.

Policy Reference:

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

Provision (c) through Provision (g)

These provisions are no longer applicable to compliance findings.

CONCLUSION

Through review of policies, records, inmate files, staff interviews, and observed practices, the Auditor determines that Hamilton A & I satisfies the relevant requirements of PREA Standard §115.42, Use of Screening Information. The evidence showed that screening information gathered under §115.41 is actively used to inform housing, classification, and program decisions, that these decisions are individualized and safety-focused, and that special considerations applicable to transgender and intersex inmates are addressed through case-by-case review rather than blanket placement practices.

The facility's approach reflects a consistent and practical use of PREA screening information to reduce risk, enhance inmate safety, and support stable operations. Through individualized determinations, periodic review, and careful consideration of inmate safety concerns, Hamilton A & I demonstrates compliance with both the text and the protective purpose of §115.42.

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 addressing the use of protective custody and segregated housing at Hamilton A & I. The review focused on whether the facility limits the use of involuntary segregated housing for inmates at high risk of sexual victimization, whether alternative means of separation are considered first, and whether any such placements are properly documented, time-limited, and reviewed. PREA §115.43 makes clear that inmates at high risk for sexual victimization are not to be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and no other safe means of separation from likely abusers is available.</p>

The Auditor examined Alabama Department of Corrections Administrative Regulation 454, Inmate Sexual Abuse and Harassment, effective May 29, 2025, which restricts the use of protective custody for PREA-related concerns and emphasizes the use of alternative housing whenever possible. Administrative Regulation 435, Segregated Housing, was also reviewed to evaluate requirements relating to placement documentation, conditions of confinement, and review timelines. These materials were considered together because PREA requires not only that protective custody be used as a last resort, but also that any such placement be carefully managed and reviewed so that inmates are not effectively penalized because of their risk status.

Additional records reviewed included housing logs, segregation unit rosters, holding cell documentation, crisis cell records, and Post-Allegation Protective Custody forms. These records were examined to determine whether any inmates had been placed in segregated housing for protection from sexual abuse and, if so, whether the required procedures had been followed. The documentation showed no indication that Hamilton A & I relied on involuntary segregation as a routine response to PREA-related safety concerns, which is consistent with the purpose of §115.43 and with guidance emphasizing alternatives to isolation whenever possible.

OBSERVATIONS

During the on-site review, the Auditor observed that segregated housing at Hamilton A & I was used for administrative and disciplinary purposes and not for PREA-related protective custody. Documentation and housing records reviewed during the audit showed no evidence that inmates were placed in segregation because they were at risk of sexual victimization or because of retaliation concerns associated with PREA reporting. This observation supported the facility's position that protective custody for PREA-related risk is not used unless absolutely necessary and only after other options have been considered.

The records also reflected that segregation placements generally are documented and reviewed in a structured and consistent way. Although the review did not identify PREA-related protective custody placements during the audit period, the facility's broader documentation process for segregation showed that review mechanisms are in place to support oversight if such a placement were to occur. This is important because PREA requires periodic review of any involuntary segregated housing assignment made for protective purposes.

INTERVIEWS

PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager confirmed that no inmates were placed in involuntary segregated housing for protection from sexual victimization during the previous 12 months. The IPCM explained that Hamilton A & I uses alternative housing options whenever possible and follows agency policy that limits the use of protective custody for PREA-related reasons. This interview information was consistent with the documentation reviewed and with PREA's requirement that segregation be used only when no other alternative means of separation can be arranged.

The IPCM also indicated that the facility's approach is to identify safer housing options before considering any restrictive placement and that protective separation, if ever required, would be treated as temporary and closely monitored. This response reflected an understanding of PREA's intent that inmates at risk of sexual victimization should not lose access to normalized conditions of confinement simply because they need protection.

Staff Supervising Segregated Housing

Staff assigned to supervise segregated housing reported that inmates housed in those units were there for administrative or disciplinary reasons and not for protection related to sexual abuse or retaliation. Staff demonstrated a clear understanding that PREA-related protective custody is not to be used routinely and would be considered only in rare circumstances when no safer alternative is available. Their responses aligned with the facility's written policy and with the audit record showing no such placements during the prior 12 months.

These staff members also showed familiarity with the distinction between ordinary segregation and protective housing used under PREA. That distinction is important because PREA does not forbid all segregated housing, but it does prohibit routine or automatic involuntary segregation of inmates simply because they are vulnerable to sexual victimization.

Facility Head or Designee

The Facility Head confirmed that segregation placements are documented and reviewed at least every 30 days. The Facility Head explained that this review process is intended to ensure that any segregation placement remains appropriate, necessary, and consistent with policy and inmate safety needs. Although no PREA-related protective custody placements occurred during the audit period, this practice is consistent with §115.43(e), which requires a 30-day review of each inmate placed in involuntary segregated housing for protective reasons to determine whether continued separation from the general population is necessary.

Inmates in Segregated Housing

The Auditor also interviewed inmates assigned to segregated housing. These inmates confirmed that their placement was not related to sexual abuse concerns or requests for PREA-related protection. Their statements were consistent with documentation reviewed by the Auditor and helped confirm that the facility was not using segregation as a substitute for appropriate PREA housing decisions.

PROVISIONS

Provision (a): Strict Limits on the Use of Involuntary Protective Custody

Hamilton A & I does not place inmates at high risk of sexual victimization in involuntary segregated housing unless no other housing option is available. PREA §115.43(a) expressly prohibits such placement unless the facility has assessed all available alternatives and determined that there is no other way to separate the

inmate from likely abusers. Documentation and interviews confirmed that no placements of this kind occurred during the previous 12 months.

This reflects a clear and consistent effort to avoid unnecessary isolation and to use alternative housing and supervision measures whenever possible. PREA guidance strongly discourages the use of segregation as a default protective measure and instead promotes strategies that allow inmates to remain safe without being subjected to restrictive conditions because of their vulnerability. The evidence reviewed showed that Hamilton A & I is operating in a manner consistent with that expectation.

Relevant Policies:

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

Provision (b): Preserving Access to Programs, Privileges, Education, and Work Opportunities

PREA §115.43(b) requires that any inmate placed in segregated housing for protection from sexual abuse continue to have access to programs, privileges, education, and work opportunities to the extent possible. If access is restricted, the facility must document which opportunities were limited, for how long, and why. Although no PREA-related protective custody placements occurred during the audit period at Hamilton A & I, staff demonstrated an understanding that protective placement cannot be allowed to operate as a punitive loss of ordinary opportunities.

Staff described that, if such a placement were ever necessary, the facility would attempt to maintain meaningful access to services and programming while addressing the immediate safety concern. This understanding is important because PREA's protective custody standard is designed to ensure that inmates are not penalized through excessive restriction simply because they are at risk of sexual victimization.

Relevant Policies:

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

Provision (c): Last-Resort Placement and Temporary Use of Segregated Housing

Protective custody at Hamilton A & I is treated as a last resort and not as a routine placement option. PREA §115.43(c) requires that any inmate assigned to involuntary segregated housing for protection be kept there only until an alternative means of separation from likely abusers can be arranged, and such assignments should not ordinarily exceed 30 days. The Facility Head confirmed that this approach is followed in practice and that no placements meeting this criterion occurred during the review period.

This is consistent with the standard's clear intent that segregation, if used at all for protective purposes, be temporary, necessary, and closely tied to the search for a less restrictive alternative. The evidence reviewed showed no indication that Hamilton A & I relies on extended isolation as a means of managing PREA-related vulnerability.

Relevant Policies:

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

Provision (d): Required Documentation When Protective Custody Is Used

PREA §115.43(d) requires that, if an inmate is placed in involuntary segregated housing for protection from sexual victimization, the facility must clearly document the basis for the concern for the inmate's safety and the reason no alternative means of separation could be arranged. No inmates were placed in protective custody for PREA-related reasons during the previous 12 months at Hamilton A & I, and therefore no such case-specific documentation was available for review during the audit period.

Because no qualifying placements occurred, this provision did not generate additional inmate interviews or case-file analysis for the audit period. Even so, the existence of relevant forms and broader segregation documentation practices indicated that the facility has mechanisms in place to document such decisions if a PREA-related protective placement were ever required.

Relevant Policies:

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

Provision (e): Ongoing Thirty-Day Review of Any Protective Segregation Placement

PREA §115.43(e) requires that every inmate placed in involuntary segregated housing for protective reasons receive a review every 30 days to determine whether there is a continuing need for separation from the general population. Although no PREA-related protective custody placements occurred during the audit period at Hamilton A & I, documentation showed that the facility maintains a structured process for reviewing segregation placements at least every 30 days.

This review framework supports compliance by ensuring that, if protective segregation were ever used, the facility would have an established mechanism for evaluating whether continued separation remained necessary. The structured and reliable nature of the review system helps ensure that restrictive housing is not allowed to continue without oversight or justification.

Relevant Policies:

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

	<p>CONCLUSION</p> <p>Based on the review of documentation, staff and inmate interviews, and on-site observations, the Auditor concludes that Hamilton A & I is in compliance with PREA Standard §115.43. The facility does not rely on involuntary segregated housing as a routine response to risk of sexual victimization and instead uses alternative measures to protect inmate safety whenever possible.</p> <p>Policies are clear, practices are consistent, and the facility’s approach reflects PREA’s requirement that protective custody be used only as a last resort, for the shortest necessary period, and with appropriate review and documentation. These practices demonstrate a balanced and careful approach to inmate protection that is consistent with both the text and the purpose of the standard.</p>
--	--

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 conducted a thorough and organized review of documentation provided by Hamilton A & I. The review focused on how inmates are informed of their right to report sexual abuse and sexual harassment, how reports are received through both internal and external channels, and how the facility supports confidential, anonymous, verbal, written, and third-party reporting. PREA §115.51 requires agencies to provide multiple internal ways for inmates to privately report sexual abuse, sexual harassment, retaliation for reporting, and staff neglect or violation of responsibilities that may have contributed to such incidents, and also requires at least one method for reporting to an outside public or private entity that is not part of the agency.</p> <p>The materials reviewed included the completed Pre-Audit Questionnaire (PAQ) and all supporting records describing the facility’s reporting framework and staff responsibilities concerning sexual abuse and sexual harassment. The Auditor also reviewed ADOC Administrative Regulation 454, Inmate Sexual Abuse and Harassment, dated May 29, 2025, which serves as the primary agency policy governing inmate and staff reporting obligations. ADOC’s PREA materials publicly reinforce the Department’s zero-tolerance policy and identify reporting avenues available to inmates and others who wish to report allegations or concerns.</p> <p>Additional documents reviewed included the ADOC Inmate Handbook, which explains inmate reporting options and the limits and protections associated with confidentiality, and inmate legal-mail materials used to send confidential correspondence to designated outside or agency officials. The Auditor also reviewed the Memorandum of Understanding with Securus Technologies, which supports an</p>

external hotline mechanism for anonymous reporting. Educational materials, including “NO MEANS NO” posters and related signage, were examined to determine how the facility reinforces a zero-tolerance environment and keeps inmates informed about their reporting rights. PREA guidance recognizes that posted information, handbooks, and repeated messaging are essential to ensuring inmates understand how to access both internal and outside reporting mechanisms.

OBSERVATIONS

During the on-site portion of the audit, the Auditor observed that Hamilton A & I uses multiple visible and consistent measures to ensure that inmates know how to report sexual abuse and sexual harassment and feel encouraged to do so. “NO MEANS NO” posters were posted in English and Spanish and were visible in housing units, intake and holding areas, common spaces, hallways, and the dining hall. Their placement supported continual awareness and aligned with PREA’s expectation that key reporting information remain readily visible and accessible to inmates.

The facility also maintained clearly marked PREA drop boxes in accessible areas throughout the institution. These boxes provided inmates with a private means of submitting written reports, including reports made anonymously. The existence of multiple confidential reporting methods is consistent with the purpose of §115.51, which is to ensure that inmates can report abuse even when the alleged abuser may be a staff member or another person in a position of power or influence.

The Auditor tested inmate telephones in several housing units to confirm access to the PREA hotline. In each area tested, the *661 PREA hotline was operational, and the recorded message advised that the call is toll-free, anonymous, and may be recorded, while allowing the inmate up to two minutes to leave a message for review and follow-up. The Auditor also confirmed that the legal mail system was available for confidential reporting, and mailroom staff stated that inmates may request pre-addressed legal mail envelopes to contact the Director of the Law Enforcement Services Division. These observed practices supported the conclusion that Hamilton A & I provides inmates with both internal and external reporting options consistent with PREA requirements.

INTERVIEWS

Institutional PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager provided a detailed description of the reporting structure used at Hamilton A & I. The IPCM confirmed that inmates are informed of multiple internal and external reporting options, including reporting to any staff member, using PREA drop boxes, calling the PREA hotline, contacting the Institutional PREA Compliance Manager directly, or using outside reporting avenues such as designated public or private entities. The IPCM explained that the facility’s reporting framework is designed to give inmates multiple paths to disclosure so that concerns can be reported in the way that feels safest to the individual.

The IPCM also explained that the agreement with Securus Technologies allows

inmates to leave anonymous messages through an outside provider, with those messages forwarded electronically to the PREA Director for review and follow-up. This process helps reduce the possibility of interference and supports PREA's requirement that inmates have access to at least one way to report to an outside entity that can receive and immediately forward reports to agency officials while allowing anonymity upon request.

Random Staff

Random staff interviewed during the audit demonstrated a clear understanding of their duty to accept, document, and promptly forward any report of sexual abuse or sexual harassment. Staff explained that reports may be received verbally, in writing, anonymously, or through third parties, and that all such reports must move immediately through the chain of command. Their responses were consistent with §115.51(c), which requires staff to accept reports in all of these forms and to promptly document verbal reports.

Staff also reported that they have private avenues to report PREA-related concerns themselves, including confidential reporting to supervisors, the IPCM, or directly to the PREA Director. Their responses reflected an understanding that PREA reporting obligations are not limited to inmate disclosures, but extend to staff awareness of abuse, harassment, retaliation, or related misconduct. This understanding is consistent with PREA's overall reporting framework and supports a culture of institutional accountability.

Random and Targeted Inmates

Inmates interviewed during the audit, both random and targeted, showed a clear understanding of how to report sexual abuse and sexual harassment. They identified several available options, including telling staff, using PREA drop boxes, calling the PREA hotline, reporting to the IPCM, or having a family member or other outside person report on their behalf. Their answers reflected practical awareness of more than one reporting avenue and indicated that the information is communicated in a way that inmates can understand and use.

Inmates also indicated that reporting information is visibly posted, easy to understand, and available through methods that differ in privacy and formality, allowing them to choose the path that feels safest. These responses supported the conclusion that Hamilton A & I does not rely on a single reporting channel but instead gives inmates several realistic ways to disclose abuse, harassment, retaliation, or staff neglect.

PROVISIONS

Provision (a): Multiple Accessible Internal Reporting Options and Broad Reporting Scope

The PAQ, supporting records, and interview responses confirmed that inmates at Hamilton A & I may report sexual abuse, sexual harassment, retaliation for reporting,

and staff neglect or violation of duties that may have contributed to abuse. PREA §115.51(a) specifically requires multiple internal ways for inmates to privately make such reports, and the evidence reviewed showed that the facility satisfies this requirement through a combination of verbal reporting to staff, written submissions, PREA drop boxes, the grievance process, the PREA hotline, and confidential legal mail to designated officials. Policy also permits reports to be made anonymously or through third parties.

These varied options increase accessibility for inmates with different levels of comfort, literacy, trust, and privacy concerns. By maintaining more than one method of internal reporting, the facility reduces the likelihood that an inmate will be unable or unwilling to report because of fear, communication barriers, or the involvement of a particular staff member in the allegation. The overall reporting structure is therefore consistent with both the language and protective intent of §115.51(a).

Relevant policy:

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

Provision (b): External Reporting Access Through Outside Entities and Anonymous Hotline Options

Hamilton A & I provides inmates with at least one method to report sexual abuse or sexual harassment to an outside public or private entity that is not part of ADOC. PREA §115.51(b) requires such an option and further requires that the outside entity be able to receive and immediately forward reports to agency officials while allowing the inmate to remain anonymous upon request. The Memorandum of Understanding with Securus Technologies supports external reporting through the *661 PREA Hotline, the ADOC Crime Tip Hotline, and the ACAR Hotline, which offers confidential, unrecorded support according to facility documentation.

These hotlines give inmates a meaningful opportunity to report outside the immediate chain of command, which can be especially important if the inmate fears retaliation or distrusts internal reporting channels. PREA guidance gives agencies flexibility regarding the precise mechanism used to satisfy this requirement, and the facility's hotline structure reflects that flexibility while still supporting anonymity and outside access.

Relevant policy:

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

Provision (c): Staff Acceptance, Prompt Documentation, and Forwarding of All Reports

Policy at Hamilton A & I requires staff to accept and promptly document every report of sexual abuse or sexual harassment regardless of the form in which it is received or the identity of the person making it. PREA §115.51(c) expressly requires staff to

accept reports made verbally, in writing, anonymously, and from third parties, and to promptly document verbal reports. Staff interviews showed that this requirement is understood and that staff recognize their duty to move all reports quickly through the established reporting chain.

The Inmate Handbook and ADOC policy also reinforce the agency's commitment to handling reports confidentially and responding in a manner intended to protect the reporting party. ADOC AR 454 further requires staff to report known or suspected sexual abuse, retaliation, and staff neglect or misconduct that may contribute to PREA-related incidents as soon as possible. This combination of policy and staff understanding supports a reporting environment in which no report is ignored or dismissed because of how it was made.

Relevant policy:

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

Provision (d): Private Staff Reporting Channels and Protection for Staff Disclosures

The PAQ and interviews with the IPCM confirmed that staff at Hamilton A & I have a clear and private method to report sexual abuse and sexual harassment involving inmates. PREA §115.51(d) requires the agency to provide a method for staff to privately report such abuse and harassment, and the evidence reviewed showed that staff may report concerns through supervisors, the IPCM, or directly to the PREA Director. These private channels support staff willingness to report concerns even when they involve coworkers, supervisors, or sensitive institutional circumstances.

These reporting methods also strengthen accountability by reinforcing that PREA compliance is not solely dependent on inmate disclosure. When staff have protected avenues to report abuse, harassment, retaliation, or neglect, the facility is better positioned to detect misconduct early and intervene appropriately. The reporting framework at Hamilton A & I therefore supports the broader PREA objective of ensuring that abuse can be reported and addressed regardless of who first becomes aware of it.

Relevant policy:

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

CONCLUSION

Based on the review of documents, on-site observations, and interviews with staff and inmates, the Auditor concludes that Hamilton A & I is in compliance with PREA Standard §115.51, Inmate Reporting. The facility offers multiple clear, accessible, and well-publicized internal and external avenues for inmates and staff to report sexual abuse, sexual harassment, retaliation, and related staff neglect or misconduct.

Policies and daily practices support prompt, confidential, and effective reporting

	through verbal, written, anonymous, third-party, hotline, drop-box, and legal-mail methods. These practices demonstrate a consistent commitment to safety, accountability, and the reporting framework required under PREA.
--	---

115.52	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.52, the Auditor conducted a detailed review of materials submitted by the facility and the Alabama Department of Corrections (ADOC). The review included the completed Pre-Audit Questionnaire (PAQ), which outlined the agency’s grievance procedures and the facility’s implementation of those procedures for allegations of sexual abuse and sexual harassment.</p> <p>The Auditor reviewed ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment (PREA), dated May 29, 2025, which establishes the overarching PREA framework, including reporting and investigative requirements. In addition, ADOC Administrative Regulation #406, Inmate Grievance Policy, dated August 1, 2023, was examined to assess the formal grievance process available to inmates, including timeframes, safeguards, and procedural protections specific to PREA-related allegations. The Inmate Handbook was also reviewed and found to clearly communicate grievance procedures and inmate rights in accessible language. Information obtained from interviews with random staff and inmates was considered in conjunction with the documentary evidence to assess practical application of policy.</p> <p>INTERVIEWS</p> <p>Random Staff</p> <p>Random staff interviews demonstrated a consistent and accurate understanding of the grievance process as it relates to PREA. Staff confirmed that allegations of sexual abuse and sexual harassment are considered grievable matters under departmental policy and must be accepted regardless of the manner in which they are submitted. Staff were able to clearly describe how PREA-related grievances are routed for review, including the requirement that such grievances be forwarded to the appropriate investigative authority and handled separately from routine grievances. Staff also emphasized the protections in place to prevent retaliation and stated they are trained to ensure confidentiality and timely processing.</p> <p>Random Inmates</p>

Interviews with random inmates, conducted through both structured questions and informal conversation, indicated a strong awareness of the grievance system and its role in reporting sexual abuse and sexual harassment. Inmates reported understanding that grievances may be filed at any time and that anonymity is permitted if desired. Several inmates stated that in an emergency they would first notify staff, but also recognized that written grievances, PREA drop boxes, and the PREA hotline were available as alternative reporting options. Responses reflected confidence that grievances related to PREA are taken seriously and handled promptly.

PROVISIONS

Provision (a): Specialized PREA Grievance Processing Pipeline

The PAQ confirmed that the agency and facility maintain an administrative procedure specifically designed to address inmate grievances alleging sexual abuse. Documentation showed that this grievance progressed through the grievance process and reached a final decision within the required ninety-day timeframe. A review of ADOC Administrative Regulation #454 and the Inmate Handbook confirmed that both documents clearly outline the grievance process applicable to sexual abuse allegations, ensuring inmates are informed of available procedures and protections.

Once a grievance alleging a PREA-related concern is received, it is immediately forwarded to the appropriate PREA-designated staff member, and a dedicated PREA case file is opened. At that point, the matter is removed from the standard grievance process and formally transitioned into the PREA investigative framework, where it is assigned to a qualified investigator and handled in accordance with established PREA procedures.

Provision (b): Unlimited Filing Timeline Without Informal Resolution

Agency policy permits inmates to submit grievances related to allegations of sexual abuse at any time, without regard to when the incident is alleged to have occurred. The policy further specifies that inmates are not required to attempt informal resolution or participate in any informal grievance process prior to filing a formal grievance involving sexual abuse or sexual harassment. These provisions remove procedural barriers and ensure unrestricted access to the grievance system.

Relevant Policy:

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

Provision (c): Accused Staff Exclusion from Grievance Review

The agency's grievance policy ensures that inmates may submit grievances alleging sexual abuse without submitting the grievance to the staff member who is the subject of the complaint. In addition, such grievances are explicitly prohibited from being referred to the accused staff member for review or resolution. These safeguards are intended to preserve impartiality, protect inmate safety, and maintain the integrity of the grievance process.

Relevant Policy:

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

Provision (d): Standardized Timely Grievance Response Protocols

During the past twelve months, there were no grievances filed alleging sexual abuse that required emergency processing. Policy nonetheless establishes clear timeframes to ensure prompt responses to all grievances. Specifically, the Institutional Grievance Officer (IGO) is required to issue a Step 1 response within ten calendar days of receipt. These requirements support timely review and resolution while maintaining procedural consistency.

Policy Reference:

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

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

Agency policy permits inmates to receive assistance in preparing grievances from third parties, including other inmates, staff members, family members, attorneys, and outside advocates. When an inmate chooses to decline third-party assistance, that decision is documented. While assistance in preparing grievances is allowed, policy does not permit third parties to submit grievances on behalf of inmates, preserving inmate agency and confidentiality.

The policy also establishes a specific emergency grievance procedure for allegations involving a substantial risk of imminent sexual abuse. Under this process, an initial response must be provided within forty-eight hours, and a final resolution must be issued within five calendar days. The PAQ confirmed that no emergency grievances alleging imminent sexual abuse were filed during the past year. Policy further outlines the respective roles of the IGO, Warden, Institutional PREA Compliance Manager, and the Law Enforcement Services Division (LESD) in responding to emergency grievances and mandates appropriate documentation and handling of all such matters.

Policy References:

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

Provision (f): Expedited Emergency Grievance Resolution

Dedicated emergency grievance protocol addresses substantial imminent sexual abuse risk through 48-hour preliminary response and 72-hour final resolution via direct Warden review and specialized routing. Inmate-on-inmate allegations forward immediately to IPCM while staff-related complaints transmit to LESD investigators. Appeals escalate to Deputy General Counsel with identical 72-hour resolution

	<p>mandate.</p> <p>AR #406 Sections AA(1) and AA(4) institutionalize this accelerated pathway ensuring crisis-level allegations receive priority processing without compromising investigative thoroughness or documentation standards. Zero emergency grievances during review period confirms procedural readiness through established non-use.</p> <p>Relevant Policy:</p> <p>1. AR #406, Sections AA(1), AA(4)</p> <p>Provision (g): Absolute Protection Against Retaliatory Discipline</p> <p>The agency maintains a written policy prohibiting disciplinary action against inmates for filing grievances alleging sexual abuse unless it is clearly demonstrated that the grievance was submitted in bad faith. During the past year, no inmates were disciplined for filing PREA-related grievances in bad faith. The policy further prohibits retaliation and outlines consequences for reprisal by either staff or inmates in connection with the grievance process, reinforcing protection for those who utilize administrative remedies.</p> <p>Relevant Policy:</p> <p>1. ADOC AR #454, Section H.1.C, p. 31 2. ADOC AR #454, Section K.1-2(a-f), pp. 30-31</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of the Pre-Audit Questionnaire, applicable policies, supporting documentation, and information obtained through staff and inmate interviews, the Auditor concludes that the agency and facility are fully compliant with PREA Standard §115.52, Exhaustion of Administrative Remedies. The grievance system is accessible, clearly defined, and consistently implemented, providing inmates with a safe and effective means to report allegations of sexual abuse and sexual harassment without fear of retaliation.</p>
--	---

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.53, the Auditor completed a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by Hamilton A & I and the Alabama Department of</p>

Corrections (ADOC). The review focused on how the facility ensures that inmates who report sexual abuse are able to access outside victim advocates and confidential emotional support services. PREA §115.53 requires facilities to provide inmates with access to outside victim advocates for emotional support related to sexual abuse, to provide mailing addresses and telephone numbers, including toll-free hotlines where available, and to enable reasonable communication with those organizations in as confidential a manner as possible.

The Auditor reviewed ADOC Administrative Regulation 454, dated May 29, 2025, which establishes agency requirements for preventing, reporting, and responding to inmate sexual abuse and sexual harassment. The facility's Memorandum of Understanding with the Alabama Coalition Against Rape (ACAR) was also reviewed. That agreement formalizes the provision of confidential emotional support services to inmates who report sexual abuse, which is consistent with §115.53(c), requiring the agency to maintain or attempt to enter into memoranda of understanding or other agreements with community service providers able to provide such support.

Additional materials reviewed included PREA awareness posters in English and Spanish, flyers about the Alabama Advocacy Hotline using *661, and an updated list of ACAR-affiliated centers, including The Crisis Center with county-specific contact information. Taken together, these materials reflected an organized and deliberate system for informing inmates about outside support resources and connecting them with community-based advocacy services. PREA guidance emphasizes that outside support services are distinct from outside reporting entities and are intended to give inmates a confidential place to receive emotional support, understand their options, and process trauma whether or not they choose to pursue a formal report.

OBSERVATIONS

During the on-site tour, the Auditor observed that PREA education materials were posted clearly and consistently in housing units and common areas throughout Hamilton A & I. "NO MEANS NO" posters were easy to read and were available in both English and Spanish, helping ensure that inmates with limited English proficiency could understand their rights and available support options. Their placement in areas where inmates spend substantial time demonstrated that the facility relies on visible, repeated messaging to reinforce PREA information and access to services.

The posters were in good condition and appeared to be maintained as an active part of the facility's PREA communication strategy rather than as outdated or incidental materials. This visible reinforcement is consistent with PREA's emphasis on making access information readily available so that inmates know where outside support exists and how to reach it when needed.

INTERVIEWS

Alabama Coalition Against Rape (ACAR)

Representatives from ACAR confirmed that ADOC partners with ACAR to ensure that inmates can access confidential emotional support regardless of when or where the

abuse occurred. ACAR explained that inmates may reach the organization by calling the toll-free number 1-800-639-4357 through the inmate phone system between 4:00 p.m. and 9:00 p.m. or by writing to P.O. Box 4091, Montgomery, Alabama 36102. ACAR described its role as ensuring statewide advocacy access through a network of affiliated local crisis centers.

ACAR further stated that its “NEW HELP” hotline is not recorded or monitored, which supports confidentiality in a manner consistent with §115.53(a). PREA guidance makes clear that outside confidential support services are intended to deal directly with the inmate and should not function as an outside reporting mechanism that automatically forwards allegations back to the facility. ACAR’s description of its services aligned with that distinction and with the trauma-informed purpose of the standard.

The Crisis Center

The Auditor also spoke by phone with a representative from The Crisis Center, who confirmed that trained victim advocates are available to support inmates before, during, and after forensic medical examinations. The representative explained that follow-up care is also available so that emotional support can continue beyond the initial crisis or exam. This is consistent with PREA’s broader victim-services framework, which emphasizes not only immediate support but also ongoing emotional care after an allegation of sexual abuse.

The representative also explained that inmates are informed about the limits of confidentiality, including circumstances in which information may have to be shared for safety, medical treatment, or legal reporting requirements. PREA §115.53(b) specifically requires facilities to inform inmates, before giving them access to outside support services, about the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities under mandatory reporting laws. The explanation provided by The Crisis Center was consistent with that requirement.

Institutional PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager confirmed that Hamilton A & I maintains an active MOU with an outside confidential support provider and that staff understand how to connect inmates who report sexual abuse with community-based victim advocates, including The Crisis Center. The IPCM explained the coordination process in detail and provided written notes showing how the facility and advocacy partners work together to secure emotional support and crisis response in a timely way. These statements were consistent with the documentary evidence and with PREA’s expectation that facilities not merely list outside services, but actively enable access to them.

Inmates

Inmates interviewed during the audit demonstrated awareness that outside confidential emotional support services are available if they report sexual abuse.

Several correctly identified the ADOC PREA hotline using *661 and understood that calls to that line are recorded and may be reviewed by facility staff for safety, security, and investigative reasons. At the same time, inmates also reported that they had been given information about outside advocacy services and knew that they could call or write to seek help if needed.

The Auditor did not hear reports from inmates indicating difficulty in obtaining this information, suggesting that the facility's messaging about outside support services is reaching the inmate population. PREA's purpose in requiring outside support services is to give survivors access to emotional support from trained providers who are separate from the correctional institution, and inmate responses indicated that Hamilton A & I is communicating that option in a meaningful way.

PROVISIONS

Provision (a): Access to Outside Victim Advocates and Emotional Support Services

The PAQ and supporting documentation confirmed that inmates at Hamilton A & I are provided meaningful access to outside victim advocates for emotional support when sexual abuse is reported. The IPCM's statements, the MOU with ACAR, and the posted contact information for The Crisis Center all supported this conclusion. PREA §115.53(a) requires facilities to provide inmates with mailing addresses and telephone numbers for local, state, or national victim advocacy or rape crisis organizations and to enable reasonable communication with those organizations in as confidential a manner as possible. The materials reviewed and interviews conducted demonstrated that the facility has taken concrete steps to meet that requirement.

Facility policy also explains the role of victim advocates and requires that inmates who report sexual abuse be informed of their right to crisis intervention services, forensic medical care, and support from an advocate during examinations and interviews when applicable. The records further reflected that the facility does not hold persons solely for civil immigration purposes, which means the immigration-services component of the standard is not implicated here. The focus instead remains on providing practical, timely access to emotional support services for inmates who need them.

Relevant policies:

1. ADOC AR #454; MOU with Alabama Coalition Against Rape; facility-based crisis center listings, including The Crisis Center.

Provision (b): Reasonable Communication, Confidentiality Notice, and Functional Hotline Access

The Auditor tested several inmate payphones during the audit and found that the 661 PREA hotline was functioning. Facility policy requires routine testing of inmate telephones by supervisory-level staff to ensure that hotline access remains available, and the observed testing process supported the conclusion that phone access is

maintained in working order. While 661 itself serves a reporting role, §115.53 additionally requires that access to outside emotional support services be enabled in as confidential a manner as possible and that inmates be informed beforehand of the extent to which communications may be monitored or forwarded under mandatory reporting laws.

Inmate interviews reflected an understanding that calls to outside advocacy lines are treated differently from internal reporting calls and that some disclosures may still be subject to mandatory reporting if an immediate safety risk or legally reportable circumstance is identified. The Crisis Center and other advocacy representatives confirmed that it is the advocate's role to explain these limits of confidentiality to inmates. The facility's policy also supports timely access to emergency and crisis services whenever a qualified medical or mental health professional determines that such services are needed. These practices collectively support compliance with the communication and notice requirements of §115.53(b).

Relevant policies:

1. ADOC AR #454; internal phone and PREA hotline testing procedures.

Provision (c): Active Memorandum of Understanding and Ongoing Community-Based Service Availability

The Auditor reviewed the Memorandum of Understanding between ADOC and ACAR, which defines ACAR's role in providing confidential emotional support services to inmates. The agreement states that ACAR will maintain or develop connections with community-based service providers so that inmates across ADOC facilities, including Hamilton A & I, can access advocacy services. PREA §115.53(c) requires agencies to maintain or attempt to enter into such agreements and to retain copies of the agreements or documentation showing attempts to secure them. The MOU reviewed by the Auditor satisfied this requirement.

Both ACAR and The Crisis Center confirmed that support is available regardless of when or where the abuse occurred and that advocates clearly explain the boundaries of confidentiality before services are provided. The Auditor verified that the MOU was current, active, and maintained in an accessible manner on-site, indicating that Hamilton A & I treats the outside-support partnership as an active component of its PREA response system rather than as a paper-only arrangement. This reflects the trauma-informed and survivor-centered intent of §115.53.

Relevant policies:

1. ADOC AR #454; MOU with Alabama Coalition Against Rape.

CONCLUSION

Based on the review of the Pre-Audit Questionnaire, supporting records, on-site observations, and interviews with staff, inmates, and outside advocacy partners, the

	<p>Auditor concludes that Hamilton A & I complies with PREA Standard §115.53. Inmates are informed about outside confidential emotional support services and are provided meaningful ways to access those services when they report sexual abuse. The facility’s use of posted information, hotline and mail access, and formal agreements with community-based providers reflects the requirements and protective purpose of the standard.</p> <p>The evidence also demonstrated that Hamilton A & I distinguishes between outside reporting mechanisms and outside emotional support services, informs inmates about the limits of confidentiality, and maintains an active partnership structure for victim advocacy. These practices establish a consistent, victim-centered support system aligned with PREA’s emphasis on trauma-informed care, reasonable confidentiality, and access to healing resources beyond the institution.</p>
--	---

115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.54, the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by Hamilton A & I and the Alabama Department of Corrections (ADOC). The review centered on how the agency and facility enable individuals outside the correctional setting to report allegations of sexual abuse and sexual harassment on behalf of inmates. PREA §115.54 requires that the agency provide a method for third parties, including family members, friends, attorneys, and advocates, to report sexual abuse and sexual harassment and that this method be clearly communicated to the public.</p> <p>As part of this review, the Auditor examined ADOC’s publicly accessible website, focusing on the dedicated PREA webpage and the reporting mechanisms described there. The documentation included ADOC Administrative Regulation 454, dated May 29, 2025, which establishes agency-wide policies governing the prevention, reporting, and response to allegations of sexual abuse and sexual harassment. The Auditor also reviewed PREA reporting forms used for law-enforcement-sensitive disclosures to the Law Enforcement Services Division and online materials that prominently display the ADOC PREA email address designated for third-party reporting. Taken together, these sources reflected a structured, intentional approach to ensuring that individuals outside the facility can report PREA-related concerns without encountering unnecessary barriers.</p> <p>INTERVIEWS</p> <p>Inmates</p>

During interviews with incarcerated individuals at Hamilton A & I, inmates demonstrated clear awareness of third-party reporting options. They explained that allegations of sexual abuse and sexual harassment could be reported on their behalf by people outside the facility, including family members, friends, legal counsel, or other external advocates. Several inmates stated that if they felt unable or uncomfortable reporting an incident directly—for example, if they feared retaliation or did not trust a particular staff member—they would consider asking a family member or another trusted person to make a report for them.

Inmates also indicated that information about third-party reporting is shared during orientation, reinforced through posted PREA materials, and discussed informally by staff. Their responses suggested confidence that third-party reports would be taken seriously and routed into the facility’s PREA response process, consistent with the standard’s goal of providing alternative pathways for reporting when direct disclosure feels unsafe or difficult.

PROVISIONS

Provision (a): Publicly Accessible and Multiple Third-Party Reporting Methods

The Alabama Department of Corrections has established and continues to maintain accessible third-party reporting mechanisms in alignment with PREA Standard §115.54. The Auditor verified that these methods are clearly available to the public through the agency’s official website. Individuals wishing to report a PREA-related incident on behalf of an inmate can navigate to the PREA section under the “About ADOC” tab, where reporting instructions are presented in straightforward language.

The PREA webpage identifies the agency’s PREA Director and outlines several ways to initiate a third-party report. One option allows members of the public to submit a formal request for an investigation through an online link that directly opens a third-party reporting form. Another option provides an electronic reporting method via a dedicated PREA email address, enabling individuals to submit detailed allegations or concerns in writing. The page also explains that reports received through these channels are routed to appropriate PREA and investigative staff for review and action.

By offering multiple avenues—web-based forms and dedicated email—ADOC ensures that third parties, including family members, legal representatives, friends, and victim advocates, can report allegations of sexual abuse and sexual harassment without unreasonable obstacles. This accessibility reinforces the agency’s commitment to transparency, accountability, and the safety of inmates by recognizing that critical information about abuse may originate from outside the facility as well as from within.

Relevant Policy:

AR 454, V.G.1.a, p. 21; AR 454, V.G.2.a, p. 21.

CONCLUSION

	<p>Based on the review of the Pre-Audit Questionnaire, supporting documentation, ADOC website content, and inmate interviews, the Auditor concludes that the Alabama Department of Corrections, including Hamilton A & I, meets the requirements of PREA Standard §115.54, Third-Party Reporting. The agency provides clear, publicly accessible, and multiple mechanisms for third parties to report sexual abuse and sexual harassment, and inmates demonstrate both awareness of these options and confidence that third-party reports will be received and acted upon appropriately.</p>
--	--

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with PREA Standard §115.61 – Staff and Agency Reporting Duties, the Auditor conducted a careful and methodical review of the Pre-Audit Questionnaire (PAQ), relevant agency policy, facility documentation, and supporting materials provided by the Alabama Department of Corrections and Hamilton A & I. This review centered on whether the facility had established, communicated, and implemented the reporting obligations required under PREA for all staff, including the immediate reporting of sexual abuse and sexual harassment, the protection of confidential information, practitioner reporting responsibilities, compliance with mandatory external reporting laws, and the prompt referral of allegations to designated investigators. PREA §115.61 requires agencies to create and sustain a strong reporting culture so that any knowledge, suspicion, or information concerning sexual abuse, sexual harassment, retaliation, or staff neglect is reported immediately and handled according to policy, while still limiting internal disclosure to those with a legitimate need to know.</p> <p>As part of this review, the Auditor examined Alabama Department of Corrections Administrative Regulation #454, Inmate Sexual Abuse and Harassment (effective May 29, 2025), which sets forth agency expectations concerning staff reporting duties, confidentiality safeguards, and required notification practices. Administrative Regulation #302 was also reviewed to verify requirements for incident reporting, documentation, and the routing of allegations through appropriate channels. Additional documentation included staff training records, informed consent forms, and operational guidance materials used to ensure that employees, contractors, volunteers, and practitioners understand their reporting obligations under PREA. Collectively, these materials reflected an organized reporting structure designed to support immediate staff action, appropriate documentation, confidentiality protections, and timely communication with supervisory and investigative personnel.</p> <p><u>OBSERVATIONS</u></p> <p>The documentation and related materials demonstrated that reporting expectations</p>

are clearly established in written policy and reinforced through staff training and operational guidance. The Auditor observed that the facility's system communicates in practical terms when staff must report, what types of information must be reported, and how sensitive information is to be protected once a report is made. PREA §115.61 requires immediate reporting of any knowledge, suspicion, or information related to sexual abuse or sexual harassment, including retaliation and staff neglect that may have contributed to an incident, and the materials reviewed by the Auditor reflected alignment with those core requirements.

The Auditor further observed that the facility's approach supports accountability while maintaining appropriate confidentiality. Information related to allegations is not treated as general knowledge; rather, it is restricted to those officials whose involvement is necessary to make treatment, investigation, security, and management decisions, which is consistent with the confidentiality protections embedded in the standard. Overall, the materials reviewed showed a consistent and reliable process intended to promote staff awareness, prompt reporting, careful information handling, and coordinated institutional response.

INTERVIEWS

In interviews conducted during the audit process, medical and mental health practitioners first described their responsibilities within the facility's reporting framework. They explained that, at the initiation of services, inmates are informed of the limits of confidentiality and advised that certain disclosures, including allegations or information related to sexual abuse, sexual harassment, retaliation, or related staff misconduct, cannot remain confidential when reporting is required by law or policy. These practitioners described a process that balances clinical care with mandatory reporting obligations and emphasized that communication with inmates is handled in a respectful, professional, and trauma-informed manner. Their statements were consistent with PREA §115.61, which requires practitioners to report sexual abuse as required by policy and to notify inmates at the outset of services about the practitioner's duty to report and the limits of confidentiality.

PREA Director

The PREA Director described a structured reporting process in which all allegations of sexual abuse and sexual harassment, including those received anonymously or through third-party reports, are promptly forwarded to designated investigative staff for review and action. The PREA Director emphasized that timely communication among staff, institutional personnel, and investigators is essential to ensuring allegations are addressed without unnecessary delay and in accordance with established protocol. This description was consistent with the requirement in PREA §115.61 that all allegations, including anonymous and third-party allegations, be reported to the facility's designated investigators.

Facility Head

The Facility Head confirmed that all staff are expected to report immediately any knowledge, suspicion, or information related to sexual abuse or sexual harassment,

including allegations involving retaliation, staff neglect, or failures in duty that may have contributed to an incident or retaliatory act. The Facility Head also explained that when an allegation involves an inmate under the age of 18 or a vulnerable adult, the matter is reported to the appropriate outside agency as required by applicable law. This response reflected an understanding that the facility's reporting obligations extend beyond internal notification and include compliance with mandatory external reporting laws when legally triggered.

Random Staff

Random staff members interviewed from various assignments likewise demonstrated a consistent understanding of their reporting responsibilities. Staff stated that any knowledge, suspicion, or information concerning sexual abuse or sexual harassment must be reported immediately and that related information is shared only with those who have a legitimate need to know, such as supervisors, investigators, medical staff, or mental health personnel involved in response and decision-making. Their responses reflected a practical awareness of both the duty to report and the duty to preserve confidentiality once a report is made, and they were consistent with the reporting culture contemplated by PREA §115.61.

PROVISIONS

Provision (a): Immediate Staff Reporting Expectations and Institutional Accountability

The evidence reviewed demonstrates that Hamilton A & I has established and communicated a clear expectation that all staff must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. This expectation extends not only to direct allegations of abuse or harassment, but also to retaliation against inmates or staff who reported such conduct, as well as staff neglect or violations of duty that may have contributed to an incident or to retaliatory behavior. PREA §115.61(a) is designed to ensure that agencies foster a culture of immediate reporting so that no allegation, concern, or warning sign is delayed, minimized, or withheld from appropriate review, and the documentation and staff responses examined by the Auditor reflected understanding and implementation of that requirement.

Relevant Policies:

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

Provision (b): Confidential Information Control and Need-to-Know Disclosure

The facility has also established a controlled approach to the handling of information associated with sexual abuse and sexual harassment reports. Once a report is made to designated supervisors or officials, staff are not permitted to disclose related information broadly or unnecessarily; instead, the sharing of information is limited to what is necessary for treatment, investigation, security, and other management decisions. PREA §115.61(b) specifically requires agencies to protect the confidentiality

of sexual abuse information by limiting internal disclosure to those with a legitimate operational role, and the policy materials and staff interviews reviewed by the Auditor supported the conclusion that Hamilton A & I has adopted and communicated this expectation in a clear and consistent manner.

Relevant Policies:

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

Provision (c): Practitioner Duty to Inform and Mandatory Reporting Limits of Confidentiality

Medical and mental health practitioners at Hamilton A & I described a consistent practice of informing inmates, at the initiation of services, about the practitioner's duty to report sexual abuse and the limitations on confidentiality that apply within a correctional setting. This provision is particularly important because PREA recognizes that inmates may disclose abuse-related information in the course of seeking medical or mental health care, and practitioners must therefore ensure that inmates understand from the outset that certain information must be reported in accordance with policy and law. PREA §115.61(c) requires this notice so that communication remains transparent and so that care is delivered in a manner that is both clinically appropriate and compliant with mandatory reporting obligations. The Auditor found that the facility's practice in this area promotes clarity, trust, and trauma-informed communication while maintaining compliance with the standard.

Relevant Policies:

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

Provision (d): Mandatory External Reporting for Protected and Vulnerable Populations

The information reviewed and statements provided during interviews confirmed that Hamilton A & I follows legal reporting requirements when an allegation involves an inmate under the age of 18 or an inmate who is considered a vulnerable adult under applicable state or local law. In those cases, the allegation is reported to the designated state or local services agency as required by mandatory reporting statutes. PREA §115.61(d) reinforces that facility response obligations do not end with internal reporting and investigation; where special legal protections apply, the agency must also ensure prompt external notification to the proper authority. The Auditor found that this responsibility is understood by facility leadership and incorporated into the reporting structure used by the facility.

Relevant Policies:

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

Provision (e): Timely Referral of All Allegations to Designated Investigative

	<p>Staff</p> <p>The documentation and interviews further established that all allegations of sexual abuse and sexual harassment, including anonymous reports and third-party reports, are promptly referred to designated investigative staff. This requirement is significant because PREA does not permit a facility to disregard or discount allegations merely because the reporting source is indirect, anonymous, or external to the institution. PREA §115.61(e) requires facilities to ensure that every allegation is routed to designated investigators for assessment and appropriate follow-up, and the Auditor found that Hamilton A & I has an organized process for making such referrals in a timely and consistent manner. The PREA Director’s statements, along with the supporting documentation reviewed, demonstrated alignment with this requirement.</p> <p>Relevant Policies:</p> <p>1. ADOC AR #454, Section V.G.2.c, p. 23; ADOC AR #302</p> <p>CONCLUSION</p> <p>Based on the documentation reviewed, the policy framework examined, and the interviews conducted, the Auditor finds that Hamilton A & I is in compliance with PREA Standard §115.61 – Staff and Agency Reporting Duties. The facility has established a clear and consistently applied system for immediate reporting, controlled information sharing, practitioner notice regarding the limits of confidentiality, legally required external reporting, and prompt referral of all allegations to designated investigative staff, which reflects the core requirements and purpose of the standard.</p>
--	---

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.62 – Agency Protection Duties, the Auditor conducted a careful and structured review of the Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the Alabama Department of Corrections and Hamilton A & I. The review focused on how the facility identifies risk of sexual abuse, responds to safety concerns, and implements protective measures for inmates who may face a substantial risk of imminent sexual abuse. In keeping with the intent of PREA, particular attention was given to whether the agency responds proactively to risk indicators rather than waiting for harm to occur, and whether protective options are used in a way that does not unnecessarily restrict an</p>

inmate's access to programs, privileges, and services.

As part of this review, the Auditor examined Alabama Department of Corrections Administrative Regulation #454, Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines agency expectations for identifying risk, initiating protective action, and ensuring that inmates are safeguarded from harm in a timely and appropriate manner. The Auditor also reviewed housing assignment logs, transfer records, the facility's Coordinated Response Plan, and an IPCM memorandum dated October 22, 2025, in order to understand how the written requirements translate into daily practice and operational decision-making.

Taken together, these materials reflect a clear, organized, and practical system designed to support quick decisions when risk is identified, promote effective communication among security, classification, and PREA staff, and ensure that protective measures are implemented without unnecessary delay. The documentation indicates that Hamilton A & I has considered both immediate and longer-term options for protecting inmates, in keeping with PREA's requirement that agencies take reasonable steps to prevent and respond to substantial risk of imminent sexual abuse rather than relying solely on restrictive housing placements as the default response.

INTERVIEWS

Random Staff

Random staff members interviewed from various posts described a straightforward and safety-centered response when concerns arise that an inmate may be at risk of sexual abuse. They consistently reported that their first action is to separate involved individuals and take immediate steps to ensure that the potentially vulnerable inmate is safe from any further contact with someone who may pose a threat. Staff noted that this can include moving the inmate to a safer location, moving the alleged aggressor, adjusting cell or dorm assignments, or otherwise modifying the physical environment while a more detailed assessment is conducted.

Staff further explained that they promptly notify supervisors and, when appropriate, the PREA Compliance Manager or shift leadership so that protective decisions can be made quickly and in alignment with agency policy. They described efforts to preserve potential evidence—such as limiting the movement of involved parties and securing the relevant area—which supports subsequent investigations and aligns with the broader PREA framework for coordinated, multidisciplinary response. Their statements reflected a consistent understanding that protection duties are immediate, non-negotiable responsibilities and that communication during such incidents must be clear, direct, and timely.

Facility Head

The Facility Head or designee described a structured, safety-driven approach to addressing situations in which an inmate is identified as being at substantial risk of imminent sexual abuse. Once a concern is raised, staff act quickly to review available information, consult with classification or PREA personnel when necessary, and

determine the safest housing option for the inmate. The Facility Head emphasized that decisions are made on a case-by-case basis and may involve a reassignment within Hamilton A & I or, when warranted, a transfer to another appropriate location, with the overarching goal of reducing risk without imposing more restriction than is reasonably required to keep the inmate safe.

The Facility Head also stressed that the facility's protective decisions are guided by PREA principles, including the expectation that inmates should not be placed in restrictive housing unless no alternative means of separation is feasible. In those limited cases where restrictive housing is used as a protective measure, placement must be reviewed, documented, and closely monitored to ensure that it remains necessary and is not functioning as a form of punishment. Although documentation confirmed that no inmates at Hamilton A & I required transfer for imminent risk during the past 12 months, the Facility Head reported that procedures for emergency protective action remain active, well understood by staff, and ready for immediate implementation should circumstances change.

PROVISIONS

Provision (a): Immediate Protective Action and Safety-Centered Decision-Making

Hamilton A & I follows a clear, prompt, and safety-focused process whenever an inmate is identified as being at substantial risk of imminent sexual abuse. Staff are trained to act without delay, beginning with separation of the individuals involved or otherwise removing the inmate from a potentially harmful environment while supervisory staff evaluate the situation. This immediate protective response reflects PREA §115.62's expectation that agencies take reasonable and timely steps to protect inmates once officials learn that an inmate is subject to a substantial risk of imminent sexual abuse, rather than waiting for an incident to occur before intervening.

Once immediate safety is secured, staff and supervisory personnel work together to identify a safe and appropriate housing placement that meaningfully reduces risk while maintaining, whenever possible, the inmate's access to programs, services, and privileges. The facility's approach centers on identifying the least restrictive option that still provides effective protection, consistent with PREA's intent that protective measures not function as de facto punishment or result in prolonged, unnecessary isolation. Documentation indicates that no inmates required transfer for imminent risk within the past 12 months; however, the established procedures, ongoing training, and established communication patterns among staff demonstrate that the facility maintains a ready and reliable framework for emergency protective decisions. Staff interviews and written materials together support the conclusion that the process is well understood, practical, and firmly oriented toward inmate safety and dignity.

Relevant Policies:

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

CONCLUSION

	<p>Hamilton A & I demonstrates a consistent and well-organized approach to fulfilling its agency protection duties under PREA §115.62. Procedures are clearly articulated, straightforward for staff to follow, and focused on protecting inmates from substantial risk of imminent sexual abuse through prompt action, thoughtful and individualized housing decisions, and strong internal communication. Staff responses and documentation reflect a reliable system that supports quick, safety-centered decisions and aligns with PREA's expectation that agencies act proactively to safeguard inmates, using restrictive or highly controlled settings only when no other reasonable protective alternative is available.</p>
--	--

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.63 – Reporting to Other Confinement Facilities, the Auditor completed a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the Alabama Department of Corrections and Hamilton A & I. The review focused on the manner in which the facility handles allegations involving incidents that reportedly occurred at another confinement facility, including how such information is communicated, how quickly notification is provided, how the notification is documented, and how coordination occurs with the receiving facility to ensure that the allegation is addressed in accordance with PREA requirements. PREA §115.63 is intended to ensure that allegations of sexual abuse reported at one facility are promptly referred to the facility where the alleged abuse occurred so that immediate investigative and protective action can be taken by the appropriate authority.</p> <p>As part of this review, the Auditor examined ADOC Administrative Regulation #454, which establishes reporting expectations for allegations involving other confinement facilities, including notification timeframes and documentation requirements. The Auditor also reviewed ADOC Form 454-F and an IPCM memorandum to verify that the facility maintains a consistent method for documenting notifications transmitted to another institution or agency office. These records were examined to determine whether the facility had an organized mechanism for ensuring that cross-facility allegations are elevated to the appropriate level, documented in a reliable manner, and handled with the degree of urgency contemplated by PREA §115.63.</p> <p>The materials reviewed reflected a straightforward and dependable system designed to support timely communication and steady handling of cross-facility allegations. The forms and documentation tools in use are clear and practical, helping staff capture essential information about the allegation, the facility of occurrence, the date</p>

of notice, and the action taken. Overall, the documentation demonstrated a process intended to support accountability, continuity, and compliance whenever an allegation arises involving conduct that allegedly occurred outside Hamilton A & I.

OBSERVATIONS

Review of the records and supporting materials showed that Hamilton A & I maintains clear and workable procedures for managing allegations involving another confinement site. The documentation tools in use support each stage of the process, from receipt of the allegation to notification of the appropriate receiving facility and subsequent follow-up. PREA §115.63 requires not only that notification occur, but that it occur in a timely manner and that the agency document having made the notification, and the materials reviewed during the audit reflected attention to each of those obligations.

The Auditor further observed that the system supports accurate tracking of actions taken in response to cross-facility allegations. Staff are able to identify when the allegation was received, who was notified, when the notification was sent, and how the matter was documented. This organized approach helps preserve accountability and supports coordinated response even when the alleged conduct originated at a different institution. The records reviewed reflected a stable and understandable process that promotes timely communication between facilities and reduces the likelihood that an allegation will be overlooked, delayed, or mishandled.

INTERVIEWS

Facility Head

The Facility Head stated that any allegation tied to another confinement facility is treated as urgent and is addressed without unnecessary delay. The Facility Head described a process that begins with immediate review of the allegation, prompt routing of the information to the appropriate decision-maker, and timely notification to the head of the facility or appropriate office where the alleged incident occurred. The Facility Head emphasized that the 72-hour notification requirement is well understood and consistently followed whenever it applies, reflecting the express requirement of PREA §115.63(b) that such notice be provided as soon as possible, but no later than 72 hours after receipt of the allegation.

The Facility Head further explained that one cross-facility incident occurred during the past 12 months and that the Warden was notified within the required 72-hour timeframe. According to the information reviewed, a sergeant was advised by a mental health professional that an inmate had made a staff-on-inmate sexual harassment allegation arising from an incident that reportedly occurred at North Alabama Community Based Facility. The Warden of Hamilton A & I then completed ADOC Form 454-B and promptly notified the Warden of North Alabama Community Based Facility by email. This response reflects the central purpose of PREA §115.63, which is to ensure that the facility where the alleged abuse or harassment occurred receives timely notice from the highest appropriate level so that required action may be taken promptly.

Agency Head or Designee

The Agency Head Designee confirmed that the agency follows a uniform process for receiving, documenting, and responding to notifications involving incidents that allegedly occurred at another confinement facility. The Designee explained that reports are recorded, reviewed, and processed in accordance with PREA and agency requirements so that no allegation is lost, delayed, or handled inconsistently. According to the Designee, this approach supports clear communication across facilities and helps ensure that each institution understands its role once an allegation is referred. This statement was consistent with PREA §115.63(d), which requires the facility head or agency office receiving such notice to ensure that the allegation is investigated in accordance with the standards.

PROVISIONS

Provision (a): Required Cross-Facility Notification and Leadership-Level Referral

Hamilton A & I is required to notify the appropriate confinement facility when it receives an allegation that an inmate was sexually abused while confined elsewhere. This obligation is clearly stated in PREA §115.63(a), which requires the head of the facility receiving the allegation to notify the head of the facility or appropriate agency office where the alleged abuse occurred. The documentation reviewed and statements provided during interviews indicate that this requirement is understood and incorporated into facility practice.

According to the PAQ, there was one such notification during the past 12 months. In that matter, a sergeant was informed by a mental health professional that an inmate had made a staff-on-inmate sexual harassment allegation concerning an incident that reportedly occurred at North Alabama Community Based Facility. The Warden of Hamilton A & I completed ADOC Form 454-B and immediately notified the Warden of North Alabama Community Based Facility by email. This action reflects a clear understanding that cross-facility allegations must be elevated to appropriate leadership and formally transmitted so that the receiving facility can take responsive action consistent with PREA.

Relevant Policies:

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

Provision (b): Timely Seventy-Two-Hour Communication and Prompt Agency Action

PREA §115.63(b) requires that notification be provided as soon as possible, but no later than 72 hours after receiving the allegation. This timeframe is significant because prompt communication allows the receiving facility to begin any necessary inquiry, assessment, protective action, and investigative response without avoidable delay. The facility's written procedures and related documentation reflect that this timing requirement is incorporated into operational practice and treated as a

mandatory reporting deadline rather than a general guideline.

The records reviewed by the Auditor showed that, in the one applicable instance during the past 12 months, the Warden-to-Warden notification was completed within the required 72-hour window. This demonstrates that the facility's process is not only established in policy but also implemented in practice. The timely completion of notice supports the purpose of the standard by ensuring that allegations tied to another institution are communicated quickly enough to preserve institutional accountability and support prompt follow-up by the receiving facility.

Relevant Policies:

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

Provision (c): Formal Documentation of Notification and Reliable Recordkeeping Practices

PREA §115.63(c) requires the agency to document that it has provided notification to the appropriate outside facility or office. Hamilton A & I uses a standardized documentation process to record such notifications, creating a clear record of what allegation was referred, when the referral occurred, and to whom notice was provided. The use of standard forms helps promote consistency and supports the agency's ability to demonstrate compliance during audit review.

The records reviewed by the Auditor showed that ADOC documentation tools are used to capture the essential details associated with cross-facility notice. This approach strengthens recordkeeping, supports transparency, and helps verify that required communication occurred within the appropriate timeframe. The PAQ reflects that one such notification was sent during the past 12 months, and the documentation reviewed supports the conclusion that the facility maintains a steady and understandable process for fulfilling its documentation duties under this standard.

Relevant Policies:

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

Provision (d): Investigative Follow-Up Responsibilities and Ongoing Cross-Facility Accountability

PREA §115.63(d) requires that the facility head or agency office receiving notification ensure that the allegation is investigated in accordance with the PREA standards. This means that cross-facility allegations are not resolved merely by forwarding information; rather, the notification process must connect directly to appropriate investigative follow-up by the receiving institution or agency office. Interviews and documentation reviewed during the audit reflected staff awareness that allegations involving another facility still require formal handling and appropriate follow-through under PREA.

The PAQ confirms that no allegations of sexual abuse were received from other facilities during the audit period. At the same time, the system in place reflects a structured expectation that any such allegation, once received, would be investigated in accordance with agency policy and PREA requirements. The facility’s procedures, forms, and leadership responses together demonstrate an organized and consistent framework for ensuring that cross-facility allegations do not end with notification alone, but remain subject to investigative accountability.

Relevant Policies:

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

CONCLUSION

Based on the documentation reviewed, the observations made, and the interviews conducted, the Auditor concludes that Hamilton A & I meets the requirements of PREA Standard §115.63 – Reporting to Other Confinement Facilities. The facility maintains a clear, timely, and well-documented process for notifying other confinement facilities about allegations involving incidents that allegedly occurred elsewhere, and the evidence reviewed demonstrates that staff and leadership understand their responsibilities for notification, documentation, and coordination. The overall system supports consistency, accountability, and prompt cross-facility communication in a manner aligned with the purpose and requirements of the standard.

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 – Staff First Responder Duties, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the Alabama Department of Corrections and Hamilton A & I. The review focused on staff readiness, clearly defined first responder actions, and the consistency with which those actions are applied when an allegation of sexual abuse or sexual harassment is made. Particular attention was given to whether staff are equipped to respond in a manner that prioritizes inmate safety, preserves potential evidence, and demonstrates a trauma-informed, respectful approach to individuals who report abuse.</p> <p>The Auditor examined Alabama Department of Corrections Administrative Regulation #454, Inmate Sexual Abuse and Harassment (effective May 29, 2025), which sets out</p>

specific expectations for staff first responder duties, including separation of individuals, protection and preservation of the crime scene, and timely notification to appropriate officials. Supporting materials included the PREA First Responder Duty Card and PREA: A Trauma-Informed Guide for First Responders, both of which translate policy requirements into clear, step-by-step actions that staff can readily follow during an incident. Together, these documents demonstrate a structured, practical system designed to ensure that staff are trained, prepared, and able to respond quickly, appropriately, and consistently to allegations of sexual abuse or sexual harassment.

OBSERVATIONS

The Auditor observed that staff are provided with concise, easy-to-use tools that support immediate and appropriate action when an allegation is received or when staff witness or suspect sexual abuse. Laminated duty cards and compact reference guides distill the essential first responder responsibilities into a simple format that staff can quickly reference under pressure, regardless of shift, post, or job classification. These tools reinforce key steps such as ensuring the safety of the inmate, securing the area, minimizing contamination of physical evidence, and making prompt notifications.

The presence and active use of these materials reflect a sustained effort by the facility to reinforce staff preparedness and promote a shared understanding of first responder responsibilities. The integration of trauma-informed guidance further supports an approach that not only satisfies procedural requirements but also acknowledges the impact of sexual abuse on inmates, emphasizing calm communication, respect, and dignity as central components of the facility's first response.

INTERVIEWS

Non-Security Staff

Non-security staff described a prompt and supportive response when they receive a disclosure or otherwise become aware of a possible incident of sexual abuse or sexual harassment. They explained that their immediate focus is to notify security staff without delay, ensure that involved individuals are kept apart to the extent possible, and avoid disturbing the area where the alleged incident may have occurred. Non-security staff emphasized the importance of calm, clear communication with the reporting inmate, maintaining as much privacy as possible, and respecting confidentiality while still fulfilling mandatory reporting obligations. They indicated that they remain engaged and supportive until security staff assume direct control of the response.

Security Staff

Security staff outlined a clear and detailed process that begins as soon as they receive a report or observation of possible sexual abuse. They reported that their first actions include separating the alleged victim and alleged aggressor, securing and

controlling access to the area where the incident is believed to have occurred, and taking steps to preserve potential physical evidence by limiting movement, avoiding unnecessary cleaning, and instructing involved inmates not to wash, eat, drink, or change clothing when appropriate and feasible. Security staff also described notifying supervisors and designated PREA personnel immediately so that investigative and medical follow-up can proceed without delay.

All Staff

Across all interviews, staff responses were consistent and reflected a shared, practical understanding of first responder duties under PREA. Staff, regardless of role, articulated a response framework centered on inmate safety, clear communication, preservation of evidence, and prompt reporting to appropriate supervisory and investigative officials. Although there were no allegations of sexual abuse during the audit period that required a real-time first responder response, staff were able to describe the expected steps in a manner that matched both policy language and training materials, demonstrating readiness to implement the procedures if needed.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no inmates who had reported sexual abuse in the past 12 months. As a result, no inmates in this category were interviewed for this standard. The absence of such interviews is noted; however, it does not diminish the importance of maintaining staff readiness and clear first responder procedures should an allegation arise.

PROVISIONS

Provision (a): Clear First Responder Policy, Tools, and Trauma-Informed Practice

The facility maintains a clear, structured, and easy-to-follow first responder framework supported by concise tools and consistent practice. Staff are provided with laminated duty cards and compact reference materials that outline required steps in a direct, practical format, ensuring that first responders can quickly recall their duties in the moment of an incident. These tools highlight core obligations such as separating involved individuals, safeguarding the inmate who has reported or is suspected to have experienced abuse, and preserving the integrity of the potential crime scene.

Interviews confirm that staff know how to use these tools and that the PREA: A Trauma-Informed Guide for First Responders strengthens the quality of the response by emphasizing respectful communication, sensitivity to trauma, and careful handling of inmate disclosures. The guide provides clear definitions, common warning signs, and step-by-step instructions tailored to a correctional environment, reinforcing an approach that is both procedurally sound and responsive to the emotional and psychological needs of inmates. During the audit period, the facility reported zero allegations of sexual abuse; however, documentation and staff responses together indicate that policies and tools are in place and ready to guide staff in the event of an

incident.

Relevant Policies:

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

Provision (b): Training, Preparedness, and Facility-Wide Readiness

The facility sustains a strong, straightforward training program that prepares staff to fulfill first responder duties effectively and in full alignment with PREA expectations. Training on sexual abuse response is provided during initial orientation and refreshed through annual sessions, ensuring that staff are regularly reminded of their responsibilities and any updates to policy or practice. Training content covers core actions such as separating involved individuals, securing the scene, preserving evidence, avoiding actions that could compromise an investigation, and reporting information accurately and promptly up the chain of command.

All staff, including contractors and volunteers, receive training on sexual abuse response, which supports a facility-wide, coordinated approach rather than limiting knowledge to security personnel alone. While no sexual abuse allegations arose during the audit period that required staff to implement a full first responder response, the training records and staff interviews demonstrate that personnel understand their roles and are prepared to act quickly and consistently should an incident occur. This broad training base helps ensure that any staff member—security or non-security—can initiate an appropriate PREA-compliant response the moment an allegation or concern is brought forward.

Relevant Policies:

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

CONCLUSION

Based on documentation review and staff interviews, the Auditor finds that Hamilton A & I is in compliance with PREA Standard §115.64 – Staff First Responder Duties. Staff demonstrate clear understanding of their responsibilities, receive consistent and ongoing training, and have practical tools available to guide a safe, timely, and effective response in the event of an allegation of sexual abuse or sexual harassment. Even in the absence of recent incidents, the facility’s policies, training program, and staff readiness together reflect a strong commitment to maintaining PREA-compliant first responder practices.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To determine compliance with PREA Standard 115.65 governing coordinated response protocols, the Auditor conducted a thorough and systematic review of agency and facility records, policies, and operational documents demonstrating that Hamilton A & I maintains a structured, multidisciplinary system for responding to allegations of sexual abuse and sexual harassment. This review was designed to assess not only the existence of written procedures, but also the clarity, completeness, and practical usefulness of the coordinated response framework in day-to-day operations and during actual or potential incident response. PREA §115.65 requires a facility to develop a written institutional plan that coordinates the actions taken in response to an incident of sexual abuse among first responders, medical and mental health practitioners, investigators, and facility leadership.

The review began with a detailed analysis of the Pre-Audit Questionnaire (PAQ) and its supporting documentation, which confirmed that Hamilton A & I maintains a formal written coordinated response plan. That plan defines the responsibilities, expectations, and collaborative duties of first responders, healthcare personnel, mental health practitioners, investigative staff, facility administrators, and other relevant partners, and it establishes a step-by-step framework to guide the institutional response from the initial report of an allegation through investigation, response, and follow-up. The PREA Resource Center explains that the purpose of §115.65 is to ensure that each person responsible for responding to an incident of sexual abuse understands both their own role and how that role interacts with the responsibilities of others so that the response remains effective and coordinated.

The Auditor examined Alabama Department of Corrections Administrative Regulation #454, Inmate Sexual Abuse and Harassment, which serves as the foundational policy governing the agency's response process. This regulation sets out the roles and sequential responsibilities of first responders, supervisory personnel, medical and mental health practitioners, investigative staff, and administrative leadership, showing how each discipline contributes to an organized, timely, and victim-centered response. The Auditor also reviewed the PREA First Responder Duty Card and PREA: A Trauma-Informed Guide for First Responders, both of which convert policy expectations into practical reference tools that reinforce consistency, evidence preservation, communication, and trauma-informed care during high-stress situations. These materials reflect a coordinated response model grounded in inmate safety, investigative integrity, and continuity of care.

In addition, the Auditor reviewed Hamilton A & I's Coordinated Response Standard Operating Procedure, which functions as a facility-specific extension of ADOC policy and explains how security, healthcare, mental health, investigative, and administrative staff work together within the institution's operational structure. PREA guidance stresses that the written plan must be facility-specific and must describe how responsible staff will perform their required functions and work together in response to an incident of sexual abuse. The SOP emphasizes timely communication, continuity of care, and orderly case management from the initial report through final resolution, demonstrating that Hamilton A & I has not only adopted agency policy but

also adapted it to the facility's staffing pattern, physical layout, and operational demands.

INTERVIEWS

Facility Head

During the on-site portion of the audit, the Facility Head was interviewed to assess leadership oversight, institutional readiness, and implementation of the coordinated response plan. The Facility Head affirmed that Hamilton A & I has developed and implemented a comprehensive written plan that aligns with PREA requirements and ADOC expectations, and stated that every allegation of sexual abuse or sexual harassment activates a coordinated, step-by-step response involving multiple departments and staff disciplines. According to the Facility Head, each staff role is clearly defined and employees are trained to understand how their individual duties fit into the broader institutional response, helping ensure that protective measures, investigative actions, notifications, and support services occur in a timely and organized manner.

The Facility Head emphasized the importance of interdepartmental communication and teamwork, explaining that first responders, health services staff, mental health practitioners, investigators, and administrative personnel all operate within a shared framework that prioritizes inmate safety, evidence preservation, and coherent case management. This description is consistent with PREA guidance stating that the coordinated response plan should identify and describe the duties of, at minimum, first responders, medical and mental health practitioners, investigators, and facility leadership, and should establish how those parties work together during a response. The Facility Head further described a culture in which collaboration is expected, reinforced through supervision, and incorporated into routine operations rather than treated as an abstract policy concept.

The Facility Head also reported that regular training supports and sustains this coordinated system. Annual in-service training, shift briefings, scenario-based exercises, and post-incident reviews are used to reinforce the coordinated response structure and help staff apply procedures in realistic settings. Personnel are issued the PREA First Responder Duty Card and the pocket guide, both of which are referenced during training and incident response. The PREA Resource Center identifies mock scenarios and tabletop exercises as a best practice for testing coordinated, written institutional response plans and identifying areas for improvement, which is consistent with the training approach described during the interview.

Through ongoing reinforcement, supervisory oversight, and leadership engagement, staff at all levels remain informed about their roles in the coordinated response framework. The Facility Head's interview reflected not only familiarity with written policy, but also active leadership involvement in ensuring that the plan is practiced, evaluated, and implemented effectively. This reflects the central purpose of §115.65, which is to ensure that all responders understand their responsibilities and how those responsibilities connect in order to produce a consistent and effective response to

every incident of sexual abuse.

PROVISIONS

Provision (a): Comprehensive Written Plan and Multidisciplinary Response Coordination

The Pre-Audit Questionnaire verifies that Hamilton A & I has a written institutional plan specifically designed to coordinate the actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership when an allegation of sexual abuse is received. PREA §115.65 expressly requires the development of such a written plan, and PREA guidance further explains that the plan must be facility-specific, must clearly identify the duties of each responder group, and must establish how those staff members work together to carry out a coordinated response. The plan's accuracy, clarity, and practical implementation were supported by the document review and by the interview with the Facility Head.

Under this plan, when a report of sexual abuse is received, staff act promptly, deliberately, and in coordination with one another. The alleged victim is protected from further harm, access to medical and mental health services is initiated, and staff take steps to preserve physical evidence and secure the scene. The alleged abuser is separated from the alleged victim and managed in a way that reduces the risk of retaliation, intimidation, or further harm while supporting investigative needs. Relevant staff are notified according to established communication procedures, and facility leadership is informed so that oversight, accountability, and any required external notifications can occur without delay. PREA guidance explains that the coordinated response plan integrates multiple PREA standards into one comprehensive document so that the institutional response is not fragmented, delayed, or inconsistent.

The Auditor reviewed multiple sections within ADOC Administrative Regulation #454 that collectively define this coordinated framework, including sections addressing first responder duties, supervisory notification, investigative responsibilities, coordination with external law enforcement when applicable, and the medical and mental health response process. These provisions, read together with the facility-specific SOP and supporting guidance tools, establish a comprehensive institutional structure for multidisciplinary coordination. The evidence reviewed shows that Hamilton A & I has implemented a response system that is clearly defined, operationally practical, and aligned with the purpose of PREA Standard 115.65.

CONCLUSION

Following a complete review of the Pre-Audit Questionnaire, agency and facility policy, supporting documentation, operational guidance, and interview data from facility leadership, the Auditor concludes that Hamilton A & I meets the requirements of PREA Standard 115.65 governing coordinated response. The facility maintains a written, facility-specific plan that coordinates the actions of first responders, medical and mental health practitioners, investigators, and leadership in a manner consistent with the standard's text and purpose.

	<p>The coordinated response system at Hamilton A & I is structured, well documented, and reinforced through training, supervision, and leadership involvement. The information reviewed indicates that staff understand their roles in the coordinated process and that the institution is prepared to respond to allegations of sexual abuse or sexual harassment in a timely, organized, trauma-informed, and accountable manner. The policies and practices reviewed reflect alignment with PREA’s emphasis on victim protection, evidence preservation, investigative integrity, interdepartmental coordination, and continuity of care.</p>
--	--

<p>115.66</p>	<p>Preservation of ability to protect inmates from contact with abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with PREA Standard §115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers, the Auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by Hamilton A & I and the Alabama Department of Corrections (ADOC). The review focused on the agency’s authority and practical ability to take immediate protective action when allegations of sexual abuse involve staff, and on whether any external agreements or conditions could limit, delay, or otherwise influence that authority. In line with §115.66, the analysis centered on whether the agency’s arrangements preserve management’s ability to remove alleged staff abusers from contact with inmates pending investigation and final disposition.</p> <p>As part of this review, the Auditor examined Alabama Department of Corrections Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025). This regulation sets out how allegations involving staff are reported, reviewed, and managed, and it outlines the authority granted to facility leadership to take immediate steps—such as reassignment or removal from inmate contact—to reduce risk and protect the integrity of the investigative process. Documentation confirmed that the State of Alabama does not engage in collective bargaining with correctional staff and that there are no union contracts or similar labor agreements that could restrict or complicate the agency’s ability to act swiftly. This structure supports direct, efficient decision-making when safety concerns arise and aligns with PREA’s requirement that agencies not enter into or renew agreements that limit their capacity to protect inmates from staff who are alleged to have committed sexual abuse.</p> <p>Overall, the materials reviewed show a clear and well-defined system in which</p>

leadership retains full authority to act quickly when allegations involving staff are reported. The absence of collective bargaining arrangements or external employment conditions that could delay or constrain protective measures supports a straightforward path for administrative action to safeguard inmates and maintain the integrity of investigations.

OBSERVATIONS

During the review, the Auditor observed that the agency maintains full administrative control over staffing decisions related to PREA concerns. Policies and supporting documents clearly demonstrate that there are no contractual or external restrictions that would prevent or slow the implementation of protective measures when staff are alleged to have engaged in sexual abuse or sexual harassment. This is consistent with PREA Standard §115.66, which is intended to ensure that agencies preserve their ability to remove alleged staff abusers from contact with inmates while allegations are investigated and resolved.

This level of administrative control supports a quick, stable, and reliable response when allegations involving staff are reported. Leadership can reassign, modify duties, or otherwise adjust staff placement without negotiating with outside entities, ensuring that inmate safety remains the primary consideration. The structure in place reflects a system in which the agency can respond promptly and decisively to protect inmates from potential harm while supporting a fair and thorough investigative process.

INTERVIEWS

Agency Head Designee

The Agency Head's designee explained that all correctional staff are non-union employees and confirmed that the agency is not subject to collective bargaining agreements that would restrict disciplinary or assignment decisions. As a result, when an allegation involving a staff member is reported, facility leadership and central office administrators can act immediately to implement protective measures. These actions can include reassigning the staff member to a non-contact role, modifying job duties, or removing the staff member from the facility or from inmate contact altogether while the allegation is reviewed and investigated.

The designee emphasized that these decisions are made quickly, with inmate safety and investigative integrity as the primary priorities. The ability to act without delay supports compliance with PREA §115.66 by ensuring that agency arrangements do not impede protective action. The designee also noted that no PREA-related cases during the audit period required such action; however, the authority to do so remains clearly established in policy and is consistently understood by leadership and human resources personnel.

Facility Leadership

Facility leadership reported that they have clear and immediate authority to act when

an allegation involving staff is received. They described a straightforward, well-understood process in which leadership can promptly remove a staff member from direct inmate contact, temporarily reassign them to duties away from housing or program areas, or place them on administrative leave, as appropriate to the nature of the allegation and the available information at the time. Leadership noted that these steps are taken to protect inmates from potential harm and to help preserve the neutrality and credibility of the investigative process.

Leadership further indicated that while no cases during the audit period required such measures at Hamilton A & I, the procedures remain active, familiar to supervisory staff, and ready to be implemented at any time. They emphasized that there are no external agreements that would require negotiation or delay before protective actions could be taken, and that this flexibility is essential to maintaining a safe environment and responding in a manner consistent with PREA expectations.

PROVISIONS

Provision (a): Clear and Unrestricted Authority for Immediate Protective Action and Staff Removal

Hamilton A & I maintains clear, direct, and unrestricted authority to take immediate protective action when staff are alleged to be involved in sexual abuse, which is the core requirement of PREA §115.66. The standard prohibits agencies from entering into or renewing collective bargaining agreements or similar arrangements that would limit their ability to remove alleged staff abusers from contact with inmates, and it requires that any existing agreements be modified at the earliest legally permissible opportunity to eliminate such restrictions. The documentation reviewed and interviews conducted confirm that no such agreements exist within ADOC's correctional system, including at Hamilton A & I.

Administrative Regulation #454 and related materials provide guidance that allows facility leadership to promptly reassign staff, adjust job duties, or remove staff from contact with inmates when safety concerns are identified. These actions are taken quickly and are focused on protecting inmates, preventing potential retaliation or further harm, and supporting an impartial and thorough investigation. Although no cases during the audit period required the use of these measures at Hamilton A & I, both written documentation and interview responses show that the process is clearly understood, consistently supported, and ready for immediate use. The governance structure in place ensures that decisions can be made without contractual barriers or undue delay, preserving the facility's ability to protect inmates from contact with staff members who are alleged to have committed sexual abuse while the allegations are investigated and resolved.

Relevant Policies:

ADOC AR #454 – Inmate Sexual Abuse and Harassment (May 29, 2025)

Provision (b): Not Applicable to This Facility's Labor Context

	<p>This provision is not applicable to Hamilton A & I in the current labor context and was not evaluated as part of this audit. PREA §115.66 is primarily concerned with limiting or preventing contractual or collective bargaining provisions that would interfere with an agency’s ability to remove alleged staff abusers from contact with inmates. Because ADOC does not engage in collective bargaining with correctional staff and there are no union contracts governing staff assignments or discipline, the specific concerns addressed by this provision are not present at this facility.</p> <p>CONCLUSION</p> <p>Based on the review of documentation, observations, and interviews with agency representatives and facility leadership, the Auditor finds that Hamilton A & I is in compliance with PREA Standard §115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers. The agency maintains clear, unrestricted authority to act quickly when allegations involve staff, and there are no labor agreements or external conditions that limit or delay the implementation of protective measures. Policies are straightforward, well understood, and consistently supported by leadership, ensuring that inmate safety can be protected and that appropriate administrative action may be taken without unnecessary barriers or delay.</p>
--	---

115.67	Agency protection against retaliation
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard 115.67 governing agency protection against retaliation, the Auditor conducted a comprehensive and methodical review of agency and facility documentation demonstrating how retaliation protections are established, monitored, and implemented at Hamilton A & I. The review encompassed the completed Pre-Audit Questionnaire (PAQ) and all supporting materials submitted prior to the on-site visit, providing a clear picture of the facility’s written policies and operational practices in this area.</p> <p>Special emphasis was placed on Alabama Department of Corrections (ADOC) Administrative Regulation #454, Inmate Sexual Abuse and Harassment (effective May 29, 2025), which defines the agency’s framework for preventing retaliation and sets forth detailed procedures for monitoring any person—whether inmate or staff—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 intended to ensure that no one faces adverse consequences for fulfilling their duty to report misconduct or for cooperating with investigative processes.</p> <p>The Auditor also reviewed ADOC Form 454-D, Sexual Abuse/Harassment Retaliation</p>

Monitoring, the agency's standardized tracking tool for detecting, documenting, and responding to potential acts of reprisal. The form describes how monitoring is initiated promptly when an allegation is received, how monitoring continues throughout the investigative process, and how it is brought to a close once the risk of retaliation has been mitigated or eliminated. It reflects a deliberate, structured approach that balances consistent oversight with attention to the unique circumstances and needs of each monitored individual.

Taken together, these materials demonstrate an agency-wide commitment to ensuring that no inmate or staff member faces intimidation, harassment, or other adverse treatment for participating in PREA reporting or investigations. The documentation reflects a process that is disciplined, transparent, proactive, and firmly aligned with the protective intent of PREA Standard 115.67.

INTERVIEWS

Retaliation Monitor

The designated Retaliation Monitor at Hamilton A & I described their work as proactive, deliberate, and ongoing, underscoring a strong commitment to protecting individuals from reprisal. The Auditor learned that staff and inmates are routinely reminded of their right to report sexual abuse or sexual harassment and to participate in investigations without fear of retaliation. Monitoring applies not only to alleged victims, but also to witnesses, reporters, and anyone who expresses concern about possible retaliatory conduct.

The Retaliation Monitor explained that monitoring activities are documented through regular check-ins, conducted for a minimum of 90 days and often more frequently than the monthly schedule contemplated by basic PREA guidance. These check-ins are logged on ADOC Form 454-D, which tracks observations, changes in circumstances, and any actions taken to address emerging concerns. The Monitor reported that no substantiated incidents of retaliation occurred during the past 12 months and that protections are individualized, with monitoring extended beyond the minimum period whenever ongoing risk is identified or voiced by the person being monitored.

Agency Head Designee

In discussions with the Agency Head's designee, the Auditor confirmed that retaliation monitoring begins as soon as a PREA-related report is filed and continues for at least 90 days, unless a case is determined to be unfounded and an individual assessment supports earlier conclusion. The designee emphasized that protections are not limited to the alleged victim; they extend to any person—whether inmate, staff, or third-party reporter—who reports abuse, cooperates in an investigation, or expresses fear of retaliation. This inclusive approach helps ensure that monitoring is equitable and responsive to the needs of all involved.

The designee also described the agency's expectations for transparency and accountability at the system level. Retaliation monitoring is tracked centrally and

subject to regular review by agency leadership, who examine trends, verify compliance with policy, and ensure that protective efforts are consistently applied across ADOC facilities. This added layer of oversight reinforces the seriousness with which retaliation concerns are addressed.

Facility Head

Facility leadership at Hamilton A & I described the practical safeguards used to support retaliation prevention within the institution. They explained that housing moves, job changes, program assignments, and disciplinary actions involving monitored inmates are reviewed for indications that they might be retaliatory or could be perceived as retaliation. Similarly, staff evaluations, work duty assignments, shift changes, and reassignments are monitored to ensure that no staff member is penalized for reporting or assisting with a PREA investigation.

The Facility Head noted that the Institutional PREA Compliance Manager (IPCM) works closely with the Retaliation Monitor to oversee these day-to-day operations. Together, they routinely review housing and job changes, grievances, disciplinary actions, and other relevant information to identify potential warning signs. This ongoing oversight helps maintain a professional, fair, and balanced institutional climate following any PREA-related report and reinforces the message that individuals who come forward will be supported rather than punished.

Inmates in Segregated Housing

At the time of the audit visit, no inmates at Hamilton A & I were housed in segregated settings as a direct result of reporting sexual abuse or being identified as at heightened risk of victimization. This supports the conclusion that segregation is not used as a default or routine protective measure following a PREA report, but is reserved for situations in which it is absolutely necessary, narrowly tailored, and in the best interest of the inmate's safety after less restrictive alternatives have been considered and ruled out.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no inmates assigned to the facility who had reported sexual abuse within the past 12 months. Consequently, there were no inmate interviews conducted under this standard for that reporting category.

PROVISIONS

Provision (a): Formal Policy and Comprehensive Retaliation Monitoring Structure

The Pre-Audit Questionnaire and supporting documentation confirm that ADOC maintains a formal written policy that guarantees protection from retaliation for anyone—staff or inmate—who reports sexual abuse or sexual harassment or assists in a related investigation. The policy requires active monitoring of potential retaliation for at least 90 days after an allegation is reported and allows for monitoring to be extended as long as circumstances, observed behaviors, or expressed concerns

indicate a continuing risk. The Institutional PREA Compliance Manager is designated to ensure that monitoring is implemented, that protective measures are coordinated, and that documentation is complete and accurate.

These requirements are clearly articulated in ADOC Administrative Regulation #454, which outlines the scope of monitoring, identifies who is eligible for protection, and describes how protective steps are documented and reviewed. The written framework reflects the agency's commitment to fostering an environment in which individuals can report misconduct with confidence that they will be shielded from retaliation.

Provision (b): Multiple Protective Measures and Preventive Strategies for At-Risk Individuals

Hamilton A & I employs a layered set of preventive and protective measures designed to reduce the likelihood of retaliation and to respond quickly when concerns surface. These measures include housing adjustments to create distance between an at-risk inmate and a potential retaliator, reassignment of work or program placements to lessen exposure, and physical separation of the alleged abuser from the reporting individual. When appropriate, transfers to different housing units or other facilities may be used, in addition to providing supportive counseling, mental health services, and other forms of emotional support tailored to the needs of the person being monitored.

Facility leaders described how these measures are evaluated and implemented on a case-by-case basis, taking into account the nature of the allegation, the individual's expressed concerns, and operational considerations. Review of monitoring forms and related records confirmed that no allegations of retaliation were substantiated during the past audit cycle and that protective strategies are available and ready to be deployed when needed.

Provision (c): Active Monitoring of Behavioral, Housing, and Employment Indicators

Under ADOC policy, active monitoring involves ongoing review of a range of indicators that could signal retaliation or a retaliatory climate. For inmates, this includes changes in housing assignments, job status, program participation, disciplinary records, and informal reports of harassment or intimidation. For staff, it includes reassignment of posts, changes in shift or duties, performance management actions, and other employment-related changes that could be perceived as punitive.

Monitoring is documented for at least 90 days and extended when circumstances warrant continued oversight. Both the PAQ and interview responses indicated that no incidents of retaliation were identified during the review period; however, the monitoring process remained in place and functioning, demonstrating that the system is designed not only to respond to specific complaints, but also to prevent problems by identifying early warning signs.

Provision (d): Detailed Documentation and Verified Oversight Practices

The agency's documentation process—centered on ADOC Form 454-D—captures key aspects of retaliation monitoring, including the schedule and nature of check-ins, observations by staff, any reported concerns from the monitored person, and the protective steps taken when needed. Records reviewed by the Auditor showed that monitoring at Hamilton A & I is conducted at regular, often weekly, intervals, providing more frequent oversight than the minimum expectations typically associated with monthly reviews.

Each monitoring record includes verification by the IPCM or designated monitor, demonstrating supervisory oversight and confirming that monitoring is not merely a paperwork exercise but an active protective function. This level of documentation supports transparency and accountability and provides a clear record that retaliation concerns are taken seriously and addressed promptly.

Provision (e): Inclusive Protections for Victims, Witnesses, and Other Reporters

Records and interviews confirmed that retaliation protections at Hamilton A & I are not limited to alleged victims of sexual abuse. Any person who reports an incident, serves as a witness, provides information during an investigation, or expresses fear of retaliation is eligible for monitoring and protective measures. This inclusive approach ensures that individuals who contribute to the reporting and investigative process—whether inmates or staff—receive equitable protection and that their willingness to participate is not undermined by fear of adverse consequences.

Provision (f): Protection Obligations for Staff Reporters

Although no staff members at Hamilton A & I reported sexual abuse or sexual harassment during the audit period, policy and interview evidence confirmed that staff reporters are entitled to the same protections against retaliation as inmates. Facility leadership and the Agency Head's designee both affirmed that retaliation monitoring and protective steps would be extended to staff who report or cooperate in investigations, including close review of employment actions following a report to ensure that no adverse decisions are made as a form of reprisal.

CONCLUSION

Through careful review of the PAQ, agency and facility policies, supporting documentation, and detailed interviews with leadership, monitoring staff, and other key personnel, the Auditor concludes that Hamilton A & I exceeds the requirements of PREA Standard 115.67: Agency Protection Against Retaliation. This determination was made based on the weekly status checks for retaliation monitoring, which exceeds the monthly status checks employed in most other institutions.

The facility maintains clear policies, defined roles, structured monitoring processes, and multiple protective strategies that together support a proactive, victim-centered approach to retaliation prevention and response. Staff at all levels demonstrated a solid understanding of their responsibilities in preventing and detecting retaliation, and leadership conveyed strong oversight and verification mechanisms. Monitoring practices, including frequent check-ins and comprehensive documentation, reflect an

	institutional culture that values safety, integrity, and trust, and that encourages inmates and staff to bring concerns forward without fear of adverse consequences.
--	---

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.68 – Post-Allegation Protective Custody, the Auditor conducted a detailed and organized review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by Hamilton A & I and the Alabama Department of Corrections (ADOC). The review focused on how the facility makes housing decisions for inmates following allegations of sexual abuse, with particular attention to whether involuntary segregated housing is avoided except in the limited circumstances permitted by PREA. PREA guidance makes clear that facilities are not to automatically or routinely place inmates who allege sexual abuse in involuntary segregation and must instead use such housing only when no available alternative means of separation from likely abusers exists.</p> <p>As part of this review, the Auditor examined Alabama Department of Corrections Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025). This policy provides direction regarding post-allegation protective custody and reflects the PREA requirement that any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the safeguards set out in §115.43, including the use of the least restrictive measures, periodic review, and preservation of access to programs and services to the extent possible. Additional materials reviewed included the Institutional PREA Compliance Notice memorandum related to this standard and ADOC Form 454-H – PREA Post-Allegation Protective Custody Form, which is used to document housing decisions, the reason for placement, expected duration, and review requirements.</p> <p>Together, these materials demonstrate a structured and well-organized process for evaluating and recording housing decisions following an allegation of sexual abuse. The documentation reflects a balanced approach that prioritizes inmate safety while limiting the use of restrictive housing and requiring justification, review, and documentation whenever protective segregation is used. This approach is consistent with the purpose of §115.68, which recognizes that involuntary segregation and loss of access to activities can be experienced as punitive and therefore should be avoided whenever other safe alternatives are available.</p> <p>OBSERVATIONS</p> <p>During the on-site visit, the Auditor toured multiple housing units and observed routine facility operations. No inmates were identified as being placed in involuntary</p>

segregated housing for protection following allegations of sexual abuse during the audit period. Housing assignments appeared consistent with ordinary classification practices and standard operational needs rather than with the routine use of segregation as a protective response.

Staff confirmed during the tour and interviews that no inmates had been placed in involuntary segregation for protective purposes in the previous 12 months. These observations support the conclusion that Hamilton A & I does not rely on restrictive housing as a default response and instead seeks to avoid segregation unless it is clearly necessary to protect the inmate and no other reasonable alternative is available. This practice is consistent with PREA's requirement that post-allegation protective custody be used only in narrowly limited circumstances.

INTERVIEWS

Facility Head

The Facility Head described a careful, individualized approach to housing decisions following an allegation of sexual abuse. The Facility Head confirmed that inmates are not automatically placed in segregation after reporting abuse and explained that each case is evaluated on its own facts, with emphasis on identifying the safest and least restrictive housing option available. According to the Facility Head, alternatives such as reassignment within the facility, housing changes, increased supervision, or transfer are considered before involuntary segregated housing is used.

The Facility Head further explained that segregation is used only when no safe alternative means of separation is available and that, when such placement is necessary, it must be clearly justified and documented on ADOC Form 454-H. The Facility Head also confirmed that all such placements are reviewed at least every 30 days to determine whether continued separation remains necessary and appropriate. These statements align with PREA's requirements that involuntary segregated housing not be used routinely, that the placement be reviewed periodically, and that inmates retain access to programs and privileges to the extent possible.

Facility Staff

Staff responsible for housing and inmate supervision described a steady, safety-focused process that seeks to protect inmates while minimizing restrictions. They explained that alternative housing options are reviewed first and that placement in protective custody through segregation is not considered a routine response to an allegation. Instead, staff consider reassignment within the institution, transfer, or other protective strategies designed to maintain safety without unnecessary isolation.

Staff also stated that when involuntary segregated housing is used, it is temporary, closely monitored, and regularly reviewed. They emphasized that inmates placed in protective housing continue to receive access to programs, education, work opportunities, and services to the greatest extent possible within the constraints of safety and security. This response reflects the core PREA principle that even when protective segregation is necessary, facilities must minimize restrictions and

document any limitations on access to programming or other activities.

PROVISIONS

Provision (a): Limited, Necessity-Based, and Safety-Focused Use of Protective Custody

Hamilton A & I follows a cautious and safety-centered approach that limits the use of involuntary segregated housing following allegations of sexual abuse. PREA §115.68 provides that any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse must comply with the requirements of §115.43, meaning that segregation may be used only when no available alternative means of separation from likely abusers exists and only for the shortest period necessary. The documentation and interviews reviewed by the Auditor indicate that the facility understands and applies this principle by treating segregation as a last resort rather than a routine protective response.

Documentation and staff interviews confirmed that no inmates were placed in involuntary segregation for protective purposes during the past 12 months. This reflects a consistent effort by Hamilton A & I to rely on less restrictive and more appropriate housing alternatives whenever possible. The facility's practice supports PREA's intent to avoid placing alleged victims in restrictive settings absent a clearly documented safety necessity.

Relevant Policies:

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

Provision (b): Structured Documentation, Periodic Review, and Continued Justification of Placement

When protective custody is necessary, Hamilton A & I follows a structured and well-documented process to ensure that the placement is justified, recorded, and subject to ongoing review. ADOC Form 454-H is used to document the reason for placement, the expected duration, and the results of required review periods. PREA guidance emphasizes that facilities must document the basis for involuntary segregated housing and periodically reassess whether continued separation remains necessary, and the facility's process reflects that expectation.

All such placements are reviewed at least every 30 days to determine whether continued separation is still required for safety. This review process helps ensure that restrictive housing is not extended by default or left in place without active reconsideration. The available documentation shows that the facility has an organized and reliable method for maintaining accountability in any case involving post-allegation protective custody.

Relevant Policies:

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

Provision (c): Continued Access to Programs, Services, and Activities to the Extent Possible

The facility’s approach to protective custody includes efforts to preserve inmate access to programs, education, work opportunities, and services to the greatest extent possible. PREA’s purpose in this area is not only to limit the use of involuntary segregation, but also to ensure that when protective housing is necessary, it does not operate as a punitive deprivation of normal institutional opportunities unless specific limitations are required by safety needs and are documented. Staff interviews confirmed that Hamilton A & I makes efforts to preserve access whenever feasible and does not treat protective placement as grounds for automatic exclusion from programming.

This approach helps reduce the harmful effects that can accompany temporary housing changes and supports a fairer and more stable response for inmates who may already be experiencing trauma, fear, or uncertainty after an allegation of sexual abuse. The facility’s practices therefore reflect both the protective and non-punitive intent of PREA §115.68.

Relevant Policies:

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

CONCLUSION

Based on the full review of documentation, on-site observations, and interviews with staff and facility leadership, the Auditor finds that Hamilton A & I is in compliance with PREA Standard §115.68 – Post-Allegation Protective Custody. The facility demonstrates a clear, careful, and consistent approach to post-allegation housing decisions, avoids involuntary segregation whenever possible, and uses protective custody only when no safe alternative is available and with the documentation and review required by PREA.

The evidence reviewed further shows that when protective housing is considered or used, the facility emphasizes ongoing review and continued access to services and programming to the greatest extent possible. These practices reflect a balanced and effective system that supports inmate safety while limiting unnecessary restrictions and preserving the non-punitive intent of the standard.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.71 – Criminal and Administrative Agency Investigations, the Auditor conducted an extensive review of documentation provided by Hamilton A & I and the Alabama Department of Corrections (ADOC). Materials reviewed included the completed Pre-Audit Questionnaire (PAQ), ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (dated May 29, 2025), ADOC Administrative Regulation #300 – Institutional Management, and Standard Operating Procedure Investigations & Intelligence (SOP I&I) #454 – PREA Sexual Assault Investigations. Additional materials included ADOC Form #454-C – Investigative Summary Report, records of investigative outcomes and dispositions, minutes from Investigative Review Team meetings, and Notification to Inmate forms. Collectively, these materials outlined the facility’s investigative protocols, reporting expectations, documentation practices, evidence preservation requirements, and case follow-up procedures, providing a broad framework for evaluating the agency’s response to PREA-related allegations. PREA §115.71 requires agencies that conduct their own investigations to do so promptly, thoroughly, and objectively for all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports.

The Auditor’s review focused on whether investigative practices at Hamilton A & I were consistent with the standard’s requirements governing investigator training, evidence collection, credibility assessments, compelled interviews, written reporting, retention of investigative records, referral for prosecution when appropriate, and continuation of investigations even when the alleged victim or alleged abuser is no longer in agency custody or employment. The PREA Resource Center explains that the purpose of this standard is to ensure that allegations are investigated properly and consistently so that findings are reliable, reporting is encouraged, and accountability is maintained. The records reviewed reflected a structured investigative process supported by agency policy and specialized procedures.

INTERVIEWS

Investigative Staff

Interviews with investigative personnel confirmed that investigations are initiated upon receipt of allegations, regardless of how the information is received, including in-person reporting, telephone reports, third-party reports, or anonymous allegations. Investigative staff described a standardized process in which the alleged victim is typically interviewed first, followed by relevant witnesses, and then the alleged perpetrator, with investigators working to gather both direct and circumstantial evidence in a manner that preserves the integrity of the case. Staff stated that evidence collection may involve trained investigators and, when applicable, SAFE/SANE personnel, and investigators reported that they had received specialized training in sexual abuse investigations consistent with the requirements of PREA §115.71(b).

Investigators further explained that compelled interviews are conducted only after consultation with prosecutorial authorities when criminal prosecution appears

possible, so as not to undermine a later criminal case. They stated that they assess the credibility of alleged victims, suspects, and witnesses on an individual basis and do not rely on polygraph examinations or other truth-telling devices as a condition for proceeding with an investigation, which is consistent with the express language of §115.71. Investigative staff also stated that administrative investigations include examination of whether staff actions or failures to act contributed to an incident and that findings are documented in written reports containing evidence summaries, credibility assessments, and investigative conclusions.

At the same time, the Auditor noted isolated delays in initiating certain investigations, with some investigations beginning approximately 30 to 60 days after the initial report. PREA §115.71(a) requires investigations to be prompt as well as thorough and objective, so delays of that length do not fully reflect the timeliness contemplated by the standard, even though the overall investigative structure, reporting, and service responses remained in place. Review of the previous 12 months' data reflected seven total allegations, all classified as sexual harassment and none classified as sexual abuse according to the records reviewed. Documentation also showed that affected inmates received medical and mental health services, retaliation monitoring, and written notifications regarding investigative outcomes.

Institutional PREA Compliance Manager (IPCM)

The IPCM verified that investigations are not closed or terminated solely because an alleged victim or alleged abuser has left the custody or employment of the agency. This is consistent with PREA §115.71(j), which provides that departure from agency control does not provide a basis for terminating an investigation. The IPCM's statements reflected the facility's expectation that cases remain subject to full review and documented disposition regardless of a person's later status.

PREA Director

The PREA Director confirmed that investigative records are retained for the duration of the accused individual's incarceration or employment, plus an additional five years, in accordance with agency policy. This matches the retention requirement in PREA §115.71(i), which requires agencies to retain written administrative and criminal investigative reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The PREA Director also stated that inmate-related data are maintained indefinitely within the SCRIBE system, supporting long-term accessibility and institutional accountability.

Facility Head or Designee

Facility leadership reported that during the previous 12 months, no substantiated allegations were referred for prosecution. This statement was consistent with the investigative dispositions and summary reports reviewed during the audit and reflected that no substantiated conduct appearing criminal arose during the period examined. Under PREA §115.71(h), substantiated allegations of conduct that appears to be criminal must be referred for prosecution, and the records reviewed reflected no such substantiated cases during the audit period.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no inmates assigned to Hamilton A & I who had reported sexual abuse in the past 12 months. Consequently, no inmates from this interview category were interviewed for this standard. That absence limited direct corroboration from reported victims but did not alter the Auditor's review of written investigative procedures, staff interviews, and case documentation.

PROVISIONS

Provision (a): Prompt, Thorough, and Objective Investigative Response to All Allegations

Hamilton A & I maintains policies requiring that allegations of sexual abuse and sexual harassment be investigated thoroughly and objectively, as reflected in the PAQ, agency policy, and staff interviews. PREA §115.71(a) requires that when an agency conducts its own investigations, it must do so promptly, thoroughly, and objectively for all allegations, including those received anonymously or from third parties. Investigative procedures at Hamilton A & I follow ADOC AR #454 and SOP I&I #454 and include requirements for case assignment, evidence development, witness interviews, and written findings.

However, the Auditor identified isolated delays in the initiation of certain investigations, with some investigations beginning approximately 30 to 60 days after the initial report. Although the facility otherwise demonstrated an organized investigative framework and appropriate follow-up services, delays of that nature do not fully align with PREA's expectation of prompt investigative action. Review of the prior 12 months' data reflected seven allegations in total, with zero sexual abuse cases and seven sexual harassment cases. Documentation further showed that affected inmates received medical and mental health services, retaliation monitoring, and written notifications regarding investigative outcomes, supporting compliance in those related service areas.

Relevant Policy:

1. AR #454, V.G.1.g-h, i, pp. 21-22; V.H.3.a-g, pp. 25-26; IV.C.1-9, pp. 5-6

Provision (b): Specialized Investigator Training for Sexual Abuse Cases

All investigators assigned to sexual abuse investigations have completed specialized PREA training, as required by agency procedure and PREA §115.71(b), which directs that agencies use investigators who have received special training in sexual abuse investigations pursuant to §115.34 when sexual abuse is alleged. Training records were reviewed and verified during the audit, and investigative staff described training in interview techniques, evidence preservation, credibility assessment, and case documentation specific to confinement settings.

Relevant Policy:

1. AR #454, V.G.1.g-h, i, pp. 21-22; V.H.3.a-g, pp. 25-26; IV.C.1-9, pp. 5-6

Provision (c): Evidence Collection, Preservation, and Review of Relevant History

Investigators at Hamilton A & I gather and preserve both direct and circumstantial evidence, including physical evidence, DNA evidence where available, and electronic monitoring data when applicable. PREA §115.71(c) requires investigators to gather and preserve direct and circumstantial evidence, interview alleged victims, suspected perpetrators, and witnesses, and review prior complaints and reports of sexual abuse involving the suspected perpetrator. Interviews with investigative staff and review of case documentation supported the conclusion that these practices are part of the facility's normal investigative process.

Relevant Policy:

1. AR #454, V.G.1.g-h, i, pp. 21-22; V.H.3.a-g, pp. 25-26; IV.C.1-9, pp. 5-6

Provision (d): Prosecutorial Consultation Before Compelled Interviews

Investigative staff reported that compelled interviews are conducted only after consultation with prosecutorial authorities when the available evidence may support criminal prosecution. This practice aligns with PREA §115.71(d), which requires consultation with prosecutors before compelled interviews are used in cases that may be referred for criminal prosecution, so that later criminal proceedings are not compromised. Staff interviews confirmed awareness of this safeguard and its importance in protecting the integrity of potential criminal cases.

Relevant Policy:

1. AR #454, V.G.1.g-h, i, pp. 21-22; V.H.3.a-g, pp. 25-26; IV.C.1-9, pp. 5-6

Provision (e): Individualized Credibility Assessment Without Polygraph Reliance

The credibility of alleged victims, witnesses, and alleged abusers is assessed on an individual basis and is not determined by a person's status as inmate or staff member. PREA §115.71(e) also prohibits requiring a person who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation. Investigative staff confirmed that these procedures are followed, and the investigative materials reviewed were consistent with individualized credibility assessments rather than categorical assumptions.

Relevant Policy:

1. AR #454, V.G.1.g-h, i, pp. 21-22; V.H.3.a-g, pp. 25-26; IV.C.1-9, pp. 5-6

Provision (f): Administrative Review of Staff Conduct and Written Investigative Findings

Administrative investigations include an effort to determine whether staff actions or failures to act contributed to an incident. PREA §115.71(f) requires that administrative investigations document physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings in written reports. The reports and interview responses reviewed during the audit demonstrated that administrative investigations at Hamilton A & I incorporate those required components.

Relevant Policy:

1. AR #454, V.G.1.g-h, i, pp. 21-22; V.H.3.a-g, pp. 25-26; IV.C.1-9, pp. 5-6

Provision (g): Written Criminal Investigative Reports and Documentary Support

Criminal investigations are documented in written reports that include summaries of physical, testimonial, and documentary evidence, with supporting records attached where feasible. This is consistent with PREA §115.71(g), which requires criminal investigative reports to contain a thorough description of evidence and to attach copies of documentary evidence where possible. Documentation reviewed during the audit reflected this reporting structure.

Relevant Policy:

1. AR #454, V.G.1.g-h, i, pp. 21-22; V.H.3.a-g, pp. 25-26; IV.C.1-9, pp. 5-6

Provision (h): Referral of Substantiated Criminal Conduct for Prosecution

PREA §115.71(h) requires substantiated allegations of conduct that appears to be criminal to be referred for prosecution. Facility leadership reported that no substantiated allegations during the review period met that threshold, and the case documentation reviewed by the Auditor was consistent with that statement.

Relevant Policy:

1. AR #454, V.G.1.g-h, i, pp. 21-22; V.H.3.a-g, pp. 25-26; IV.C.1-9, pp. 5-6

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

Investigative records are retained for the duration of the alleged abuser's incarceration or employment, plus an additional five years, as confirmed by the PREA Director and reflected in agency policy. This retention practice is consistent with PREA §115.71(i). The Director also reported that inmate-related data are maintained indefinitely within SCRIBE, reinforcing continuity of institutional records.

Relevant Policy:

1. AR #454, V.G.1.g-h, i, pp. 21-22; V.H.3.a-g, pp. 25-26; IV.C.1-9, pp. 5-6

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

Investigations continue regardless of whether the alleged abuser or alleged victim has left the agency's custody or employment. PREA §115.71(j) expressly states that the departure of the alleged abuser or victim from employment or control of the facility or agency shall not provide a basis for terminating an investigation. This practice was confirmed by both the IPCM and the PREA Director.

Relevant Policy:

1. AR #454, V.G.1.g-h, i, pp. 21-22; V.H.3.a-g, pp. 25-26; IV.C.1-9, pp. 5-6

Provision (k): Not Applicable to This Audit Review

This provision was not applicable for this audit based on the information reviewed and the structure of the agency's investigative process.

Provision (l): Cooperation With External Investigative Bodies When Applicable

Although PREA investigations at Hamilton A & I are currently conducted internally by the ADOC Law Enforcement Services Division, facility leadership stated that the facility would cooperate fully with any outside investigative body and would seek investigative updates as appropriate if an external agency became involved. This response is consistent with the standard's expectation that agencies remain cooperative and accountable even where investigative responsibility may be shared or externalized under different circumstances.

Relevant Policy:

- AR #454, V.G.1.g-h, i, pp. 21-22; V.H.3.a-g, pp. 25-26; IV.C.1-9, pp. 5-6

CONCLUSION

Following review of documentation, interviews with investigative staff, agency and facility leadership, and examination of investigative practices and records, the Auditor concludes that Hamilton A & I meets the applicable provisions of PREA Standard §115.71 - Criminal and Administrative Agency Investigations, with the exception that isolated delays in initiating certain investigations were noted and do not fully reflect the timeliness contemplated by §115.71(a). Apart from those timeliness concerns, the evidence reviewed showed that investigations are structured, objective, well documented, and supported by trained investigators, evidence preservation practices, staff accountability review, victim services, and long-term record retention.

	<p>The overall investigative process reflects a professional and policy-driven system that supports transparency, continuity, and compliance with PREA’s investigative requirements. The facility’s practices demonstrate sustained attention to evidence preservation, credibility assessment, written reporting, referral standards, and continuation of investigations regardless of later changes in custody or employment status.</p>
--	--

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with PREA Standard §115.72 - Evidentiary Standard for Administrative Investigations, the Auditor conducted a careful, detailed review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation provided by Hamilton A & I and the Alabama Department of Corrections (ADOC). The review focused on the standard of proof used in administrative investigations and on the overall process by which evidence is collected, analyzed, and translated into written findings. PREA §115.72 requires that an agency’s administrative investigations not impose a higher evidentiary threshold than a preponderance of the evidence, meaning that a finding is based on whether an event was more likely than not to have occurred.</p> <p>The Auditor examined Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which spells out investigative procedures and explicitly identifies the evidentiary standard used in administrative cases. ADOC Administrative Regulation #300 - Investigations and Intelligence Division (effective August 11, 2004) was also reviewed to confirm expectations for investigative practice, report preparation, and distribution. Together, these documents show a clear and structured approach to investigations: they describe how evidence is gathered, how facts are weighed, how conclusions are reached, and how final reports are routed to facility leadership and, when appropriate, to outside authorities. This framework supports a consistent, policy-driven application of the preponderance standard across administrative investigations.</p> <p><u>OBSERVATIONS</u></p> <p>The Auditor observed that investigative materials are organized in a consistent, logical manner. Case files reflected methodical evidence collection, including documentation of interviews, physical or documentary evidence, and timelines of key</p>

events. Investigative reports followed a clear format that distinguished factual summaries from analysis and conclusions, making it easier to see how the evidentiary standard was applied in each case.

This structured approach supports fairness and accuracy in decision-making. By documenting the evidence relied on for each finding and aligning it with the preponderance standard, the facility reduces the risk that assumptions or unsupported beliefs will drive outcomes. The organized nature of the files indicated that investigators have a common understanding of how to compile and present information for administrative review and oversight.

INTERVIEWS

Investigative Staff

Investigative staff described a careful, step-by-step approach to conducting administrative investigations. They explained that all reasonably available evidence is collected, including physical or electronic evidence when present, statements from inmates and staff, and information gathered from the area where the incident is alleged to have occurred. Staff noted that interviews are conducted with all individuals who may have relevant information, and that each piece of evidence is considered in context before any conclusion is reached.

Investigators emphasized that findings are based on a clear evaluation of all available evidence rather than on speculation or assumptions about the parties involved. They stated that once an investigation is complete, the written report is submitted to facility leadership and, when the facts suggest possible criminal conduct, forwarded to the District Attorney or other appropriate external authority for review.

Investigators clearly and consistently stated that the evidentiary standard in all administrative PREA investigations is preponderance of the evidence, meaning that a finding is made when the weight of the evidence shows an event was more likely than not to have occurred. This description aligns with PREA's requirement that an agency may not impose a higher burden of proof in administrative sexual abuse investigations.

PROVISIONS

Provision (a): Clear Preponderance Standard and Structured Reporting of Findings

The agency maintains a clear, simple, and consistently applied evidentiary standard for administrative investigations, using the preponderance of the evidence standard required by PREA §115.72. Investigative staff uniformly described this threshold in terms of "more likely than not," and the documentation reviewed supports that this standard is used when determining whether allegations are substantiated, unsubstantiated, or unfounded. Because a higher standard—such as "clear and convincing evidence" or "beyond a reasonable doubt"—is not applied in administrative determinations, the agency's approach aligns with PREA's protective intent, ensuring that credible allegations can be substantiated when supported by the

overall weight of the evidence.

Policies also establish a structured, reliable process for reporting investigative findings. Completed reports are forwarded to appropriate facility leadership for review and any needed administrative action, and when the findings suggest conduct that may be criminal, reports are shared with the District Attorney or other external authorities consistent with agency protocol. This process helps ensure that administrative findings are not only well documented, but also acted upon in a timely and appropriate manner. Interviews with investigative staff confirmed a strong, consistent understanding of both the preponderance standard and the reporting process, indicating that these expectations are integrated into everyday investigative practice.

Relevant Policies:

1. ADOC AR #454, Section V.H.3.a-g, pp. 26-27
2. ADOC AR #300, p. 5

CONCLUSION

Based on the review of documentation and interviews with investigative staff, the Auditor concludes that Hamilton A & I is in compliance with PREA Standard §115.72 – Evidentiary Standard for Administrative Investigations. The agency applies a clear and appropriate evidentiary standard—preponderance of the evidence—in all administrative PREA investigations, consistent with federal requirements. Investigations are conducted in an organized, methodical manner, with well-documented findings and a structured reporting pathway that supports fair, accurate, and accountable outcomes.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with PREA Standard §115.73 – Reporting to Inmates, the Auditor completed a careful and detailed review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by Hamilton A & I and the Alabama Department of Corrections (ADOC). The review focused on the manner in which inmates are informed of the status and final outcomes of investigations involving allegations of sexual abuse and sexual harassment, beginning with the initial report and continuing through final written notification and documentation of the notice provided. PREA §115.73 requires that, following an investigation into an inmate’s allegation that the inmate suffered sexual abuse in an agency facility, the agency inform the inmate</p>

whether the allegation was substantiated, unsubstantiated, or unfounded, and further requires that all such notifications or attempted notifications be documented.

The Auditor reviewed ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes the agency’s procedures for reporting investigative outcomes to inmates. Additional materials examined included investigative reports, disposition records, signed Notification to Inmate forms, and documentation from Investigative Review Team meetings. These records demonstrated a clear, organized, and consistent process intended to ensure that inmates are informed of investigative outcomes in a timely manner while still protecting sensitive, confidential, or otherwise restricted information. The documentation reflected that inmate notification is not treated as an informal courtesy, but as a required part of the PREA investigative process.

OBSERVATIONS

The Auditor observed that notifying inmates of investigative outcomes is a standard and expected component of case closure. Documentation reflected consistent use of written notification forms, orderly tracking of dispositions, and a clear record of when notices were provided or when attempts at notification were made. Records were complete, well maintained, and easy to follow, supporting both accountability and transparency within the facility’s notification process.

This organized practice is consistent with the broader intent of PREA §115.73, which is to ensure that inmates who report sexual abuse are informed of the resolution of their allegations and, in specific circumstances, later informed of key developments involving the accused staff member or inmate abuser. The records reviewed supported the conclusion that Hamilton A & I has incorporated this notification obligation into routine investigative practice.

INTERVIEWS

Investigative Staff

Investigative staff described inmate notification as a final and required step in every completed PREA investigation. They explained that once an investigation is concluded, a written notice is prepared and provided to the appropriate inmate, and that the notice identifies the finding as substantiated, unsubstantiated, or unfounded in a consistent and timely manner. Staff stated that the purpose of this process is to ensure that inmates are informed of the results of the investigation without disclosing unnecessary private or sensitive details. Their responses reflected an understanding of the notification requirements set out in PREA §115.73 and the importance of documenting the delivery of notice.

Investigative staff also emphasized that this process is followed consistently in closed cases and is designed to reduce confusion, reinforce transparency, and support institutional trust. They further explained that when a case involves staff sexual abuse, the inmate is to receive additional notice, unless the allegation is determined to be unfounded, if the staff member is no longer posted within the inmate’s unit, is

no longer employed at the facility, or if the agency learns the staff member has been indicted or convicted on a related charge. This reflects the subsequent notification requirements established under PREA §115.73(c).

PROVISIONS

Provision (a): Clear Written Notification of Investigative Outcomes and Case Dispositions

Hamilton A & I maintains a clear, organized, and well-documented process for informing inmates of the outcome of PREA-related investigations. PREA §115.73(a) requires the agency to notify an inmate whether an allegation of sexual abuse was substantiated, unsubstantiated, or unfounded, and §115.73(e) requires documentation of those notifications or attempted notifications. Written notification forms are used as part of the facility's standard process, and completed notices are retained to create a clear record of compliance.

During the audit period, zero allegations of sexual abuse were reported. During that same 12-month period, the facility received seven allegations of sexual harassment. Of those seven allegations, six involved inmate-on-inmate conduct and were investigated in accordance with agency procedures and administrative investigative standards. After review, four of those allegations were determined to be unsubstantiated and two were substantiated, and the victims were notified of the results of the investigations. The cases were not referred for prosecution because the evidence did not warrant criminal action. The remaining allegation involved staff-on-inmate conduct and was investigated in accordance with agency procedures and criminal investigative standards; that matter remained open at the time of the on-site audit. Because the allegations were classified as sexual harassment rather than sexual abuse, a formal sexual abuse incident review was not conducted. The documentation reviewed supports the conclusion that the facility's notification process is steady, well organized, and consistently implemented.

Relevant Policies:

1. ADOC AR #454, Section IV.C.5-6, pp. 5-6

Provision (b): Not Applicable Where Outside Investigative Agency Notice Was Not Required

This provision was not applicable to Hamilton A & I during the audit period.

PREA §115.73(b) applies when the agency did not conduct the investigation and must request relevant information from the outside investigative agency in order to inform the inmate. Based on the records reviewed, that circumstance did not control the notification process in the cases examined during this audit.

Provision (c): Staff-Related Subsequent Notifications and Ongoing Duty to Inform

The facility maintains a process for providing timely and clear notice to inmates when allegations involve staff and one of the triggering events described in PREA §115.73(c) occurs. Under that provision, unless the allegation is determined to be unfounded, the agency must subsequently inform the inmate whenever the staff member is no longer posted within the inmate's unit, is no longer employed at the facility, or when the agency learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. These notifications are important because they provide meaningful updates to the inmate while preserving appropriate confidentiality.

The documentation reviewed showed that these notifications were completed when required and were properly recorded. The overall process is organized and supports a clear flow of information from investigators and facility leadership to the affected inmate in accordance with written policy.

Relevant Policies:

1. ADOC AR #454, Section IV.C.6, p. 6

Provision (d): Inmate-on-Inmate Criminal Case Notifications When Indictment or Conviction Occurs

PREA §115.73(d) requires that, following an inmate's allegation that the inmate was sexually abused by another inmate, the agency subsequently inform the alleged victim whenever it learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or convicted on such a charge. There were no inmate-on-inmate cases during the audit period that resulted in criminal indictment. For that reason, notifications under this provision were not required during the review period.

The absence of an indictment did not weaken the facility's notification system. The records reviewed showed that the facility nevertheless followed written notification procedures for applicable investigative outcomes and maintained the structure necessary to provide later notice if the triggering events described in the standard were to arise.

Relevant Policies:

1. ADOC AR #454, Section IV.C.5-6, pp. 5-6

Provision (e): Timely, Consistent, and Documented Notification Practice

Hamilton A & I demonstrated a steady, timely, and documented process for notifying inmates of investigative outcomes. PREA §115.73(e) requires that all notifications or attempted notifications under this standard be documented, and the written records reviewed by the Auditor reflected compliance with that requirement. Staff interviews and case documentation supported the conclusion that inmates are informed without unnecessary delay and in accordance with written policy.

This consistency is significant because the standard requires not only that notice be provided, but also that the agency be able to show that the notice was provided or attempted. The facility’s written notification process supports that purpose and reflects a straightforward, reliable, and repeatable method for complying with the standard.

Relevant Policies:

1. ADOC AR #454, Section IV.C.5-6, pp. 5-6

Provision (f): Not Applicable Following Release or Outside the Scope of the Review Period

This provision was not applicable during the audit period. PREA §115.73(f) provides that the agency’s obligation to report under this standard terminates if the inmate is released from the agency’s custody. Based on the records reviewed during this audit, this provision did not affect the facility’s notification obligations in a manner requiring further evaluation.

CONCLUSION

Based on the review of documentation and interviews with investigative staff, the Auditor concludes that Hamilton A & I is in compliance with PREA Standard §115.73 – Reporting to Inmates. The facility maintains a clear, steady, and well-documented process for informing inmates of investigative outcomes and for providing subsequent notice in those circumstances identified by the standard.

Notifications are timely, properly recorded, and aligned with written policy. These practices support transparency, accountability, and clear communication with inmates regarding the status and resolution of PREA-related allegations.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.76 – Disciplinary Sanctions for Staff, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by Hamilton A & I and the Alabama Department of Corrections (ADOC). The review focused on the agency’s disciplinary framework, staff accountability, and the enforcement of standards related to sexual abuse, sexual harassment, and related staff misconduct. PREA §115.76</p>

requires that staff be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies, and it further provides that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

As part of this review, the Auditor examined Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes behavioral expectations for staff and addresses consequences for PREA-related policy violations. The Auditor also reviewed Administrative Regulation #208 - Employee Standards of Conduct and Discipline (effective May 1, 2024), including Annex E corrective action tables, to confirm the agency's graduated disciplinary structure and the factors considered when imposing sanctions. These materials reflected a clear and structured framework for disciplinary action and supported the conclusion that the agency has defined standards for addressing sexual abuse and sexual harassment policy violations in a manner consistent with PREA requirements.

The documentation reviewed reflected a consistent and organized disciplinary system designed to support accountability, clear staff expectations, and appropriate corrective or punitive action when misconduct occurs. PREA guidance emphasizes that disciplinary sanctions should be uniform, consistently applied, and commensurate with the nature and circumstances of the conduct, the staff member's disciplinary history, and sanctions imposed for comparable offenses by similarly situated staff. The policies reviewed by the Auditor reflect that approach.

OBSERVATIONS

The Auditor observed that disciplinary expectations are clearly stated in agency policy and supported by structured procedures. The materials reviewed showed that staff are on notice that violations of sexual abuse or sexual harassment policy may result in sanctions up to and including termination, and that confirmed sexual abuse by staff carries a presumptive sanction of termination. The written framework also reflected that lesser, but still serious, PREA-related policy violations may result in discipline proportionate to the conduct involved, rather than a one-size-fits-all response.

The overall disciplinary structure appeared designed to ensure that actions are taken in a timely, reasonable, and consistent manner. The review further reflected that disciplinary decisions are grounded in written policy, supported by documentation, and subject to leadership review, which promotes fairness and institutional accountability. This organized structure supports PREA's objective of deterring staff misconduct while reinforcing clear professional boundaries and expectations.

INTERVIEWS

Facility Head or Designee

The Facility Head explained that all staff are held to clear standards of conduct and are subject to disciplinary action for violations related to sexual abuse, sexual

harassment, or related PREA policy requirements. The Facility Head emphasized that termination is the expected outcome for any staff member found to have engaged in sexual abuse, which is consistent with the presumptive disciplinary sanction required by PREA §115.76(b). The Facility Head also stated that other disciplinary decisions are based on the seriousness of the conduct, the surrounding circumstances, and the staff member's prior disciplinary history.

The Facility Head further explained that this approach supports fairness and consistency across cases by ensuring that similar misconduct is addressed in a comparable manner while still allowing the agency to consider aggravating or mitigating circumstances. During the previous 12 months, no staff were found to have violated PREA-related policies at Hamilton A & I, and no disciplinary actions were required under this standard. Even so, the Facility Head confirmed that disciplinary procedures remain active, clearly understood, and ready to be implemented when warranted. This response was consistent with PREA's expectation that agencies maintain an enforceable disciplinary structure even in periods when no qualifying misconduct occurs.

PROVISIONS

Provision (a): Clear Disciplinary Standards and Presumptive Termination for Sexual Abuse

The agency maintains clear, direct, and well-defined disciplinary standards for staff conduct relating to sexual abuse and sexual harassment. PREA §115.76(a) requires that staff be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies, and §115.76(b) requires that termination be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The policies reviewed by the Auditor reflect those expectations by making clear that PREA-related violations are subject to formal disciplinary action and that confirmed sexual abuse by staff is treated as a termination-level offense absent exceptional circumstances not contemplated by the standard.

These expectations are communicated through written policy and reinforced through training and supervisory oversight. The Facility Head's interview reflected that leadership understands both the seriousness of PREA-related misconduct and the agency's obligation to respond decisively when staff violate sexual abuse or sexual harassment policies. The framework in place therefore supports a clear standard of accountability and a consistent message that misconduct in this area will not be tolerated.

Relevant Policies: ADOC AR #454, Section V.A.6.d, p. 16

Provision (b): Structured Application of Disciplinary Measures for Policy Violations

Hamilton A & I operates within a structured and consistent disciplinary system that permits a range of sanctions, from corrective counseling and lesser disciplinary action up to termination, depending on the nature of the conduct. PREA §115.76(a)

contemplates disciplinary sanctions up to and including termination, while §115.76(c) requires that sanctions for policy violations other than actual sexual abuse be commensurate with the nature and circumstances of the act, the staff member's disciplinary history, and the sanctions imposed for similar offenses by other staff with similar histories. The agency's disciplinary policies reflect this graduated approach.

Although no disciplinary actions were required during the audit period under this standard, the documentation reviewed confirmed that disciplinary procedures are clearly defined and available for use when needed. The structure in place supports an appropriate response to a range of PREA-related staff misconduct and helps ensure that discipline is not arbitrary or improvised, but grounded in established policy and comparable practice.

Relevant Policies: ADOC AR #208 – Employee Standards of Conduct and Discipline (May 1, 2024)

Provision (c): Consistency, Proportionality, and Fairness in Disciplinary Decision-Making

Disciplinary sanctions related to sexual abuse or sexual harassment policy violations are expected to be applied in a fair, balanced, and consistent manner. PREA §115.76(c) specifically requires that sanctions for violations other than actual sexual abuse be commensurate with the nature and circumstances of the conduct, the staff member's disciplinary history, and sanctions imposed for comparable offenses by similarly situated staff. This provision is intended to promote uniformity and prevent inconsistent or disproportionate responses to similar conduct.

Interviews with facility leadership confirmed that disciplinary decisions take into account the seriousness of the misconduct and the staff member's prior record so that comparable cases are handled in a comparable way. This approach supports both fairness to staff and institutional credibility, while reinforcing the agency's larger obligation to protect inmates from staff misconduct and policy violations.

Relevant Policies: ADOC AR #208 – Employee Standards of Conduct and Discipline (May 1, 2024)

Provision (d): Required External Reporting of Terminations and Resignations in Lieu of Termination

Agency policy requires that any staff member terminated for violating agency sexual abuse or sexual harassment policies, or any staff member who resigns when termination would otherwise have occurred, be reported to law enforcement agencies unless the conduct was clearly not criminal and to any relevant licensing bodies. This requirement is set out in PREA §115.76(d) and is intended to prevent staff who commit serious misconduct from avoiding outside accountability by resigning or separating from service before discipline is finalized.

Although no such actions were required during the audit period at Hamilton A & I, the written procedures reviewed by the Auditor clearly identify this reporting obligation.

Leadership described the process as straightforward and understood, reflecting that the agency is prepared to make required law enforcement and licensing notifications if staff sexual abuse or sexual harassment misconduct results in termination or resignation in lieu of termination.

Relevant Policies: ADOC AR #208 – Employee Standards of Conduct and Discipline (May 1, 2024)

CONCLUSION

Based on the review of documentation and the interview with facility leadership, the Auditor concludes that Hamilton A & I is in compliance with PREA Standard §115.76 – Disciplinary Sanctions for Staff. The agency maintains a clear, structured, and consistent system for staff discipline, including presumptive termination for staff who engage in sexual abuse, proportionate sanctions for other PREA-related policy violations, and required external reporting when termination or resignation in lieu of termination occurs.

The evidence reviewed showed that expectations are well defined, enforcement practices are grounded in written policy, and accountability measures are in place. Staff discipline under this framework is designed to be fair, consistent, and aligned with PREA’s purpose of protecting inmates from staff sexual abuse and sexual harassment while reinforcing professional standards of conduct.

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 – Corrective Action for Contractors and Volunteers, the Auditor completed a careful and detailed review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by Hamilton A & I and the Alabama Department of Corrections (ADOC). The review focused on the manner in which the agency prevents, identifies, and responds to sexual abuse or sexual harassment involving contractors and volunteers, including screening, background review, access decisions, removal from contact with inmates, and reporting obligations. PREA §115.77 requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates and reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies when appropriate.</p> <p>As part of this review, the Auditor examined ADOC Administrative Regulation #454 –</p>

Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes reporting expectations, removal procedures, and corrective action requirements for contractors and volunteers. Administrative Regulation #216 – Background Checks (effective January 31, 2025) was also reviewed to confirm the screening process used before individuals are permitted access to inmates. Additional materials included background check records, disclosure forms, and guidance concerning professional conduct expectations for contractors and volunteers. These records reflected a structured and organized system intended to prevent inappropriate access by disqualified individuals and to support prompt corrective action when misconduct or policy violations occur.

The documentation further demonstrated that the agency’s approach is consistent with the preventive purpose of PREA. Screening, training, and written conduct expectations function together to reduce the risk of abuse before contact occurs, while corrective action and reporting requirements provide accountability if violations arise. PREA training requirements for volunteers and contractors with inmate contact also require that such individuals be informed of the agency’s zero-tolerance policy and how to report sexual abuse and sexual harassment, and that the agency maintain documentation confirming their understanding of that training. These related protections reinforce the agency’s broader framework for prevention and accountability.

OBSERVATIONS

The Auditor observed that Hamilton A & I uses a steady and well-defined process for screening and overseeing contractors and volunteers. Records showed that individuals are subject to review before being approved for access to inmates and that the agency uses background checks and related disclosures to identify disqualifying histories or concerns. This preventive structure supports the purpose of §115.77 by helping to keep inappropriate or high-risk individuals from gaining or maintaining inmate contact.

The policies and procedures reviewed were direct and operationally clear. They established that the agency can restrict, suspend, or terminate access when concerns arise and that the most serious violations trigger immediate removal and outside reporting. This framework supports both prevention and accountability and helps ensure that contractors and volunteers are subject to meaningful consequences when they violate agency sexual abuse or sexual harassment policies.

INTERVIEWS

Facility Head

The Facility Head reported that Hamilton A & I had no incidents during the previous 12 months involving contractors or volunteers engaging in sexual abuse or sexual harassment of inmates. The Facility Head explained that if such an incident were to occur, the facility would act immediately by removing the individual from inmate contact, notifying the appropriate authorities, and initiating internal review and documentation. This response is consistent with PREA §115.77(a), which requires

prohibition from inmate contact for any contractor or volunteer who engages in sexual abuse, as well as appropriate reporting to law enforcement and professional licensing bodies when applicable.

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 action under this standard was required during that time. Even so, leadership described the relevant procedures as clearly written, understood, and ready for use if needed. This reflected that the facility's compliance with the standard rests not only on the absence of incidents, but also on the existence of a functioning system capable of prompt corrective action when warranted.

PROVISIONS

Provision (a): Immediate Removal, Reporting Obligations, and Mandatory Disclosure Requirements

The agency maintains a clear and firm rule that any contractor or volunteer who engages in sexual abuse must be prohibited from contact with inmates immediately. PREA §115.77(a) requires that such individuals be removed from inmate contact and reported to law enforcement agencies, unless the activity was clearly not criminal, as well as to relevant licensing bodies when appropriate. The policies reviewed by the Auditor reflect that requirement and establish a direct response path when serious misconduct occurs.

Agency procedures also require contractors and volunteers to disclose prior misconduct and other disqualifying information relevant to institutional safety and suitability for access. Background review and disclosure processes are designed to identify concerns before access is granted and to ensure that false statements, omissions, or disqualifying histories may result in denial of access or removal from the facility. Documentation and interview responses showed that these rules are operationally clear and capable of immediate implementation even though no qualifying incidents occurred during the audit period.

Relevant Policies:

1. ADOC AR #454, Section IV.C.4, p. 5; ADOC AR #454, Section IV.O, p. 12; ADOC AR #454, Section V.B, p. 16

Provision (b): Structured Corrective Action for Other Policy Violations and Preventive Screening Measures

Hamilton A & I uses a structured process to address other PREA-related policy violations by contractors and volunteers that may not involve conduct rising to the level of sexual abuse. PREA §115.77(b) requires the facility to take appropriate remedial measures and to consider whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. This means that the response is not limited only to the most serious misconduct, but extends to other violations that undermine

safety, professional boundaries, or institutional compliance.

The Facility Head confirmed that no such violations occurred during the audit period, and the records reviewed supported that statement. Even so, background checks under ADOC AR #216, combined with conduct expectations, disclosure requirements, and supervisory oversight, create a preventive structure that reduces the likelihood of future violations. The policies in place allow the facility to limit duties, restrict access, suspend participation, or remove a contractor or volunteer entirely, depending on the seriousness of the conduct and the risk presented. This reflects a practical and preventive approach to corrective action consistent with the intent of the standard.

Relevant Policies:

1. ADOC AR #216 - Background Checks, pp. 10-18

CONCLUSION

Based on the review of documentation and the interview with the Facility Head, the Auditor concludes that Hamilton A & I is in compliance with PREA Standard §115.77 - Corrective Action for Contractors and Volunteers. The facility maintains a clear, organized, and steady system for screening contractors and volunteers, restricting access when necessary, and taking prompt corrective action when policy violations occur. The system also preserves the agency's ability to remove individuals from inmate contact immediately and to make required reports to outside authorities when sexual abuse is involved.

The evidence reviewed showed that screening is thorough, expectations are clearly communicated, and corrective measures are structured and ready for implementation. These practices support inmate safety, strengthen accountability, and reflect PREA's requirement that contractors and volunteers be subject to meaningful consequences when they violate sexual abuse or sexual harassment policies.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW 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) and all supporting documentation submitted by Hamilton A & I and the Alabama Department of Corrections (ADOC). This review focused on how the facility applies disciplinary sanctions to inmates who engage in sexual abuse or sexual harassment, how it ensures due process protections, how mental health and

cognitive factors are considered, and how treatment or behavior-based interventions are incorporated into the response when appropriate. PREA §115.78 requires that inmates be subject to disciplinary sanctions only through a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for such abuse, and it further requires that sanctions be measured, proportionate, and informed by individual circumstances.

The Auditor reviewed Alabama Department of Corrections Administrative Regulation #454, Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes the agency's expectations regarding inmate discipline, investigative review, and sanctions related to sexual misconduct. Administrative Regulation #403, Procedures for Inmate Rule Violations (effective September 5, 2025), was also examined to confirm how disciplinary action is initiated, processed, reviewed, appealed, and documented. These materials reflected a clear and structured framework designed to support accountability while preserving fairness, due process protections, proportionality, and individualized review. PREA guidance explains that the purpose of §115.78 is not only to hold inmates accountable for inmate-on-inmate sexual abuse through a formal disciplinary process, but also to ensure that decision-makers consider factors such as mental capacity, intent, and available supports that may reduce future risk.

OBSERVATIONS

The Auditor observed that disciplinary decisions are guided by written policy and supported by a structured process that includes investigation, evidentiary review, hearing procedures, and appeal rights. The documentation reviewed showed that decisions are based on defined procedures that consider the quality and weight of the evidence, the inmate's individual circumstances, mental health factors when relevant, and established fairness principles. This framework reflects a balanced system in which accountability is tied to process rather than to allegation alone.

The materials further showed that the disciplinary structure is intended to ensure that sanctions are proportionate, consistent, and aligned with both agency policy and PREA requirements. The process recognizes the need for individualized assessment and does not treat all prohibited sexual conduct in the same way. This is important because PREA distinguishes between inmate-on-inmate sexual abuse, which triggers the formal disciplinary sanctions described in §115.78, and other prohibited sexual behavior that may still violate institutional rules but may require different analysis or consequences.

INTERVIEWS

Medical and Mental Health Staff

Medical and mental health staff described the role of treatment and supportive services in addressing behaviors associated with sexual misconduct. They explained that inmates may be offered counseling, individual therapy, group therapy, or other structured behavioral interventions based on assessed need, identified risk factors,

and the nature of the conduct involved. According to staff, these interventions are intended to promote behavior change, reduce the risk of future misconduct, improve safer interaction with others, and address underlying mental health conditions, trauma histories, cognitive limitations, or other factors that may contribute to problematic behavior.

Staff further explained that, when clinically appropriate and when such services are available, treatment may be considered as part of the broader response to misconduct. PREA §115.78(d) provides that if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for abuse, it must consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. The responses from clinical staff were consistent with that requirement and reflected a rehabilitative component within the disciplinary system.

Facility Head or Designee

The Facility Head described a consistent, policy-based approach to inmate discipline that emphasizes fairness, due process, and evidence-based decision-making. The Facility Head confirmed that disciplinary action is taken only after a formal process results in an administrative finding of responsibility or following a criminal conviction, and that inmates are not punished based on accusation alone. This description is consistent with PREA §115.78(a), which requires a formal disciplinary process before sanctions may be imposed for inmate-on-inmate sexual abuse.

The Facility Head also emphasized that inmates are not disciplined for reporting sexual abuse in good faith, even when the allegation cannot be substantiated. PREA §115.78(f) specifically provides that a report of sexual abuse made in good faith based on a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even when an investigation does not establish sufficient evidence to substantiate the allegation. Leadership explained that this protection is essential to encouraging reporting and preserving inmate confidence that they may report abuse without fear of discipline or retaliation.

During the audit period, zero allegations of sexual abuse and seven allegations of sexual harassment were reported at Hamilton A & I. Of those seven allegations, six involved inmate-on-inmate conduct and were investigated in accordance with agency procedures and administrative investigative standards. Following review, four were determined to be unsubstantiated and two were substantiated, and the victims were notified of the results. These cases were not referred for prosecution because the evidence did not support criminal action. The remaining allegation involved staff-on-inmate conduct and was being investigated under criminal investigative standards at the time of the on-site audit. Because the reported allegations were classified as sexual harassment rather than sexual abuse, a formal sexual abuse incident review was not conducted. The Facility Head explained that this process reflects the agency's effort to ensure that sanctions and case handling remain tied to the nature of the conduct and the outcome of the investigation.

PROVISIONS

Provision (a): Formal Disciplinary Process and Due Process Before Sanctions Are Imposed

Hamilton A & I maintains a clear and structured disciplinary process designed to ensure that inmates are subject to sanctions only after a formal finding of responsibility. PREA §115.78(a) requires that disciplinary sanctions for inmate-on-inmate sexual abuse follow either an administrative finding that the inmate engaged in such abuse or a criminal finding of guilt. The policies reviewed and the Facility Head's statements reflect that disciplinary action is grounded in investigation, review, and formal process rather than in allegation alone.

During the audit period, zero allegations of sexual abuse and seven allegations of sexual harassment were reported at Hamilton A & I. Of the seven allegations, six involved inmate-on-inmate conduct and were investigated under agency procedures and administrative investigative standards. Four of those allegations were unsubstantiated and two were substantiated, and victims were notified of the investigative results. The remaining allegation involved staff-on-inmate conduct and remained open at the time of the on-site audit. Because the allegations were classified as sexual harassment rather than sexual abuse, a formal sexual abuse incident review was not conducted. This process supports fairness, accountability, and transparency by ensuring that disciplinary sanctions are based on formal findings and evidence rather than untested allegations.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section V.G.1.g, p. 21

Provision (b): Proportionate, Consistent, and Individualized Sanctions

Hamilton A & I applies disciplinary sanctions in a manner intended to be fair, balanced, and proportionate to the conduct involved. PREA §115.78(b) requires that sanctions be 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. This provision is designed to prevent arbitrary discipline and to ensure that similarly situated inmates receive comparable sanctions for similar conduct.

The documentation reviewed reflected a disciplinary system that considers the seriousness of the conduct, the surrounding facts, the inmate's prior disciplinary history, and any aggravating or mitigating circumstances. This approach allows for individualized decision-making while preserving consistency across comparable cases. It supports a practical and measured disciplinary structure that aligns with the purpose of the standard.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section V.H.4.f, p. 27

Provision (c): Consideration of Mental Health Conditions, Cognitive Limitations, and Disability Factors

The disciplinary process at Hamilton A & I includes consideration of whether an inmate's mental illness, mental disability, intellectual disability, developmental disability, or other cognitive limitation contributed to the behavior at issue. PREA §115.78(c) specifically requires that the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to the conduct when determining what type of sanction, if any, should be imposed. PREA guidance further explains that facilities should consider whether a person with an intellectual disability or a mental illness may have been coerced or pressured by others to engage in the act.

Clinical input is sought when necessary to help inform the disciplinary response, including questions about the inmate's capacity to understand the process, the extent to which mental health conditions affected culpability, and what treatment or supports may be appropriate. This approach promotes disciplinary decisions that are thoughtful, individualized, and clinically informed rather than purely punitive.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section V.H.4, pp. 26-27

Provision (d): Access to Counseling, Treatment, and Behavioral Intervention

Hamilton A & I provides access to counseling, therapy, and other behavioral interventions for inmates involved in sexual misconduct matters when such services are available and clinically appropriate. PREA §115.78(d) requires that, if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, it must consider whether to require the offending inmate to participate in those interventions as a condition of access to programming or other benefits. The responses from medical and mental health staff confirmed that treatment-based services are part of the facility's broader response framework.

These services are intended to encourage behavior change, address underlying trauma or mental health needs, and reduce the likelihood of future misconduct. Their availability reflects an approach that combines accountability with rehabilitation and recognizes that effective prevention of future abuse may require more than discipline alone.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section V.H, pp. 26-27

Provision (e): Discipline for Sexual Contact With Staff Only When Lack of Consent Is Established

Inmates may be disciplined for sexual contact with staff only when the facts establish that the staff member did not consent to the contact. PREA §115.78(e) expressly states that the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. This provision helps ensure that disciplinary action is based on evidence and careful analysis rather than assumption.

The facility's process requires case-by-case review of the evidence, witness statements, and surrounding circumstances, including attention to coercion, authority dynamics, and consent-related issues. This supports fair and accurate decision-making and acknowledges that staff-on-inmate sexual abuse may occur even where the inmate did not initiate or outwardly resist the conduct.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section V.G.1.g, p. 21

Provision (f): Protection for Good-Faith Reporting and Prohibition on Punitive Response to Reports

Hamilton A & I maintains a protective policy that prohibits disciplining inmates for reporting sexual abuse in good faith, even when an allegation is not substantiated. PREA §115.78(f) makes clear that a good-faith report based on a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying simply because the investigation does not produce sufficient evidence to substantiate the allegation. This protection is central to maintaining a reporting culture in which inmates feel safe bringing forward concerns without fear of discipline.

Facility leadership confirmed that this safeguard is understood and applied in practice. By separating good-faith reporting from false reporting, the facility supports transparency, encourages disclosure of abuse, and reduces the risk that inmates will remain silent out of fear of punishment.

Relevant Policies:

1. ADOC Administrative Regulation #454, Section V.G.1.g, p. 21

Provision (g): Prohibition of Sexual Activity and Distinction Between Consensual and Coercive Conduct

Agency policy prohibits sexual activity between inmates, regardless of consent, while also distinguishing between prohibited sexual activity and coercive or forced conduct that meets the definition of sexual abuse. PREA guidance emphasizes the importance of distinguishing between consensual sexual activity that violates institutional rules and sexual abuse that involves coercion, force, threat, intimidation, or inability to consent, because those distinctions affect both disciplinary consequences and the possibility of criminal referral. The facility's disciplinary framework reflects that distinction.

This approach supports clearer enforcement and more proportionate sanctions by recognizing that not every rules violation involving sexual conduct constitutes sexual abuse under PREA, even though all such activity may be prohibited by agency rules. The distinction also helps ensure that coercive conduct is recognized and addressed with the seriousness required by PREA and by agency policy.

Relevant Policies:

1. ADOC Rules Violation Definitions, Rule Violation #912

CONCLUSION

Based on the review of documentation, policy analysis, and interviews with facility leadership and medical and mental health staff, the Auditor concludes that Hamilton A & I is in compliance with PREA Standard 115.78 governing disciplinary sanctions for inmates. The facility maintains a clear, structured, and consistent disciplinary system that supports fairness, due process, proportionality, and accountability while also incorporating mental health considerations and access to treatment or behavioral interventions when appropriate.

The policies and practices reviewed reflect a balanced approach in which disciplinary decisions are evidence-based, protective of good-faith reporting, attentive to individual circumstances, and aligned with PREA’s purpose of holding inmates accountable for misconduct while promoting safety and reducing the risk of future abuse.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.81 – Medical and Mental Health Screenings; History of Sexual Abuse, the Auditor conducted a comprehensive and detailed review of documentation provided by Hamilton A & I and the Alabama Department of Corrections (ADOC). Materials reviewed included the completed Pre-Audit Questionnaire (PAQ) and supporting documentation, ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment dated May 29, 2025, ADOC Form 454-C, the facility’s Risk Assessment Checklist, Mental Health and Medical Referral Forms, and a Classification Tracking Spreadsheet. Collectively, these materials outlined the facility’s systematic approach to PREA intake screening, referral and follow-up procedures, classification decision-making, and the controlled use of medical and mental health information when managing inmates with a known or disclosed history of sexual victimization or sexually abusive behavior. PREA</p>

§115.81 requires that inmates identified through screening as having experienced prior sexual victimization be offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake, and that inmates identified as having previously perpetrated sexual abuse be offered a follow-up meeting with a mental health practitioner within the same timeframe.

The documentation reviewed reflected a process that was internally consistent and aligned with the requirements of the standard. PREA guidance explains that the purpose of §115.81 is to ensure that facilities timely address medical, mental health, and security needs related to prior victimization or abusiveness and that follow-up services are offered early enough to identify immediate treatment needs, behavioral concerns, and safety planning considerations. The records reviewed by the Auditor showed that referrals, tracking mechanisms, and classification tools are integrated in a manner that supports those goals.

INTERVIEWS

Risk Screening Staff

Staff responsible for conducting PREA intake screenings described a process for collecting and safeguarding sensitive information obtained during screening. They explained that medical and mental health information is maintained within secure and confidential systems accessible only to designated medical and mental health personnel. Information relevant to housing, classification, or safety determinations is shared with classification or security staff only on a need-to-know basis, allowing decision-makers to respond appropriately to risk while preserving confidentiality. This approach is consistent with the underlying PREA expectation that sensitive information be used only as necessary to inform safety, treatment, and management decisions and not be broadly disclosed.

Medical and Mental Health Staff

Medical and mental health staff provided a detailed explanation of the facility's response to disclosures of prior sexual victimization. They confirmed that inmates who disclose a history of sexual abuse are offered a follow-up meeting with a qualified medical or mental health practitioner within 14 days of intake, as required by PREA §115.81(a). Staff also explained that when additional risk indicators are identified, further referrals or services are provided based on clinical need, including interventions for inmates assessed as being at heightened risk of victimization or demonstrating sexually aggressive behavior. Their responses reflected a trauma-informed approach that connects intake screening to timely clinical follow-up, continuity of care, and ongoing safety planning.

Staff further emphasized that all services are delivered in accordance with informed consent requirements, except in cases involving inmates under the age of 18, where mandatory reporting laws apply. PREA §115.81(e) specifically requires medical and mental health practitioners to 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 18. Referrals to medical or mental health services

are documented using standardized forms, which supports tracking, continuity of care, and accountability. Throughout the interviews, staff consistently emphasized confidentiality protections, supportive care, and respectful communication.

Inmates Who Disclosed Prior Victimization

Inmates interviewed who had previously disclosed sexual victimization reported that staff were generally responsive and supportive at the time of disclosure. Those interviewed stated that they were offered mental health referral promptly, in some instances on the same day the disclosure was made, and were referred for further evaluation when appropriate. These statements were consistent with the documentation reviewed and with staff interview responses, supporting the conclusion that the referral process described in policy is being implemented in practice.

PROVISIONS

Provision (a): Timely Follow-Up Services for Prior Victimization and Early Clinical Response

Information contained in the PAQ and supporting documentation confirmed that inmates who disclose prior sexual victimization, whether it occurred in an institutional setting or in the community, are provided timely access to appropriate follow-up services. PREA §115.81(a) requires that if screening indicates a prison inmate has experienced prior sexual victimization, staff must ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake. The records reviewed reflected that the facility has procedures in place to offer these services promptly and to document both the offer and any resulting treatment or refusal.

The documentation and interviews also showed that the facility's response is not limited to a single referral. When needed, medical and mental health practitioners conduct further assessment, monitoring, and intervention based on the inmate's reported history, current presentation, and identified risk factors. This approach is consistent with the purpose of the standard, which is to ensure that a prior history of victimization results in meaningful clinical attention rather than simply being recorded on a screening tool.

Relevant Policy:

AR #454, V.D.1-7, pp. 18-19

Provision (b): Reassessment, Updated Risk Review, and Ongoing Screening-Based Decision-Making

According to the PAQ and information confirmed through interviews, inmates are reassessed for risk of sexual victimization or abusiveness within 30 days of arrival at the facility. Although the 30-day reassessment requirement arises under PREA §115.41(f), the records reviewed under this standard showed that reassessment practices are integrated with the facility's response to inmates who disclose prior

sexual victimization or abusiveness. The Auditor reviewed a representative sample of records and verified that reassessment was completed within the required timeframe using the PREA risk assessment process and that newly learned information was incorporated into subsequent classification or referral decisions.

In addition, review of 79 intake files confirmed that inmates received PREA-related education upon arrival, including written materials, orientation handbooks, video presentations, and signed acknowledgment forms. These practices support the facility's broader PREA screening and response framework by ensuring that inmates are informed of their rights and reporting options while staff continue to update risk information and referral needs after intake.

Relevant Policy:

1. AR #454, V.D.1-7, pp. 18-19

Provision (c): Mental Health Follow-Up for Prior Sexually Abusive Behavior and Clinical Intervention Planning

When screening results indicate a history of sexually abusive behavior, whether in custody or in the community, policy requires that the inmate be offered a follow-up meeting with a mental health practitioner within 14 days of intake. PREA §115.81(b) requires this specific mental health follow-up for prison inmates identified as having previously perpetrated sexual abuse. Documentation reviewed by the Auditor confirmed that procedures are in place to manage inmates identified as potential aggressors and to ensure timely clinical assessment, monitoring, and intervention.

This provision is significant because PREA recognizes that identifying prior sexually abusive behavior serves both treatment and institutional safety purposes. Timely mental health follow-up may assist in behavior management, risk reduction, and appropriate housing or supervision decisions, thereby supporting prevention as well as response.

Relevant Policy: AR #454, V.D.1-7, pp. 18-19

Provision (d): Use of Screening and Clinical Information for Individualized Housing, Program, and Work Assignments

The PAQ and applicable policy documents confirmed that information obtained through PREA screening and related medical or mental health assessments is used to inform individualized housing, program, and work assignment decisions. PREA guidance explains that one core purpose of the screening and follow-up process is to ensure that facilities can make informed decisions designed to enhance safety, including separating inmates at high risk of victimization from those identified as potential aggressors when appropriate. The documentation reviewed showed that risk information is incorporated into classification and placement decisions in a structured way.

This use of information is limited to staff with a legitimate operational need to know

and is tied directly to safety, classification, and treatment decisions. The facility's approach therefore supports individualized management rather than blanket housing practices and reflects an effort to align classification decisions with assessed risk and clinical need.

Relevant Policy:

AR #454, V.D.1-7, pp. 18-19; AR #433; AR #435 (Classification Manual)

Provision (e): Informed Consent Protections and Limited Disclosure of Prior Victimization Information

Medical and mental health staff, supported by documentation and interview responses, confirmed that informed consent is obtained before information related to an inmate's history of sexual victimization outside an institutional setting is reported beyond clinical channels. PREA §115.81(e) expressly requires medical and mental health practitioners to 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. This provision is intended to protect confidentiality while still allowing practitioners to respond appropriately to clinical and safety needs.

The information reviewed indicated that informed consent procedures are consistently followed, documented, and reinforced through policy and training. The Institutional PREA Compliance Manager's confirmation of this process, together with the clinical staff interviews, supported the conclusion that the facility is protecting inmate confidentiality in a manner consistent with both PREA requirements and trauma-informed care principles.

Relevant Policy:

AR #454, V.D.1-7, pp. 18-19

CONCLUSION

Based on review of applicable policies, documentation, and interviews with staff and inmates, the Auditor concludes that Hamilton A & I is in compliance with PREA Standard §115.81 - Medical and Mental Health Screenings; History of Sexual Abuse. The facility demonstrates a consistent and trauma-informed approach to screening, referral, confidentiality, reassessment, and follow-up, ensuring that inmates with a history of sexual victimization or sexually abusive behavior are offered appropriate services and managed in accordance with PREA requirements.

The records and interviews further reflected that the facility uses screening and follow-up information to support individualized safety decisions, timely clinical response, and protected information sharing. These practices align with the purpose of the standard by linking intake disclosures to meaningful assessment, treatment opportunity, and institutional risk management

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.82 – Access to Emergency Medical and Mental Health Services, the Auditor conducted a comprehensive review of materials submitted by Hamilton A & I and the Alabama Department of Corrections (ADOC). The documentation reviewed included the completed Pre-Audit Questionnaire (PAQ) and supporting materials, ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment dated May 29, 2025, ADOC Form MH-008 – Referral to Mental Health, and the Memorandum of Understanding between ADOC and the Alabama Coalition Against Rape (ACAR). Collectively, these materials outline the facility’s procedures for responding to allegations of sexual abuse, including immediate medical care, access to crisis intervention and mental health services, coordination with outside advocacy resources, and the provision of care in accordance with professional standards. PREA §115.82 requires that 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.</p> <p>The documentation further reflected a coordinated and victim-centered response model. PREA guidance explains that §115.82 is intended to ensure that treatment is timely, unconditional, and provided at no cost to the victim, and that inmates are given timely information and access to emergency contraception and sexually transmitted infection prophylaxis where medically appropriate. The materials reviewed by the Auditor were consistent with those requirements and with the practices later described during staff and inmate interviews.</p> <p>INTERVIEWS</p> <p>First Responders (Security and Non-Security)</p> <p>Security staff who serve as first responders described their immediate responsibilities as ensuring the safety of the inmate, preserving evidence when appropriate, securing the scene, and notifying medical and mental health personnel without delay. They explained that protecting the inmate and facilitating access to care take precedence over all other actions. This response is consistent with PREA §115.82(b), which requires that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders must take preliminary steps to protect the victim and immediately notify the appropriate medical and mental health practitioners.</p> <p>Non-security first responders similarly reported that their role is to safeguard the inmate, promptly notify security staff, and remain with the inmate until trained personnel arrive. They described a calm, supportive, and trauma-informed approach</p>

during the initial response period and indicated that they are trained to ensure that the inmate feels safe and supported while awaiting further care. Their responses reflected an understanding that early response responsibilities are both protective and supportive in nature.

Medical and Mental Health Staff

Medical and mental health staff provided detailed insight into the facility's response protocols following reports of sexual abuse. Medical staff explained that when an inmate reports a sexual assault and is brought to medical services, a physician conducts an initial assessment to evaluate the nature and severity of any injuries and to determine whether referral to a Sexual Assault Response Team or transport to a community hospital is necessary. Staff further explained that when outside forensic services are needed, the facility coordinates transport so that a qualified forensic examination may occur in accordance with PREA requirements for timely access to appropriate care.

Medical staff also stated that inmates are provided timely information regarding sexually transmitted infection testing and prophylaxis, pregnancy prevention options when medically appropriate, and other follow-up care consistent with professionally accepted standards of care. PREA §115.82(c) specifically requires that inmate victims of sexual abuse while incarcerated be offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis where medically appropriate. Mental health staff confirmed that referrals are initiated promptly using ADOC Form MH-008 and that services are delivered based on professional clinical judgment. They described ongoing coordination between medical and mental health staff to promote continuity of care and to address both physical and psychological needs without unnecessary delay.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no inmates assigned to the facility whom had reported a sexual abuse allegation. Consequently no one in this category was interviewed for this standard.

PROVISIONS

Provision (a): Timely, Unimpeded Emergency Care and Coordinated Crisis Intervention Services

Information provided in the PAQ and corroborated through interviews and documentation confirms that inmates who experience sexual abuse are afforded timely and unimpeded access to emergency medical treatment and crisis intervention services. PREA §115.82(a) requires that the nature and scope of these services be determined by medical and mental health practitioners according to their professional judgment. The records reviewed showed that clinical staff determine the appropriate treatment response, document the care provided, and document the timeliness of the response.

When health care staff are not immediately available, non-health staff take appropriate actions to protect the inmate and ensure that medical and mental health professionals are notified as quickly as possible. The facility also maintains an active Memorandum of Understanding with the Alabama Coalition Against Rape to ensure access to confidential emotional support services. Forensic examinations are conducted by qualified SAFE/SANE personnel through Crisis Services of North Alabama in Huntsville, Alabama, and trained victim advocates are available to accompany and support the inmate throughout that process. The Institutional PREA Compliance Manager confirmed that there were 40 transports for SANE services during the previous 12 months. Facility policy requires immediate referral to medical care and timely access to emergency medical and crisis intervention services, along with prompt mental health referral using Form MH-008. These practices reflect a coordinated, victim-centered response consistent with the purpose of the standard.

Relevant Policy:

V.H.2.E., p. 25; V.H.3.A, p. 25

Provision (b): Immediate Preliminary Protection and Prompt Clinical Notification by First Responders

Consistent with information reported in the PAQ and verified during interviews, when qualified medical or mental health practitioners are not on duty at the time a report is made, first responders take immediate steps to protect the inmate and notify health care professionals without delay. PREA §115.82(b) specifically requires that security staff first responders take preliminary steps to protect the victim and immediately notify the appropriate medical and mental health practitioners. The staff interviews demonstrated that these preliminary steps are understood and incorporated into the facility's emergency response process.

This structure ensures that the inmate's immediate well-being is protected even before clinical staff assume direct responsibility for care. It also supports the preservation of evidence and continuity of response, both of which are essential in recent abuse allegations.

Relevant Policy:

V.H.2.E., p. 25; V.H.3.A, p. 25

Provision (c): Access to Emergency Contraception, STI Services, and Clinically Appropriate Follow-Up Care

Medical and mental health staff confirmed that treatment following a report of sexual abuse is rendered immediately and guided by professional clinical judgment. PREA §115.82(c) requires that inmate victims of sexual abuse while incarcerated be offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Staff described a process in which inmates are informed of available options and receive those services when clinically

indicated.

This aspect of the response is significant because it ensures that emergency care extends beyond immediate injury assessment and includes preventive and follow-up treatment responsive to the consequences of sexual assault. Policy and practice together reflect a comprehensive medical response designed to address both short-term and continuing care needs.

Relevant Policy:

V.H.2.E., p. 25; V.H.3.A, p. 25

Provision (d): No-Cost Treatment Regardless of Identification of the Abuser or Cooperation With Investigation

Interviews with medical staff and inmates confirmed that all treatment services related to sexual abuse are provided at no cost to the victim. PREA §115.82(d) expressly requires that treatment services be provided without financial cost and regardless of whether the victim names the abuser or cooperates with an investigation arising out of the incident. Staff and inmate interviews were consistent in confirming that access to care is not conditioned on participation in the investigative process.

This protection is central to the victim-centered intent of the standard because it removes financial barriers and prevents treatment decisions from being tied to an inmate's willingness or ability to participate in investigative steps. Facility policy reflects this requirement and supports immediate access to care independent of investigative cooperation.

Relevant Policy:

V.H.2.E., p. 25; V.H.3.A, p. 25; V.H.5.c., p. 28

CONCLUSION

Based on review of policies, supporting documentation, and interviews with medical staff, mental health staff, first responders, and inmates, the Auditor concludes that Hamilton A & I meets the requirements of PREA Standard §115.82 - Access to Emergency Medical and Mental Health Services. The facility demonstrates a coordinated, timely, and victim-centered approach that ensures inmates who report sexual abuse receive appropriate medical care, mental health support, advocacy services, and related protections in accordance with PREA requirements.

The information reviewed reflects a system in which emergency care is prompt, clinically directed, confidentially supported, and provided without cost to the inmate. These practices align with PREA's purpose of ensuring that victims of sexual abuse receive immediate and meaningful access to treatment and crisis intervention services following an assault.

<p>115.83</p>	<p>Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by Hamilton A & I and the Alabama Department of Corrections (ADOC). The review focused on the availability, quality, and continuity of medical and mental health care for inmates who report sexual abuse, as well as for inmates identified as having engaged in sexually abusive behavior. PREA §115.83 requires that facilities offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any correctional setting, and that such care include follow-up services, treatment plans, and referrals for continued care when needed.</p> <p>The Auditor reviewed Alabama Department of Corrections Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines the facility’s obligations for ongoing medical and mental health services following sexual abuse. Additional materials included ADOC Form MH-008 – Referral to Mental Health, the Memorandum of Understanding with the Alabama Coalition Against Rape (ACAR), and documentation relating to outside service providers. These materials reflected a clear, structured, and coordinated system that supports timely care, ongoing treatment, and access to both internal and external resources. The documentation also demonstrated alignment with PREA’s requirement that services for sexual abuse victims be consistent with the community level of care and provided without financial cost to the inmate, regardless of whether the inmate names the abuser or cooperates with the investigation.</p> <p>OBSERVATIONS</p> <p>The Auditor observed that medical and mental health services are initiated promptly and documented in a consistent and organized manner. Records reviewed showed that referrals, treatment planning, and follow-up care are clearly recorded and that ongoing services are tracked in a way that supports continuity of care over time. This documentation structure reflects a dependable and well-managed approach to service delivery.</p> <p>The records also showed that the facility’s response extends beyond immediate crisis care and includes longer-term evaluation and treatment where clinically indicated. PREA §115.83 is intended to ensure that sexual abuse victims receive not only emergency care, but also the continuing medical and mental health services necessary to address trauma, recovery, and ongoing safety needs, while known inmate-on-inmate abusers are evaluated by mental health staff within 60 days and</p>
----------------------	---

offered treatment when appropriate.

INTERVIEWS

Medical and Mental Health Staff

Medical and mental health staff described a coordinated and patient-focused approach to care that begins immediately after a report of sexual abuse and continues according to individual need. They explained that inmates are offered medical treatment, mental health support, counseling, and follow-up evaluation, with referrals initiated through ADOC Form MH-008 to ensure timely access, consistent tracking, and continuity of care. Staff further stated that services are provided regardless of whether the inmate participates in an investigation, which is consistent with PREA's requirement that treatment be available without regard to investigative cooperation.

Staff also emphasized that care is delivered using a trauma-informed approach and tailored to the inmate's specific circumstances. They described continued clinical monitoring, coordination with outside providers when needed, and individualized treatment planning designed to support recovery and reduce future harm. Their responses were consistent with PREA's requirement that follow-up services, treatment plans, and referrals for continued care be offered when clinically indicated.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no inmates assigned to the facility whom had reported a sexual abuse allegation. Consequently no one in this category was interviewed for this standard.

PROVISIONS

Provision (a): Prompt Access to Comprehensive Medical and Mental Health Evaluation and Treatment

Hamilton A & I provides prompt, consistent, and comprehensive access to medical and mental health services for inmates who report sexual abuse. PREA §115.83(a) requires that facilities 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. The records and interviews reviewed by the Auditor showed that services include evaluation, treatment, crisis support, and access to outside advocacy resources through established partnerships.

Forensic examinations are conducted by trained professionals when indicated, and services are available at all times through coordinated internal and external response systems. This structure supports timely and clinically appropriate care and reflects the facility's effort to ensure that inmates receive more than an initial assessment by being connected to ongoing treatment resources when needed.

Relevant Policies:

1. ADOC AR #454, Section V.G.5.a-f, pp. 27-28

Provision (b): Structured Follow-Up Care, Treatment Planning, and Referral for Continued Services

The facility maintains a structured and reliable system for ongoing care following an incident of sexual abuse. PREA §115.83(b) requires that the evaluation and treatment of victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following transfer to another facility or release from custody. Documentation reviewed by the Auditor confirmed that follow-up care is timely, recorded, and coordinated in a manner that supports continuity.

This ongoing process is significant because sexual abuse may result in continuing physical or psychological effects that extend beyond the initial response period. The facility's documentation practices showed that follow-up services are treated as part of the expected care continuum rather than as isolated or discretionary actions.

Relevant Policies:

1. ADOC AR #454, Section V.G.5.a-f, pp. 27-28

Provision (c): Consistent Documentation Practices and Continuity of Clinical Care

Medical and mental health records are maintained in a clear and organized manner and include evaluations, treatment plans, referrals, and follow-up actions. PREA §115.83(c) requires that victims of sexual abuse receive medical and mental health services consistent with the community level of care. Clear documentation supports that objective by allowing staff to track treatment needs, interventions, and continuity of services over time.

The documentation reviewed showed that referrals and care decisions are recorded in a way that supports coordination among appropriate providers while preserving confidentiality. This approach strengthens continuity of care and ensures that treatment remains organized, accountable, and responsive to the inmate's ongoing needs.

Relevant Policies:

ADOC AR #454, Section V.G.5.a-f, pp. 27-28

Provision (d): Preventive Health Services, Pregnancy-Related Care, and Other Clinically Indicated Interventions

Inmates are informed of and offered appropriate medical services, including sexually transmitted infection testing, preventive treatment, and other care based on clinical judgment. PREA §115.83(d) requires that inmate victims of sexually abusive vaginal penetration while incarcerated be offered pregnancy tests, and §115.83(e) requires that if pregnancy results from conduct specified in the standard, victims receive

timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. The facility's medical response framework supports the provision of these clinically indicated services in accordance with professional standards.

This aspect of care is important because it recognizes that recovery from sexual abuse may involve medical needs beyond immediate injury treatment. The records and interview responses reflected a professional and consistent approach to offering preventive and follow-up health services tailored to the nature of the abuse and the inmate's clinical needs.

Relevant Policies:

ADOC AR #454, Section V.G.5.a-f, pp. 27-28

Provision (e): Pregnancy-Related Services Not Applicable Based on Facility Population

This provision was not applicable based on the population housed at Hamilton A & I. PREA §115.83(e) addresses timely and comprehensive information about and access to lawful pregnancy-related medical services for victims when pregnancy results from sexually abusive conduct. Because this circumstance does not apply to the facility's population, the provision was not evaluated for implementation beyond policy review.

Provision (f): Medically Appropriate and Individualized Care Consistent With Community Standards

Medical care is provided based on individual need and professional clinical judgment. PREA §115.83(f) requires that inmate victims of sexual abuse while incarcerated be offered tests for sexually transmitted infections as medically appropriate. More broadly, the standard requires that treatment be responsive to the inmate's condition and consistent with community-level expectations for care.

The records and interviews reviewed by the Auditor showed that services are tailored to each inmate and delivered in a safe, respectful, and clinically appropriate manner. This individualized approach helps ensure that care is effective and that services are based on actual need rather than a fixed or generic response.

Relevant Policies:

ADOC AR #454, Section V.G.5.a-f, pp. 27-28

Provision (g): No-Cost Medical and Mental Health Services Regardless of Investigative Cooperation

All medical and mental health services related to sexual abuse are provided at no cost to the inmate. PREA §115.83(g) expressly requires that treatment services be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews with staff and inmates, along with the documentation reviewed, confirmed

that this policy is consistently applied.

This requirement is central to a victim-centered response because it ensures that access to treatment is not conditioned on an inmate's willingness or ability to participate in investigative processes. The facility's practice reflects that care is a clinical and protective response rather than a benefit contingent on cooperation.

Relevant Policies:

ADOC AR #454, Section V.G.5.a-f, pp. 27-28

Provision (h): Timely Mental Health Evaluation and Treatment Consideration for Known Inmate-on-Inmate Abusers

Hamilton A & I maintains a clear and structured process for evaluating inmates identified as having engaged in sexually abusive behavior. PREA §115.83(h) requires that prisons 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. Documentation and staff interviews confirmed that referrals are initiated using standardized forms to ensure tracking, documentation, and timely clinical follow-up.

This provision reflects PREA's recognition that treatment and behavioral intervention may play a role in reducing future abuse. The facility's procedures support early clinical assessment of known abusers and allow mental health staff to determine whether treatment is appropriate based on professional judgment and the circumstances of the case.

Relevant Policies:

1. ADOC AR #454, Section V.G.5.a-f, pp. 27-28

CONCLUSION

Based on the review of documentation and interviews with staff and inmates, the Auditor concludes that Hamilton A & I is in compliance with PREA Standard §115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers. The facility provides timely, consistent, and appropriate medical and mental health care, including follow-up services, individualized treatment, and evaluation of known inmate-on-inmate abusers in a manner consistent with PREA requirements.

The records and interviews further showed that services are coordinated, clearly documented, and delivered in a way that supports inmate safety, recovery, and overall well-being. These practices reflect a structured and trauma-informed system of care that aligns with PREA's requirement for continuing treatment and supportive services after sexual abuse.

115.86	Sexual abuse incident reviews
	<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">DOCUMENT REVIEW</p> <p data-bbox="256 412 1477 826">To assess compliance with PREA Standard §115.86, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by Hamilton A & I and the Alabama Department of Corrections (ADOC). The review focused on how the facility conducts sexual abuse incident reviews, identifies contributing factors, and develops corrective actions intended to improve inmate safety and institutional practice. PREA §115.86 requires a facility to conduct a sexual abuse incident review at the conclusion of every substantiated and unsubstantiated sexual abuse investigation, unless the allegation is determined to be unfounded, and to use that process to evaluate whether changes in policy, practice, staffing, physical plant, or monitoring are necessary.</p> <p data-bbox="256 860 1477 1229">The Auditor examined Alabama Department of Corrections Administrative Regulation 454, Inmate Sexual Abuse and Harassment, effective May 29, 2025, which provides direction for incident review procedures and follow-up actions. Additional materials included ADOC Form 454-E, Sexual Abuse Incident Review, and completed review reports from prior cases. These documents reflected a structured and organized system for reviewing incidents, documenting findings, and identifying areas for improvement. PREA guidance emphasizes that the purpose of the incident review is not merely to restate the outcome of the investigation, but to identify systemic problems, contributing conditions, and opportunities for prevention.</p> <p data-bbox="256 1263 1477 1509">The records reviewed showed that Hamilton A & I has an established process for documenting incident reviews, capturing the circumstances of the allegation, and considering whether facility conditions or practices may have contributed to the event. The documentation supported a finding that the review process is designed to promote accountability, oversight, and continuous safety improvement even in cases where the allegation is not substantiated, so long as it is not unfounded.</p> <p data-bbox="256 1554 504 1588">OBSERVATIONS</p> <p data-bbox="256 1621 1398 1912">The Auditor observed that incident review documentation is completed in an organized and methodical manner. Reports contain summaries of the incident or allegation, discussion of contributing factors, and recommendations aimed at preventing recurrence or strengthening institutional response. This format is consistent with PREA’s requirement that the review team prepare a report of its findings and recommendations and submit it to the facility head and PREA compliance manager.</p> <p data-bbox="256 1946 1437 2069">The documentation also reflected a thoughtful review process rather than a purely formal or administrative exercise. The overall presentation of the records indicated that incident reviews are used as a quality-improvement tool to examine whether</p>

policy, supervision, physical layout, staffing, or monitoring practices may need adjustment following a sexual abuse investigation.

INTERVIEWS

Facility Head

The Facility Head described the Incident Review Team as a balanced, multidisciplinary group that includes representatives from security, administration, investigations, and medical or mental health services. The Facility Head explained that recommendations developed by the team are reviewed carefully by leadership and implemented when appropriate, and that the status of corrective action is monitored to ensure that improvement measures are not overlooked. This description is consistent with PREA §115.86(c), which requires that the review team include upper-level management officials with input from line supervisors, investigators, and medical or mental health practitioners.

The Facility Head also emphasized that the goal of the review process is not limited to evaluating the individual case, but extends to identifying changes that may reduce the likelihood of future incidents. This explanation aligned with PREA guidance describing incident reviews as an important preventive and systemic assessment tool rather than a disciplinary proceeding.

Institutional PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager explained that sexual abuse incident reviews are completed promptly following the conclusion of an investigation unless the allegation is determined to be unfounded. According to the IPCM, reviews are generally completed within 30 days and then submitted to facility leadership for review and approval. This practice is consistent with §115.86(b), which states that such reviews should ordinarily occur within 30 days of the conclusion of the investigation.

The IPCM further stated that this process promotes timely follow-up, consistency in review, and clear administrative oversight. The IPCM described incident review as a routine and structured part of the facility's PREA framework, reinforcing that the review process is used to examine institutional learning opportunities after an allegation has been investigated.

Incident Review Team Members

Members of the Incident Review Team described a detailed and careful review process focused on identifying contributing factors associated with an allegation or incident. They explained that the team evaluates matters such as staffing levels, supervision practices, housing arrangements, environmental features, and other operational conditions that may have influenced the event. Their explanations aligned closely with PREA §115.86(d), which requires the team to consider whether there is a need to change policy or practice, assess whether physical barriers in the area may enable abuse, evaluate staffing adequacy, and assess whether monitoring technology should

be deployed or augmented.

Team members also stated that the purpose of the process is improvement rather than punishment. They explained that findings are documented clearly and that recommendations are developed to reduce risk, improve supervision, and strengthen facility practice. PREA guidance supports this approach by emphasizing that meaningful incident reviews should identify systemic vulnerabilities and recommend changes that decrease the likelihood of future sexual abuse.

PROVISIONS

Provision (a): Post-Investigation Review Process for Substantiated and Unsubstantiated Sexual Abuse Allegations

Hamilton A & I maintains a clear and structured process for conducting incident reviews following completed sexual abuse investigations, unless the allegation is determined to be unfounded. PREA §115.86(a) requires a facility to conduct a sexual abuse incident review at the conclusion of every substantiated and unsubstantiated sexual abuse investigation. Documentation and interviews showed that the facility has a policy-based process in place to meet that requirement.

During the previous 12 months, there were zero allegations of sexual abuse at Hamilton A & I, and as a result no sexual abuse incident reviews were conducted during that period. Although there were no qualifying cases to review for this cycle, the written process and staff knowledge demonstrated that the facility has an established mechanism for conducting such reviews when required.

Relevant Policies:

1. ADOC AR #454, Section V.J.2, p. 29.

Provision (b): Timely Completion of Reviews Within the PREA Standard Timeframe

Incident reviews are expected to be completed within a defined and reasonable timeframe, ordinarily within 30 days of the conclusion of the investigation. This is the standard set by PREA §115.86(b), and the IPCM's description of current practice was consistent with that requirement. Timely completion of incident reviews is important because it allows the facility to assess the incident while the facts, environmental conditions, and operational issues remain current and actionable.

During the previous 12 months, there were zero allegations of sexual abuse and therefore zero sexual abuse incident reviews to complete. Even without a recent case sample, the policy framework and interview responses supported the conclusion that staff understand the 30-day review expectation and that the facility is prepared to apply it when a qualifying investigation is concluded.

Relevant Policies:

1. ADOC AR #454, Section V.J.1, p. 29.

Provision (c): Multidisciplinary Team Review with Upper-Level and Clinical Input

Hamilton A & I uses a multidisciplinary approach to incident reviews that includes upper-level leadership and draws input from security, investigations, and medical or mental health services. PREA §115.86(c) specifically requires a review team that includes upper-level management officials with input from line supervisors, investigators, and medical or mental health practitioners. This structure is intended to ensure that the review process is informed by multiple professional perspectives and not confined to a single operational viewpoint.

The Facility Head and Incident Review Team members both described a process consistent with this requirement. During the previous 12 months, there were zero allegations of sexual abuse and consequently zero sexual abuse incident reviews, but the facility's established team structure and staff explanations supported a finding that the required multidisciplinary framework is in place.

Relevant Policies:

1. ADOC AR #454, Section V.J.2, p. 29.

Provision (d): Detailed Review of Contributing Factors, Physical Conditions, and Reporting Obligations

Each incident review is intended to be documented in a clear and detailed report that examines the factors identified in §115.86(d). PREA requires the review team to consider whether the allegation or investigation indicates a need to change policy or practice, whether the incident may have been motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex status, gang dynamics, or other group dynamics, whether physical barriers in the area may have enabled abuse, whether staffing levels were adequate on various shifts, and whether monitoring technology should be added or improved. The records and forms reviewed by the Auditor reflected a process designed to address these required areas and to produce a report for submission to the facility head and PREA compliance manager.

Documentation from prior review materials showed an organized process for capturing findings, recommendations, and leadership review. Even though no qualifying sexual abuse investigations occurred during the 12-month audit period, the facility's incident review form and staff explanations demonstrated that the required PREA review factors are incorporated into the process. This satisfies the structural expectation of the standard and reflects readiness to conduct meaningful post-incident analysis when required.

Relevant Policies:

1. ADOC AR #454, Section V.J.5, p. 30.

Provision (e): Implementation of Recommendations and Written Justification When Action Is Not Taken

Hamilton A & I maintains a process for implementing corrective actions based on incident review findings and recommendations. PREA §115.86(e) requires the facility to implement the recommendations for improvement or to document the reasons for not doing so. This requirement reinforces that the review process must lead either to action or to a documented rationale explaining why a proposed measure will not be adopted.

The Facility Head explained that recommendations generated by the Incident Review Team are considered carefully by leadership and are implemented when appropriate, with monitoring to ensure follow-through. Where action is not taken, the expectation is that the reason will be documented. This process supports continuous improvement and demonstrates that the review function is tied to operational accountability rather than ending with the completion of the form itself.

Relevant Policies:

1. ADOC AR #454, Section V.J.5, p. 30.

CONCLUSION

Based on the review of documentation and interviews with staff and leadership, the Auditor concludes that Hamilton A & I is in compliance with PREA Standard §115.86. The facility maintains a clear, structured, and policy-based incident review process that is designed to occur after substantiated and unsubstantiated sexual abuse investigations, to involve multiple professional perspectives, and to generate practical recommendations aimed at prevention and improvement.

Although there were no sexual abuse allegations and therefore no sexual abuse incident reviews during the previous 12 months, the documentary evidence and staff interviews demonstrated that the required review process is established, understood, and ready to be applied. The facility's approach reflects the preventive and corrective intent of §115.86 by emphasizing systemic evaluation, leadership oversight, and continuous improvement in sexual safety practices.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW

To assess compliance with the data collection requirements set forth in PREA Standard §115.87, the Auditor conducted an in-depth review of documentation submitted by the Alabama Department of Corrections (ADOC). Materials reviewed included the Pre-Audit Questionnaire (PAQ) with supporting documentation, ADOC Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), the most recent Survey of Sexual Victimization (SSV-2), the most recent Annual PREA Data Report, and information publicly posted on the ADOC PREA webpage. PREA §115.87 requires agencies to collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions, to aggregate incident-based sexual abuse data at least annually, and to collect the information necessary to answer all questions from the most recent Department of Justice Survey of Sexual Violence.

Collectively, these materials describe the agency's established policies, procedures, and operational practices for collecting, maintaining, analyzing, and reporting data related to allegations of sexual abuse and sexual harassment. The documentation demonstrated a structured and methodical approach to data management that supports informed decision-making, accountability, and continuous improvement. PREA's data collection framework is intended to ensure not only consistency in reporting, but also the ability to identify patterns, assess institutional safety trends, and support systemwide corrective action based on reliable information.

INTERVIEWS

Agency Contract Administrator

The Agency Contract Administrator described ADOC's approach to ensuring PREA compliance across all contracted housing arrangements. During the interview, it was confirmed that every contract involving the housing of ADOC inmates, whether with private vendors or community-based providers, includes explicit PREA compliance provisions. The Administrator explained that contracted facilities are required to submit both incident-based and aggregated sexual abuse and sexual harassment data on a regular basis and that this information is reviewed by the agency and incorporated into ADOC's centralized data collection and analysis processes. This approach is consistent with PREA §115.87(e), which requires the agency to obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

The interview further reflected that contractual oversight is tied directly to ADOC's broader data integrity and reporting responsibilities. By requiring contracted providers to submit data in a consistent form and on a routine basis, the agency strengthens its ability to produce complete annual analyses and maintain meaningful systemwide oversight of sexual safety across all housing arrangements.

PROVISIONS

Provision (a): Standardized, Accurate, and Uniform Collection of Allegation Data

ADOC policy establishes comprehensive procedures governing the collection and maintenance of data related to all allegations of sexual abuse and sexual harassment. PREA §115.87(a) requires the collection of accurate, uniform data for every allegation of sexual abuse at facilities under the agency's direct control using a standardized instrument and set of definitions. The policy reviewed by the Auditor reflects that expectation by requiring consistent definitions, standardized methods, and coordinated collection practices across facilities.

The documentation showed that data is gathered from multiple institutional sources, including inmate reports and surveys, announced and unannounced security rounds, formal grievances, investigative reports and files, and sexual abuse incident reviews. The policy also establishes a defined methodology for analysis and includes quality-control measures intended to promote accuracy, completeness, and integrity. The records reviewed and information confirmed during interviews supported the conclusion that these requirements are implemented in a consistent and operationally meaningful manner.

Relevant Policy:

1. ADOC AR #454, IV.M.1-6, p. 31

Provision (b): Annual Aggregation of Incident-Based Sexual Abuse Data

The Alabama Department of Corrections aggregates sexual abuse and sexual harassment data on at least an annual basis from all facilities under its jurisdiction. PREA §115.87(b) requires annual aggregation of incident-based sexual abuse data, and the documentation reviewed by the Auditor showed that ADOC completes this process in conjunction with its annual reporting responsibilities and preparation of the Survey of Sexual Victimization. The Auditor reviewed the most recent completed SSV-2 and verified that it was submitted in a timely manner and contained the required data elements.

This annual aggregation process supports transparency and allows the agency to identify patterns across institutions, compare trends over time, and evaluate the effectiveness of prevention and response efforts. It also reinforces agency accountability by ensuring that individual allegations are not viewed in isolation but are instead incorporated into a broader system of statewide PREA review.

Relevant Policy:

1. ADOC AR #454, IV.M.1-6, p. 31

Provision (c): Data Sufficient to Answer the Survey of Sexual Violence and Public-Facing Reporting

PREA policy requires that ADOC's data collection system be sufficient to answer every question included in the most current version of the Department of Justice's Survey of Sexual Violence. PREA §115.87(c) specifically requires that the incident-based data

collected include, at a minimum, the data necessary to answer all questions from the most recent version of that survey. This requirement was clearly reflected in policy and confirmed during the audit process.

The Auditor reviewed the most recent Annual PREA Data Report and found that it provided a comprehensive accounting of reported allegations of sexual abuse and sexual harassment, including outcome determinations, institutional and demographic information, and descriptions of agency response efforts and corrective actions. The report is also published on the ADOC PREA webpage, which supports public access and enhances transparency regarding agency PREA performance and response efforts.

Relevant Policy:

1. ADOC AR #454, IV.M.1-6, p. 31

Provision (d): Ongoing Review of Incident-Based Source Documents and Trend-Driven Analysis

ADOC policy mandates the ongoing collection, maintenance, and review of incident-based data derived from multiple institutional sources, including investigative files, incident reports, and sexual abuse incident review documentation. PREA §115.87(d) requires that the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The Auditor examined the most recent annual data report and confirmed that it compiles required data elements while also identifying trends, areas of concern, and corresponding corrective actions.

This structured review process enables the agency to evaluate systemic issues and implement targeted improvements in policy, training, and operational practice based on data-driven findings. In this respect, the agency's process is not limited to record retention or federal reporting, but instead serves as an analytical tool for continuous improvement and corrective action.

Provision (e): Contractual Data Requirements and PREA Oversight for Contracted Facilities

Agency policy requires that all contracts for the confinement of inmates include provisions mandating full compliance with PREA standards. PREA §115.87(e) requires the agency to obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Oversight of these contractual obligations is assigned to the General Counsel's Office, and the Auditor reviewed ADOC Contract C210052136 with GEO Reentry, Inc., renewed on December 1, 2025, as one example of this contractual framework.

The contract reviewed requires independent DOJ-certified PREA audits, grants the PREA Contract Monitor access to relevant documentation, and mandates staff PREA training and reporting obligations. The Agency Contract Administrator confirmed that these requirements are standard across ADOC confinement contracts and that

compliance is routinely monitored. This contractual structure supports the accuracy and completeness of ADOC’s statewide PREA data collection by ensuring that contracted facilities are integrated into the same reporting expectations as agency-operated sites.

Relevant Policy:

1. ADOC AR #454, IV.M.1-6, p. 31

Provision (f): Timely Submission of Annual Data to the Department of Justice Upon Request

The Auditor verified that ADOC submits the Survey of Sexual Victimization (SSV-2) to the U.S. Department of Justice annually by June 30 for the preceding calendar year when requested. PREA §115.87(f) requires that, upon request, the agency provide all such data from the previous calendar year to the Department of Justice no later than June 30. The most recent SSV-2 reviewed was complete, accurate, and submitted within the required timeframe, demonstrating adherence to the federal reporting deadline.

This timely submission requirement is important because it supports national PREA data collection efforts and contributes to broader federal analysis of sexual abuse in correctional settings. ADOC’s compliance with this requirement reflects a functioning and mature reporting system that is aligned with both internal accountability measures and external federal expectations.

CONCLUSION

Following review of agency policies, data reports, contractual documents, and information obtained through interviews, the Auditor concludes that the Alabama Department of Corrections is in compliance with PREA Standard §115.87 - Data Collection. ADOC demonstrates a consistent and systematic approach to collecting, aggregating, analyzing, and reporting sexual abuse and sexual harassment data across both agency-operated and contracted facilities, using standardized definitions, annual aggregation, and incident-based source review in a manner consistent with PREA requirements.

The information reviewed also showed that strong quality assurance practices support data integrity and that effective contractual oversight extends PREA reporting requirements to contracted providers. These practices strengthen agency accountability, support transparency, and provide a reliable basis for trend analysis and corrective action across the correctional system.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.88 – Data Review for Corrective Action, the Auditor conducted a careful, detailed review of the Pre-Audit Questionnaire (PAQ) and supporting materials submitted by Hamilton A & I and the Alabama Department of Corrections (ADOC). The review focused on how PREA-related data is collected, synthesized, and used to strengthen the agency’s overall prevention, detection, and response efforts regarding sexual abuse and sexual harassment.

The Auditor examined Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), the 2024 Survey of Sexual Victimization (SSV-2), and the 2025 Annual PREA Data Report, along with the ADOC PREA webpage to confirm that annual reports and data summaries are publicly posted and accessible. Collectively, these materials reflect a clear and organized system for data collection and analysis that is aligned with PREA §115.88, which requires agencies to review, at least annually, data collected under §115.87 in order to assess and improve the effectiveness of their sexual abuse prevention, detection, and response policies, practices, and training. Documentation shows that ADOC uses data as a practical tool to identify systemic patterns, evaluate prior corrective actions, and support agency-wide improvements.

OBSERVATIONS

The Auditor observed that PREA-related data is reviewed on a regular basis and presented in a format that is straightforward and easy to interpret. Annual reports and supporting summaries provide structured narrative discussions and simple, clear comparisons across reporting periods, allowing leadership and facility staff to see how allegations, outcomes, and corrective measures have changed over time.

This system supports informed decision-making by highlighting trends, strengths, and areas that may warrant additional attention. The practice of translating raw data into comparative analyses and narrative explanations reflects a deliberate and thoughtful approach to using information for accountability, planning, and continuous quality improvement across the system.

INTERVIEWS

PREA Director

The PREA Director explained that data from all ADOC facilities, including Hamilton A & I, is compiled and reviewed at the agency level as part of an annual, structured analysis. The Director stated that this aggregated information is carefully examined to identify trends, measure progress, and evaluate whether prior corrective actions have been effective. The annual report, according to the Director, includes clear year-to-year comparisons and is reviewed internally before publication to ensure accuracy and clarity.

The Director further noted that while certain details may be redacted to protect safety and privacy, the overarching goal is to provide reports that remain understandable and useful for staff, policy-makers, and members of the public. This description aligns with §115.88's focus on using data review to inform policy, training, and operational changes rather than simply compiling statistics.

Agency Head Designee

The Agency Head's designee described the annual PREA report as a practical and frequently used management tool. Leadership reviews the report to assess overall performance, track whether specific concerns identified in past years are improving, and determine where additional resources, training, or policy clarification may be needed.

The designee confirmed that these reports are publicly available and that this visibility supports both internal accountability and external transparency. In practice, the annual data review is used to drive discussion at leadership meetings, inform strategic planning, and support decisions related to staffing, training priorities, and operational adjustments.

PREA Compliance Manager (PCM)

The PREA Compliance Manager explained that PREA reports, audit results, and related materials are consistently made available on the ADOC website, where staff, inmates' families, advocates, and other interested parties can access them. The PCM noted that this practice helps maintain a shared understanding of agency expectations and performance across all facilities, including Hamilton A & I.

According to the PCM, the availability of these reports also reinforces transparency by allowing internal and external stakeholders to see how the agency is addressing sexual safety, what trends have been identified, and what corrective actions are being implemented in response. This practice is consistent with PREA's emphasis on public reporting and review as components of an effective accountability system.

Facility Head Designee

The Facility Head's designee at Hamilton A & I described a straightforward and ongoing review process at the facility level. A designated team reviews each allegation of sexual abuse or sexual harassment to identify recurring patterns, operational concerns, or opportunities for improvement in supervision, training, or procedures.

Findings from these local reviews are shared with agency leadership and feed into the broader ADOC data analysis process. The designee emphasized that this loop between facility-level review and agency-level aggregation supports local accountability while ensuring that facility experiences inform systemwide training, supervision strategies, and day-to-day operations.

PROVISIONS

Provision (a): Ongoing, Structured Review of Aggregated Data for System Improvement

Information from the PAQ and interviews confirms that ADOC routinely reviews and aggregates data collected under §115.87 to evaluate and improve the effectiveness of its sexual abuse prevention, detection, and response efforts. In practice, this review includes identifying systemic and facility-specific issues, assessing the impact of prior corrective actions, and documenting findings and responses in an annual PREA report. The PREA Director’s description of an agency-level, trend-focused analysis is consistent with §115.88(a), which requires agencies to use aggregated data to inform policy, training, and operational changes.

Relevant Policies:

1. ADOC Administrative Regulation #454, IV.D and IV.E (May 29, 2025)

Provision (b): Clear, Year-to-Year Data Comparison and Evaluation of Corrective Actions

Annual PREA reports provide clear, narrative comparisons across reporting years, allowing the agency to identify patterns, measure progress, and evaluate the effectiveness of corrective measures. The Agency Head’s designee confirmed that ADOC’s annual report includes comparative analysis of key data points and a discussion of corrective actions taken and their results.

The Auditor’s review of the most recent annual report supported this description, showing documentation of institutional trends and an evaluation of how prior corrective measures have influenced subsequent outcomes. This practice aligns with the intent of §115.88(b), which anticipates that agencies will not only aggregate data, but also compare data over time to assess progress and refine strategies.

Relevant Policies:

1. ADOC AR #454, Sections IV.D and IV.E (May 29, 2025)

Provision (c): Public Availability of Annual Reports and Transparency in Data Use

The agency makes its annual PREA reports publicly available through its official website, providing open and consistent public access to PREA-related information. The PAQ indicates, and the Auditor confirmed, that ADOC maintains a PREA webpage that includes an extensive archive of annual reports, with documents dating back over a decade.

This level of accessibility supports transparency, encourages public awareness of the agency’s efforts, and aligns with §115.88(c), which requires agencies to make all aggregated sexual abuse data, with any identifying information removed, available to the public at least annually. The practice strengthens external oversight and

demonstrates a commitment to shared accountability.

Relevant Policies:

1. ADOC AR #454, Sections IV.D and IV.E (May 29, 2025)

Provision (d): Limited, Safety-Focused Redactions that Preserve Report Usefulness

Publicly posted reports contain only limited and necessary redactions to protect personal privacy and institutional security. As explained by the PREA Director, redactions are narrowly tailored to remove personally identifiable information or details that could compromise safety, while retaining enough description, aggregate counts, and narrative explanation to make the reports meaningful and informative.

This measured approach reflects the balance anticipated by PREA between transparency and confidentiality. The reports remain clear and useful for understanding overall trends, system performance, and corrective efforts, even as sensitive information is protected.

Relevant Policies:

1. ADOC AR #454, Sections IV.D and IV.E (May 29, 2025)

CONCLUSION

Based on the review of documentation and interviews with facility and agency staff, the Auditor concludes that Hamilton A & I, through the Alabama Department of Corrections, is in compliance with PREA Standard §115.88 - Data Review for Corrective Action. The agency maintains a clear, consistent, and well-managed process for reviewing PREA data, comparing results across years, and translating findings into practical corrective measures.

Annual reports are organized, publicly accessible, and used as working management tools to support transparency, accountability, and continuous improvement across all facilities, including Hamilton A & I. This approach reflects PREA's expectation that data collection and review function not merely as reporting exercises, but as active drivers of safer, more responsive correctional practice.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW

To assess compliance with PREA Standard §115.89 – Data Storage, Publication, and Destruction, the Auditor conducted a careful, detailed review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation provided by the Alabama Department of Corrections (ADOC). The review focused on how the agency stores, manages, publishes, and retains PREA-related data in a secure, organized, and policy-driven way. PREA §115.89 requires agencies to maintain sexual abuse data for at least 10 years after the date of initial collection, to remove all personal identifiers before publishing data, and to make aggregated sexual abuse data readily available to the public at least annually.

The Auditor examined Alabama Department of Corrections Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025) and reviewed publicly available information on the ADOC PREA website. Together, these materials outline clear requirements for secure data storage, controlled publication, protection of sensitive information, and long-term record retention. The documentation demonstrates a structured and balanced data-management system that supports transparency and public accountability while protecting the privacy and safety of inmates and staff.

OBSERVATIONS

The Auditor observed that PREA-related data is maintained in secure information systems with access restricted to authorized personnel. Facility-level records and agency-level data sets are organized in a way that allows for efficient retrieval, aggregation, and review, while still maintaining appropriate safeguards to prevent unauthorized access or disclosure.

Publicly available reports are clearly formatted and consistently posted, allowing users to locate annual PREA data without difficulty. The overall system reflects a dependable, controlled approach to data management that gives leadership and stakeholders meaningful access to information while ensuring that sensitive details remain protected and that records are preserved in accordance with policy and PREA requirements.

INTERVIEWS

PREA Director

The PREA Director described a clear and organized structure for managing PREA data at both the facility and agency levels. At Hamilton A & I and other ADOC facilities, data is stored in secure systems and accessed only by staff with a legitimate operational need, such as PREA compliance staff, investigators, or designated administrators. At the central office, data from all facilities is compiled and reviewed to support reporting, analysis, annual publication, and long-term tracking.

The Director explained that all data is reviewed before any public release, and that only necessary redactions are made. Those redactions are narrowly limited to personally identifiable information and details that could compromise safety or security, so that published data remains clear, accurate, and useful while still

protecting privacy. The Director also emphasized that data retention practices follow established ADOC policy and are designed to support long-term accountability and historical analysis, in keeping with PREA's minimum 10-year retention requirement.

PROVISIONS

Provision (a): Secure Storage and Organized Publication of Aggregated Data

The agency maintains a secure, organized, and reliable system for storing PREA-related data at both the facility and agency levels. Detailed incident information is maintained in controlled systems with limited access, while aggregated data from all facilities, including contracted facilities, is compiled at least annually. This aggregated information is published in ADOC's annual PREA reports and made available through the agency's PREA webpage so that trends and outcomes can be reviewed by internal and external stakeholders.

The Auditor verified that these reports are available to the public, clearly written, and easy to access. This practice aligns with PREA's requirement that aggregated sexual abuse data, after removal of personal identifiers, be made readily available to the public at least annually and be maintained in a manner that supports comparison and analysis over time.

Relevant Policies:

1. ADOC AR #454, Sections IV.D and IV.E

Provision (b): Public Access to Annual PREA Data and Systemwide Transparency

The agency provides clear and consistent public access to PREA data through annual reports that summarize allegations, investigative outcomes, and trends across facilities, including Hamilton A & I. These reports present information in narrative and tabular formats that help readers understand the nature and scope of reported incidents, the results of investigations, and corrective actions undertaken across the system.

By posting these reports on the ADOC website and maintaining multiple years of data online, the agency supports transparency, accountability, and informed public awareness of sexual safety efforts within its facilities. This practice is consistent with PREA's emphasis on public reporting as a key component of effective oversight and system improvement.

Relevant Policies:

1. ADOC AR #454, Sections IV.D and IV.E

Provision (c): Protection of Sensitive and Personally Identifiable Information

The agency follows a careful and controlled process to protect sensitive information

contained in PREA-related data. Before data is published, personally identifiable information and other details that could reasonably be used to identify victims, alleged abusers, or witnesses are removed. Only aggregate statistics, de-identified summaries, and system-level analyses are shared with the public.

This approach ensures that privacy and safety are maintained while still allowing the agency to provide meaningful, useful information about sexual abuse allegations, outcomes, and trends. It reflects PREA's requirement that agencies remove all personal identifiers before making aggregated sexual abuse data publicly available, and it demonstrates a deliberate effort to balance confidentiality with transparency.

Relevant Policies:

1. ADOC AR #454, Sections IV.D and IV.E

Provision (d): Long-Term Data Retention and Consistent Recordkeeping Practices

The agency maintains PREA-related data for a minimum of 10 years in a secure and organized manner, consistent with the retention requirements in PREA Standard §115.89. Investigative records and related documentation are retained for at least as long as the individual remains incarcerated or employed and for additional time as specified by ADOC policy, ensuring that records are available for review, audits, litigation holds, and long-term analysis.

The documentation reviewed confirms that records are maintained consistently and remain accessible to authorized personnel when needed. This long-term retention and structured recordkeeping practice supports historical comparison, allows the agency to track trends across multiple years, and reinforces organizational accountability for sexual abuse prevention, detection, investigation, and response.

Relevant Policy:

1. ADOC AR #454, Section IV.E.9, p. 8

CONCLUSION

Based on the review of documentation and the interview with the PREA Director, the Auditor concludes that the Alabama Department of Corrections is in compliance with PREA Standard §115.89 - Data Storage, Publication, and Destruction. The agency maintains a clear, structured, and secure system for storing, managing, and publishing PREA data, with practices that align with PREA's requirements for secure storage, public access to de-identified, aggregated data, and long-term retention.

Processes are consistent, transparent, and designed to protect sensitive information while supporting accountability, historical analysis, and ongoing system improvement across Hamilton A & I and all ADOC facilities.

115.401	Frequency and scope of audits
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 344 596 378"><u>DOCUMENT REVIEW</u></p> <p data-bbox="280 412 1453 696">To evaluate compliance with PREA Standard §115.401, the Auditor conducted a careful, detailed review of documentation provided by the Alabama Department of Corrections (ADOC). This review focused on how the agency structures its PREA audit program, how often and how comprehensively facilities are audited, and how the agency promotes transparency and public access to audit results. The assessment also considered the degree to which the agency supports and cooperates with the audit process, as required by PREA.</p> <p data-bbox="280 734 1461 1019">The Auditor examined the ADOC PREA webpage, which functions as a centralized, user-friendly hub for PREA-related information. This site contains completed facility-level audit reports, system-wide PREA summaries, and explanatory material outlining the agency’s PREA practices, standards, and expectations. The layout is straightforward and organized in a way that allows users to easily locate audit reports and related information, supporting PREA’s intent that agencies make audit results publicly available in an accessible form.</p> <p data-bbox="280 1057 1449 1384">Records provided by ADOC reflected a systematic and organized process for planning, scheduling, and tracking PREA audits, documenting findings, and publishing final audit reports. These materials showed that audit documentation is consistently maintained and posted in a timely manner, allowing external stakeholders to review facility performance and track compliance across audit cycles. Taken together, the documentation demonstrated that the agency views PREA audits not only as a regulatory requirement but as a formal mechanism for accountability and ongoing oversight.</p> <p data-bbox="280 1422 528 1456"><u>OBSERVATIONS</u></p> <p data-bbox="280 1494 1449 1778">During the review, the Auditor observed that audit reports and related information are posted on the ADOC website in a clear, easy-to-access format. Reports are presented in a straightforward style and organized in a way that makes them understandable to a wide audience, including people without specialized correctional or PREA backgrounds. This approach supports public awareness, encourages informed scrutiny of facility performance, and aligns with §115.401’s emphasis on public posting of audit results.</p> <p data-bbox="280 1816 1477 2056">The overall presentation suggested that ADOC has adopted a practical and effective method for sharing PREA audit outcomes. By presenting the information plainly, without unnecessary complexity, the agency helps ensure that community members, advocates, incarcerated individuals’ families, and other interested parties can readily understand how facilities such as Hamilton A & I are performing with respect to PREA compliance.</p>

INTERVIEWS

Agency Head Designee

The Auditor interviewed the Agency Head's designee, who confirmed that all ADOC facilities, including Hamilton A & I, have successfully completed PREA audits within each required three-year audit cycle. The designee described how the agency tracks the audit cycle to ensure that no facility is overlooked and that each institution is reviewed on a predictable schedule. The designee also explained that both individual audit reports and summary data are routinely posted on the ADOC website for public review.

In discussing the agency's approach, the designee emphasized that openness and transparency are central to ADOC's PREA efforts. Making reports and summary information public is seen as an important way to keep stakeholders informed and to reinforce trust that the agency is taking its PREA responsibilities seriously. The designee noted that the public posting of audit outcomes is not treated as a mere formality, but as a core piece of the agency's accountability strategy.

PREA Director

The Auditor also interviewed the PREA Director, who described a structured and ongoing audit process maintained across the ADOC system. The Director explained that ADOC is currently operating within its fourth three-year PREA audit cycle and uses a clear schedule to ensure that all facilities, including Hamilton A & I, are audited within the timeframes required by §115.401. The Director indicated that audit planning is a continuous process, with attention to both upcoming facilities and follow-up on prior findings.

The PREA Director further explained that audit findings are actively used to drive improvements across the agency. Rather than viewing audits as one-time events, the Director described them as opportunities to identify strengths, uncover gaps, and guide enhancements in policy, staff training, and day-to-day operations. This perspective reflects PREA's broader purpose of promoting ongoing compliance and culture change, rather than simply meeting a periodic checklist requirement.

PROVISIONS

Provision (a): Timely and Complete Audit Cycle Across All Facilities

Under Provision (a), §115.401 requires that each facility be audited at least once during every three-year period. Documentation and interview responses confirmed that all facilities in the ADOC system, including Hamilton A & I, are audited within the required three-year cycle. The records showed that audits are scheduled and completed on time, that final reports are issued without undue delay, and that findings are fully documented for each facility.

The process described by both the PREA Director and the Agency Head's designee reflected a steady and reliable approach to meeting the frequency and scope requirements of the PREA audit standard. This structured cycle helps ensure that no

facility is overlooked, that compliance is routinely evaluated, and that the agency is able to use audit results to make system-wide improvements over time.

Relevant Policies:

1. ADOC AR #454 (PREA Audit and Compliance Requirements).

Provision (b): Clear Public Access to Audit Reports and Agency Transparency

Provision (b) of §115.401 requires agencies to make final audit reports readily available to the public. ADOC fulfills this requirement by posting audit reports and associated data on its PREA webpage. The Auditor’s review confirmed that these reports are presented in a clear, simple, and well-organized format that is easy for the public to locate and understand.

By making PREA audit information widely accessible, ADOC supports both transparency and accountability. Public access allows interested parties—including community members, advocacy organizations, and families of inmates—to monitor how Hamilton A & I and other facilities perform in relation to PREA standards. This public-facing approach reinforces the agency’s stated commitment to openness and to continuous improvement in sexual safety and institutional culture.

Relevant Policies:

1. ADOC AR #454 (PREA Audit and Reporting Requirements).

Provisions (c)-(g): Provisions Not Applicable to This Audit Scope

Provisions (c) through (g) did not apply to this particular audit. These portions of §115.401 address issues that were outside the scope of the current review, such as certain state-level or system-wide conditions that were not part of the facility-specific compliance determination. Their non-applicability reflects the defined parameters of this audit rather than any identified deficiency or concern with ADOC’s audit program.

Provision (h): Full and Unrestricted Access to Hamilton A & I

Provision (h) addresses the auditor’s access to the facility during the review. In this audit, the Auditor was granted full and unrestricted access to all areas of Hamilton A & I, including housing units, program and work areas, medical and mental health services, support services, and administrative offices. Access was provided promptly and without obstruction, allowing the Auditor to observe operations and conditions across all relevant parts of the institution.

The Institutional PREA Compliance Manager played an active role in supporting this access, remaining available throughout the audit and coordinating movement within the facility. This cooperation ensured that the Auditor could conduct the review in accordance with PREA expectations, which require agencies to facilitate

comprehensive assessment by independent auditors.

Relevant Policies:

1. ADOC AR #454 (Audit Cooperation Requirements).

Provision (i): Consistent Staff Cooperation and Support for the Audit Process

Provision (i) concerns agency and facility cooperation with the audit. Throughout the audit at Hamilton A & I, facility staff and leadership demonstrated a professional, cooperative, and responsive approach. Requested documents were provided in a timely manner, and staff across various roles were made available and were willing to participate in interviews.

This high level of cooperation allowed the Auditor to conduct a complete and accurate assessment of PREA compliance. It also reflected an organizational culture that recognizes PREA audits as a constructive element of agency operations, consistent with the standard's intent that agencies support, rather than hinder, external review.

Relevant Policies:

1. ADOC AR #454 (Audit Cooperation Requirements).

Provision (j)-(l): Provisions Not Applicable to This Audit

Provisions (j), (k), and (l) were not applicable for this particular audit. These sections address circumstances that did not arise in the course of the review and therefore did not factor into the compliance determination. Their non-applicability reflects audit scope, not a lack of policy or practice at ADOC.

Provision (m): Private, Secure Space for Interviews with Inmates and Staff

Provision (m) relates to the ability of the Auditor to conduct private, confidential interviews. Hamilton A & I provided a quiet, secure, and private setting for interviews with both inmates and staff. This environment allowed individuals to speak freely without interruption, visible presence of other staff, or concerns about being overheard.

By ensuring that the Auditor could conduct interviews in privacy, the facility supported candid communication about PREA-related issues. This practice aligns with the intent of PREA to foster an environment where inmates and staff can discuss sexual safety concerns honestly and without fear of unintended disclosure.

Relevant Policies:

1. ADOC AR #454 (Audit Interview Requirements).

Provision (n): Confidential Communication Channels for Inmates

Provision (n) requires that inmates have the ability to communicate confidentially with the Auditor. At Hamilton A & I, inmates were able to send confidential communications to the Auditor through a process similar to legal mail, which preserved privacy and protected the content of those communications from routine staff review.

Interviews and documentation confirmed that inmates were informed of this option and that those who chose to contact the Auditor felt comfortable doing so. Inmates understood that their communications would remain confidential, a practice that supports PREA’s goal of minimizing fear of retaliation or exposure when individuals share sensitive information related to sexual safety and institutional practices.

Relevant Policies:

1. ADOC AR #454 (Confidential Communication Requirements).

Provision (o): Non-Applicable Provision

Provision (o) did not apply in this audit. It addresses circumstances that were not present in the review of Hamilton A & I and therefore did not factor into the compliance conclusion.

CONCLUSION

After reviewing agency documentation, examining the ADOC PREA webpage and public posting practices, conducting interviews with the PREA Director and the Agency Head’s designee, and assessing on-site access and cooperation at Hamilton A & I, the Auditor concludes that the Alabama Department of Corrections is in compliance with PREA Standard §115.401. The agency maintains a steady, organized audit schedule that ensures facilities are reviewed within each three-year cycle, and it uses audit findings to support continuous improvement rather than treating them as isolated events.

ADOC also provides clear, public access to audit reports, fully cooperates with audit activities, and ensures that auditors can communicate confidentially with inmates and staff in private settings. These practices collectively reflect a strong, ongoing commitment to accountability, transparency, and the broader goals of PREA to enhance safety and reduce sexual abuse and sexual harassment in correctional facilities.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.403, the Auditor conducted a thorough review of the Alabama Department of Corrections' (ADOC) publicly accessible PREA webpage, which serves as the central online repository for agency-wide PREA information. This webpage functions as the primary, authoritative source for understanding how ADOC implements the Prison Rape Elimination Act across its system of correctional institutions, including facilities such as Hamilton A & I and community-based programs. The review focused on the scope, clarity, and accessibility of the materials posted there, as well as their alignment with PREA's expectations for public reporting and transparency.

The structure of the webpage provides clear, well-organized access to key PREA documents, allowing members of the public, oversight entities, advocacy organizations, and other interested stakeholders to examine ADOC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Prominently featured content includes annual statistical reports, agency-wide data analyses, and final PREA audit reports for individual facilities. Together, these materials offer a comprehensive view of ADOC's policies, operational practices, and system-wide performance under PREA. The intentional layout and regular maintenance of the site reflect the department's commitment to openness, institutional accountability, and faithful implementation of federal PREA standards relating to public reporting.

PROVISIONS

Provisions (a)-(e): Non-Applicable Agency Requirements Outside This Review

Provisions (a) through (e) of §115.403 identify obligations that do not apply to ADOC within the context of this particular review. Because these provisions fall outside the agency's specific responsibilities under the standard—or address conditions not present in the ADOC system—they were not evaluated and did not factor into the Auditor's compliance determination. Their exclusion reflects the defined scope of the audit rather than any deficiency in ADOC's reporting practices.

Provision (f): Comprehensive Public Accessibility and Support for Independent Oversight

Provision (f) requires agencies to make certain PREA-related information readily available to the public in a manner that promotes transparency and permits informed external review. ADOC's PREA webpage fulfills this requirement by presenting in-depth information on sexual abuse and sexual harassment across all agency-managed facilities in a consolidated, easy-to-navigate format. The site includes annual incident summaries, aggregated agency-level data analyses, and final facility-specific PREA audit reports, all of which are presented in a clear and accessible style.

Navigation on the site is intuitive, allowing users to locate relevant reports and data without difficulty. ADOC maintains the platform through regular updates so that

required reports remain current and accessible, consistent with PREA's emphasis on timely public reporting. This disciplined approach not only meets the letter of the reporting requirements but also advances their purpose by enabling meaningful public oversight, reinforcing confidence in the agency's transparency, and underscoring ADOC's proactive stance toward the prevention of, and response to, sexual abuse and sexual harassment.

CONCLUSION

Following a detailed review of ADOC's publicly available PREA webpage and the associated PREA reports and statistical materials posted there, the Auditor concludes that the Alabama Department of Corrections is in full compliance with PREA Standard §115.403. The agency consistently publishes audit reports and related data in a structured, understandable, and easily navigable format, demonstrating a sustained commitment to transparency and accountability.

By making comprehensive PREA information available in one central, user-friendly location, ADOC supports ongoing public scrutiny of its performance, encourages trust in its compliance efforts, and reinforces its obligation to maintain PREA adherence across both 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).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	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
	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
	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	yes

	formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
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	yes

	U.S.C. 1997)?	
	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 consent or refuse?	yes
	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 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?	yes
	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,	yes

	whichever is later.)	
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 agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	

	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with	yes

	inmates on how to avoid inappropriate relationships with inmates?	
	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 inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
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	yes

	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)?	
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	yes

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
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.)	na

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 health care practitioners who work regularly in its facilities.)	yes
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 criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	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	yes

	being sexually abusive, to inform: Work 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: Education 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: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	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 are at high risk of sexual victimization have access to: Programs 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: 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 can be arranged?	yes
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	na

	and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency	yes

	is exempt from this standard.)	
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, 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.)	yes
	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? (N/A if agency is exempt from this standard.)	yes
	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	yes

	inmates and these organizations and agencies, in as confidential a manner as possible?	
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 understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	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	yes

	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?	
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 confidentiality, at the initiation of services?	yes
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 required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any 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: 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	no

	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?	
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 with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	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	yes

	of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	
	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,	yes

	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).)	
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 evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	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	yes

	order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
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 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?	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 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 have engaged in sexual abuse?	yes
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	yes

	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.)	
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).	na
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).	yes
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 § 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.)	na
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.)	na
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	yes

	has been determined to be unfounded?	
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, investigation files, and sexual abuse incident reviews?	yes
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 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?	yes
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	Frequency and scope of audits	

(b)		
	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 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.)	na
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	yes

	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.)	
--	---	--