

PREA Facility Audit Report: Final

Name of Facility: William C. Holman Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/13/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Darla P. O'Connor	Date of Signature: 04/13/2026

AUDITOR INFORMATION	
Auditor name:	OConnor, Darla
Email:	doconnor@strategicjusticesolutions.com
Start Date of On-Site Audit:	02/20/2026
End Date of On-Site Audit:	02/22/2026

FACILITY INFORMATION	
Facility name:	William C. Holman Correctional Facility
Facility physical address:	866 Ross Road, Atmore, Alabama - 36503
Facility mailing address:	1100 East Horner Street, Please enter the optional second line of your address, Atmore, Alabama - 36502

Primary Contact

Name:	Micheal banks
Email Address:	micheal.banks@doc.alabama.gov
Telephone Number:	2513592722

Warden/Jail Administrator/Sheriff/Director	
Name:	TERRY RAYBON
Email Address:	TERRY.RAYBON@DOC.ALABAMA.GOV
Telephone Number:	2513688173

Facility PREA Compliance Manager	
Name:	Micheal Banks
Email Address:	micheal.banks@doc.alabama.gov
Telephone Number:	(251) 359-2722

Facility Health Service Administrator On-site	
Name:	TIFFANY CHAMPION
Email Address:	TIFFANY.CHAMPION@YESCARECORP.COM
Telephone Number:	2513688173

Facility Characteristics	
Designed facility capacity:	400
Current population of facility:	198
Average daily population for the past 12 months:	198
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:	27-79
Facility security levels/inmate custody levels:	Maximin Security / LWOP
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	79
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:	74

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Christy Vincent	Email Address:	christy.vincent@doc.alabama.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

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:	2026-02-20
2. End date of the onsite portion of the audit:	2026-02-22

Outreach

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

As part of the PREA audit verification process, several community-based advocacy and support organizations were contacted to assess the facility's compliance with victim support services and external reporting access for incarcerated individuals. The goal was to confirm that inmates have meaningful avenues to reach outside resources, including trauma-informed advocacy and forensic medical care, without financial or logistical barriers.

Just Detention International (JDI), a national organization committed to ending sexual abuse in detention settings, was contacted to determine whether any inmates from the facility or any facility staff had initiated contact within the past year. A representative from JDI confirmed that their records showed no communication, requests for assistance, or outreach from anyone associated with the facility during the prior 12-month period. This information indicates that, for the reporting period, there were no documented instances in which an inmate used JDI as an external support pathway or reporting resource.

The Alabama Coalition Against Rape (ACAR) was also contacted to verify any recent involvement or outreach related to the facility. ACAR confirmed that it maintains a service agreement with the Alabama Department of Corrections (ADOC) to provide Sexual Assault Nurse Examiner (SANE) services and victim support to individuals in custody. The organization contracts with the Rape Crisis Center serving the local region, which functions as the designated rape crisis partner for the facility. The Memorandum of Understanding (MOU) between ACAR and ADOC specifies that victim advocates and emotional support services are available to individuals who have experienced sexual abuse, regardless of when or where the incident occurred. The agreement includes the provision of a confidential hotline that incarcerated individuals may use to seek immediate support.

The Crisis Center was contacted directly to confirm the nature and extent of recent involvement with the facility. The center confirmed that it is a member of ACAR and serves as the primary rape crisis provider for the facility's catchment area. The center reported that it supplies both victim advocates and SANE-trained nurses in response to sexual abuse allegations. Their internal records indicate that two SANE examinations were requested within the past 12 months. Of these, one examination was fully completed, while the second was initiated but ultimately declined by the inmate, who chose not to proceed with the procedure.

The center further described the professional qualifications of its staff. Nurses and advocates receive specialized training in responding to sexual assault, including working with law enforcement, preparing reports for use in District Attorney prosecutions, and collaborating with pediatric and medical professionals when necessary. Forensic examinations are conducted at a local hospital emergency department that functions as a designated SANE site. Victim advocates, provided under contract, accompany individuals before, during, and after forensic examinations. They also assist with arranging follow-up services, coordinating closely with facility mental health staff to ensure continuity of care. The center indicated that it offers multiple access points for confidential communication. Inmates may contact the agency via a confidential, toll-free hotline number (1-800-639-4357) or by dialing a special inmate-friendly code (*661) from facility telephones. Advocates also provide a secure mailing address for written correspondence and offer in-person counseling in a private, confidential setting. Follow-up counseling is arranged through collaboration with the facility's mental health services, ensuring that supportive care extends beyond the initial examination without shifting financial

responsibility to the inmate. All services, including advocacy and counseling, are provided at no cost to the individual in custody.

USA Freestanding ER - Forensic medical examinations are conducted at USA Freestanding ER, located at 181 Hillcrest Road, Mobile, Alabama, 36608, which serves as the designated SANE facility for the facility's jurisdiction. Within the prior 12-month period, one full forensic examination was completed by a SANE-certified professional at this location. The service is arranged through a coordinated process in which the facility initiates the transport, and the center dispatches SANE staff to meet the individual directly at the facility or at the hospital, depending on local protocols.

SAFE/SANE Medical Personnel - Interviews with SAFE/SANE medical personnel confirmed that all forensic examinations are carried out at USA Freestanding ER in Mobile, Alabama, which maintains a dedicated SANE unit. SANE staff are reached through an established on-call schedule, ensuring that a qualified clinician is available whenever a sexual abuse allegation arises. Individuals are transported to the facility, where SANE personnel are waiting to conduct the examination in a private, trauma-informed manner. These services are provided at no cost to the inmate, and under no circumstances is the inmate held financially responsible for the cost of the exam or related care.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	400
15. Average daily population for the past 12 months:	198
16. Number of inmate/resident/detainee housing units:	2

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

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

<p>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>361</p>
<p>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>12</p>
<p>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>4</p>
<p>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>

29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	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:	0
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:	2
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:	0
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

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

As part of the facility's comprehensive Prison Rape Elimination Act (PREA) compliance audit, the Auditor conducted a thorough, structured, and methodical assessment of the institution's ability to identify, document, monitor, and appropriately respond to individuals in custody who may present an elevated risk for sexual abuse or sexual victimization. The evaluation was intentionally multi-layered and incorporated a review of facility records, analysis of population tracking and classification systems, and structured interviews with staff responsible for intake, screening, and classification functions. Together, these elements provided a clear picture of both policy adherence and everyday operational practices related to vulnerable populations.

The assessment focused specifically on groups identified by PREA as requiring heightened awareness and protective consideration. These include individuals who are transgender or intersex; those with physical, cognitive, or developmental disabilities; individuals with visual or hearing impairments; persons with limited English proficiency; individuals detained for civil immigration purposes; and those with a history of sexual victimization. The audit was designed not only to determine whether such individuals were present during the audit period but also to evaluate whether institutional policies, documentation practices, and staff readiness were sufficient to ensure their identification, protection, and appropriate accommodation in the event they were admitted.

During the on-site portion of the audit, the Auditor identified inmates who were transgender, visually impaired, and physically disabled. No individuals were identified in the remaining categories (e.g., hearing-impaired, limited-English-proficient, those detained for civil immigration, or those with documented histories of sexual victimization beyond the general PREA screening pool). These findings were validated through a cross-referenced

review of intake screening forms, classification and housing records, population rosters, and follow-up verification interviews with intake and classification staff. All data sources were consistent and well-aligned, reflecting accurate and reliable identification of individuals who may be at heightened risk. Records were complete, clearly organized, and readily accessible, which facilitated efficient verification and review. To further assess the effectiveness of these processes, the Auditor interviewed 14 individuals from identified vulnerable categories.

The facility's Standard Operating Procedures explicitly address protections for these groups, including requirements for initial PREA risk screening, safety-driven housing decisions, prompt access to medical and mental health services, and ongoing staff training focused on awareness, sensitivity, and trauma-informed care. The Auditor observed that these procedures are not confined to written policy but are actively integrated into daily operations, contributing to a consistent, sustainable culture of safety and accountability. Staff demonstrated both familiarity with the agency's protective expectations and the practical skills to apply them in real-time situations, including appropriate housing arrangements, privacy protections, and timely referrals to clinical services when vulnerabilities were disclosed.

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>79</p>

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	<p>21</p>
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	<p>The facility reported that they had 21 contractors, 79 volunteers and 105 staff. The Auditor reviewed a sample of training documentation for 36 volunteers, 21 medical and mental health contractors and 50 staff. The facility provided documentation for review that each individual had received PREA training in the past 12 months.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>13</p>
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	To safeguard the integrity and fairness of the random selection process, the Auditor used alphabetical housing unit rosters as the primary sampling frame. Inmates were drawn from multiple housing units, ensuring that the interviews spanned different sections of the facility and captured a representative cross-section of the incarcerated population. Particular attention was given to demographic factors such as age, race, and ethnicity, so that the selected group reflected the diversity of the overall inmate population. This approach enhanced the reliability and validity of the audit findings by providing a balanced, inclusive sample of inmate experiences across different housing areas and backgrounds.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>On the first day of the on-site audit, the institutional population consisted of 361 inmates. In accordance with the guidance outlined in the PREA Auditor Handbook, a population of this size required a minimum of 26 inmate interviews, composed of 13 randomly selected individuals and 13 targeted inmates identified as potentially vulnerable or at heightened risk for sexual abuse or victimization.</p> <p>To safeguard the integrity and fairness of the random selection process, the Auditor used alphabetical housing unit rosters as the primary sampling frame. Inmates were drawn from multiple housing units, ensuring that the interviews spanned different sections of the facility and captured a representative cross-section of the incarcerated population. Particular attention was given to demographic factors such as age, race, and ethnicity, so that the selected group reflected the diversity of the overall inmate population. This approach enhanced the reliability and validity of the audit findings by providing a balanced, inclusive sample of inmate experiences across different housing areas and backgrounds. The method further underscored the facility's commitment to transparency, inclusivity, and compliance with PREA standards. By ensuring that interviews were conducted equitably and that the voices of inmates from a range of circumstances and identities were included in the assessment, the process supported a comprehensive and balanced evaluation of the institution's practices and conditions.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>14</p>

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

<p>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>8</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>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>During the on-site audit, no inmates in this targeted category were assigned to the facility. This was confirmed through the IPCM, the inmate roster, observations during the facility tour and conversations with medical and mental health practitioners.</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>4</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>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>During the on-site audit, no inmates in this targeted category were assigned to the facility. This was confirmed through the IPCM, the inmate roster, observations during the facility tour and conversations with medical and mental health practitioners.</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>During the on-site audit, no inmates in this targeted category were assigned to the facility. This was confirmed through the IPCM, the inmate roster, observations during the facility tour and conversations with medical and mental health practitioners.</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>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>During the on-site audit, no inmates in this targeted category were assigned to the facility. This was confirmed through the IPCM, the inmate roster, observations during the facility tour and conversations with medical and mental health practitioners.</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>2</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>During the on-site audit, no inmates in this targeted category were assigned to the facility. This was confirmed through the IPCM, the inmate roster, observations during the facility tour and conversations with medical and mental health practitioners.</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>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>During the on-site audit, no inmates in this targeted category were assigned to the facility. This was confirmed through the IPCM, the inmate roster, observations during the facility tour and conversations with medical and mental health practitioners.</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>During the on-site audit, no inmates in this targeted category were assigned to the facility. This was confirmed through the IPCM, the inmate roster, observations during the facility tour and conversations with medical and mental health practitioners.</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>On the first day of the on-site Prison Rape Elimination Act (PREA) audit, the facility reported an institutional population of 361 inmates. In accordance with the requirements set forth in the PREA Auditor Handbook, a facility of this size is expected to conduct a minimum of 26 inmate interviews as part of the comprehensive review process. This minimum sample includes 13 randomly selected inmates, chosen to ensure a representative cross-section of the general population, and 13 targeted inmates drawn from categories identified by PREA as being at heightened risk for sexual abuse or victimization.</p> <p>During the audit, the Auditor conducted interviews with 13 randomly selected inmates and 14 targeted inmates, exceeding the handbook’s minimum expectation. The targeted individuals were drawn from groups that PREA defines as requiring heightened protective awareness, including those identified as vulnerable due to specific health, status, or situational factors. By including both randomly selected and purposefully selected participants, the interview process was designed to capture a broad and balanced perspective on inmate experiences, perceptions of safety, and awareness of PREA protections while ensuring that the voices of potentially vulnerable individuals were specifically included.</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):

When selecting and interviewing random staff during the audit, a deliberate effort was made to ensure a representative cross-section of personnel from different shifts, departments, and functional roles within the facility. This approach was designed to capture a range of viewpoints on PREA-related practices and on the institution's overall safety culture. The selection aimed to include staff with varying lengths of service, different job functions—such as custody, medical, and support positions—and differing levels of day-to-day interaction with individuals in custody, so that the resulting feedback would reflect the diversity of the workforce. Throughout the interview process, staff demonstrated a solid understanding of PREA policies, reporting procedures, and their individual responsibilities for preventing and responding to sexual abuse and harassment. Interview scheduling proceeded smoothly, with no significant obstacles to arranging or conducting sessions, and staff were generally cooperative, responsive, and willing to share candid observations. Their openness provided valuable insight into how PREA expectations are integrated into daily operations and reinforced the impression that staff take their roles in maintaining a safe, respectful environment seriously. Overall, the random staff interviews contributed meaningfully to the compliance assessment by offering a broad, authentic view of how PREA standards are implemented in practice across the facility's workforce. The consistency of understanding and willingness to engage underscored a workplace culture aligned with PREA principles and supported the conclusion that the institution is effectively operationalizing its sexual abuse prevention and response framework.

Specialized Staff, Volunteers, and Contractor Interviews

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

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

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

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

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

b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)

Security/detention

Education/programming

Medical/dental

Food service

Maintenance/construction

Other

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

When selecting and interviewing specialized staff during the audit, particular attention was given to including individuals whose roles are directly connected to PREA compliance and to the prevention, detection, and response to sexual abuse. This group typically included the PREA Coordinator, investigators, medical and mental health professionals, case managers, and any staff responsible for training, supervision, or policy implementation related to PREA standards. The selection process was deliberate and focused, designed to obtain detailed information about specialized procedures, data management practices, and interdisciplinary coordination efforts. These interviews provided a deeper understanding of how the facility translates PREA policies into concrete practices—how it conducts thorough investigations, supports victims, and sustains ongoing staff education and training. Interviewing specialized staff revealed a high level of expertise and professionalism, with individuals clearly articulating their responsibilities, decision-making processes, and the resources available to support people in custody. No significant obstacles were encountered during these interviews, and the openness, responsiveness, and evident commitment of specialized staff reinforced confidence in the facility’s ability to manage PREA-related matters effectively. In summary, the targeted interviews with specialized personnel were integral to verifying the facility’s comprehensive approach to PREA compliance and demonstrated the agency’s ongoing commitment to maintaining a safe, accountable, and responsive correctional environment.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

During the on-site phase of the Prison Rape Elimination Act (PREA) audit, the Auditor conducted a comprehensive and unrestricted tour of the facility, which provided a firsthand opportunity to assess the physical plant, operational practices, and overall institutional environment. From the beginning to the conclusion of the tour, staff demonstrated a consistently professional, transparent, and cooperative demeanor. Staff answered questions directly, provided clear explanations, and facilitated prompt access to all relevant areas, which contributed significantly to the depth and accuracy of the Auditor's observations.

The tour spanned the full scope of the facility's operations and housing configurations. It included general population housing units, as well as specialized units such as segregation, medical observation, and protective custody. The Auditor also visited intake and classification areas, medical and mental health clinics, educational and vocational classrooms, dining halls and food preparation areas, visitation spaces, laundry facilities, indoor and outdoor recreation areas, central control rooms, and administrative offices. Staff assigned to escort duties offered concise, informative descriptions of each area's function, current population levels, staffing patterns, and supervision practices. The Auditor moved through the facility without restriction or delay, allowing for candid, unmediated observations and meaningful engagement.

Particular attention was paid to how the facility's physical layout and daily routines support PREA requirements and protect the safety and dignity of individuals in custody. PREA-related signage was prominently displayed throughout housing units and common areas, consistently reinforcing the institution's zero-tolerance stance on sexual abuse and harassment. Informational posters and notices clearly outlined reporting options, available internal and external resources, and the rights of individuals in custody under

PREA. These materials were written in plain language and presented in English as well as in other languages reflective of the facility's population, which helped ensure broad comprehension and accessibility.

The Auditor closely examined the facility's reporting mechanisms and found them to be clearly marked, fully functional, and easy to access. Dedicated telephones designated for reporting sexual abuse were operational and prominently identified, often placed in secure but visible locations. Adjacent signage explained anonymous reporting, third-party reporting, and how to contact external support services, using straightforward language that was easy to follow. Grievance forms and secure drop boxes were strategically positioned in housing units and common areas, allowing individuals in custody to submit reports discreetly and without immediate supervision. Hotline information was posted in high-visibility locations—near telephones, restrooms, housing units, and recreation areas—ensuring that individuals could access reporting resources at any time, regardless of where they were in the facility.

The condition of the physical environment was also carefully evaluated. Housing units and common areas were well maintained, orderly, and visibly clean, with adequate lighting in both shared spaces and resident areas. Restrooms and showers incorporated appropriate privacy features to prevent cross-gender viewing while still permitting effective supervision. Mirrors, cameras, and staff sightlines were positioned to balance the need for privacy with security considerations, consistent with PREA Standard §115.15. These design choices reflected a deliberate effort to uphold personal dignity while maintaining safe, observable environments.

Throughout the tour, the Auditor engaged in informal, conversational exchanges with both staff and individuals in custody. These interactions provided valuable insight into the day-to-day operation of the facility and the

overall level of PREA awareness among those present. Staff consistently demonstrated a clear understanding of their responsibilities for preventing, detecting, and responding to sexual abuse and harassment. They described reporting channels, investigation procedures, and response protocols with accuracy and confidence. Individuals in custody similarly expressed a solid understanding of their rights under PREA, identified multiple avenues for reporting concerns, and indicated that they felt able to report abuse without fear of retaliation.

Overall, the facility presented as secure, clean, and well-managed. The condition of the physical plant, along with adequate lighting, cleanliness, and thoughtful privacy safeguards, conveyed a commitment to safety, respect, and accountability. The unrestricted access granted to the Auditor, combined with knowledgeable and cooperative staff and informed individuals in custody, demonstrated that PREA principles are integrated into routine operations. Collectively, these observations support the conclusion that the facility maintains an environment that promotes safety, personal dignity, and sustained compliance with PREA standards.

Documentation Sampling

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

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

- Yes
- No

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

Personnel and Training Records

The Auditor conducted an in-depth review of 105-staff personnel files to verify compliance with PREA hiring and employment standards. Each file contained comprehensive documentation, including initial criminal background checks, verification of employment eligibility, and administrative adjudication forms where applicable. The facility demonstrated adherence to ongoing monitoring protocols by conducting annual background checks, which are routinely completed in tandem with annual firearm range qualifications for applicable staff. Training records for staff members were reviewed 50 staff training records were reviewed. All records had a signed PREA Acknowledgment for PREA training completion within their record. Each training file included documentation of completed PREA training, reaffirmed annually. The records contained signed acknowledgments confirming that staff had been trained on the facility's zero-tolerance policy, reporting procedures, professional boundaries, and the specific requirements for conducting cross-gender searches in a manner that maintains individual dignity. These records affirm that staff members have received current and relevant instruction necessary to uphold a safe and respectful environment for individuals in custody.

Inmate Records

A random selection of 46-inmate files, representing admissions throughout the past twelve months, was reviewed to assess compliance with initial PREA education requirements. All files included a signed acknowledgment of PREA education, documentation confirming the receipt of the facility orientation handbook and the PREA informational brochure, and confirmation that each individual had viewed the facility's PREA education video. Interviews and documentation confirmed that all 46-inmates had received their PREA education during the intake process, consistent with agency policy

and standard requirements.

Risk Assessments and Reassessments

To evaluate the facility's adherence to PREA screening protocols, the Auditor reviewed 47 randomly selected inmate records. Each file demonstrated that the individual had received an initial risk assessment within 72 hours of arrival at the facility. Additionally, every record documented a follow-up reassessment conducted within the 30-day window, in alignment with PREA Standard §115.41. The thoroughness and consistency of these records confirmed the facility's commitment to identify individuals who may be at risk for victimization or who may pose a risk to others, and to ensuring timely reassessment as required.

Grievances

According to information provided in the Pre-Audit Questionnaire (PAQ) and confirmed through interviews with the PREA Compliance Manager (PCM), there were no grievances filed related to allegations of sexual abuse or harassment during the twelve-month review period.

Incident Reports

Documentation and staff interviews indicated that the facility had two allegations of sexual abuse and no allegations of sexual harassment within the past year. The auditor reviewed both of the incident reports.

Investigation Records

Documentation and staff interviews indicated that the facility recorded two allegations of sexual abuse and zero allegations of sexual harassment within the past year. The auditor reviewed both PREA investigative files from the past 12 months. All required paperwork was in order. All timelines had been met.

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	1	1	0	0
Staff-on-inmate sexual abuse	1	1	0	0
Total	2	2	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	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	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	1	0	0
Staff-on-inmate sexual abuse	0	1	0	0
Total	0	2	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	0	0	0	0	0
Total	0	0	0	0	0

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

2

<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>1</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input 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>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no sexual harassment allegations in the past 12 months.</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 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 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>0</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 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>Staff-on-inmate sexual harassment investigation files</p>	
<p>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT 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 harassment investigation files)</p>
<p>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT 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 harassment investigation files)</p>
<p>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The auditor reviewed every PREA allegation investigative file from the past 12 months.</p>

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

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To evaluate compliance with PREA Standard §115.11, the Auditor conducted a thorough examination of documentation provided by the Alabama Department of Corrections (ADOC) before and during the on-site audit. Key materials included the completed Pre-Audit Questionnaire (PAQ) with supporting exhibits, ADOC Administrative Regulation (AR) #454 - Operations & Legal: Inmate Sexual Abuse and Harassment (effective May 29, 2025), the ADOC Inmate Awareness Pamphlet (available in English and Spanish), the Male Inmate Handbook (dated September 25, 2017), and the agency organizational chart.</p> <p>Additional records verified the qualifications and specialized training of the PREA Director and Institutional PREA Compliance Managers (IPCMs). These documents collectively outlined ADOC's organizational framework for PREA implementation, demonstrating clear authority structures, defined responsibilities, and consistent oversight mechanisms across all facilities. The materials confirmed that PREA</p>

leadership roles are positioned to ensure effective coordination, monitoring, and enforcement of zero-tolerance policies statewide.

INTERVIEWS

Institutional PREA Compliance Manager (IPCM)

The IPCM at this facility, a Senior Correctional Officer, confirmed that the role receives dedicated time for PREA responsibilities without conflict from other duties. The position is supported by facility leadership and agency oversight, providing necessary authority and resources to address compliance issues promptly. The IPCM described routine coordination with the ADOC Investigation Division or Office of the Inspector General (OIG), which provides supervisory independence from facility command and ensures objectivity in compliance monitoring.

Agency PREA Director

The Agency PREA Director emphasized ADOC's zero-tolerance foundation, noting their executive-level position enables direct access to agency leadership and statewide coordination. The Director personally oversees training for all newly appointed IPCMs and maintains regular communication through site visits, calls, and emails to ensure consistent policy application. This structure supports facility-level accountability while allowing the Director to monitor compliance across 26 facilities, each with designated primary and backup IPCMs.

PROVISIONS

Provision (a) - Zero-Tolerance Policy Commitment

Agency documentation clearly articulates a zero-tolerance policy toward all forms of sexual abuse, harassment, and misconduct. AR #454 (Section II, p. 1) explicitly prohibits such behaviors in all circumstances—whether involving staff and inmates or inmate-on-inmate conduct, coerced or consensual. Section III provides detailed definitions of prohibited actions, allegation categories (substantiated, unsubstantiated, unfounded), and corresponding sanctions.

The policy outlines prevention measures, reporting requirements, staff responsibilities, and response procedures, ensuring comprehensive coverage aligned with PREA standards. Supporting materials like the Male Inmate Handbook reinforce these expectations for inmates, promoting awareness of rights, reporting options, and disciplinary consequences.

Relevant Policy: AR #454, Section III (Definitions and Acronyms), pp. 1-5

Provision (b) - PREA Director Authority and Responsibilities

The PAQ and organizational chart confirm the PREA Director holds a senior Director-level position with authority designated by the ADOC Commissioner. This role oversees development of procedures to prevent, detect, monitor, and track sexual abuse and harassment statewide, including statistics maintenance and compliance

audits. The Director coordinates with Wardens, Associate Commissioners, Legal Division, and other key offices to ensure uniform implementation.

AR #454 details responsibilities across agency levels, from the Commissioner through specialized divisions (e.g., Law Enforcement Services, Health Services, Classification, Training) to facility staff, contractors, volunteers, and inmates. This comprehensive framework positions the PREA Director to dedicate sufficient time and resources to statewide compliance while supporting 26 IPCMs and backups at individual facilities.

Relevant Policy:

AR #454, pp. 1-2, Section III, item K

AR #454, pp. 5-12, Section VI (Responsibilities)

AR #454, pp. 7-8, Section E (PREA Director Duties), items 1-12

Provision (c) - Institutional PREA Compliance Manager Designation

Every ADOC facility designates an IPCM, with this site's IPCM serving as a Senior Correctional Officer supervised by the ADOC Investigation Division or OIG rather than facility command. This independent reporting line enhances objectivity and consistency. AR #454 grants IPCMs authority to coordinate local procedures for prohibiting, identifying, monitoring, and tracking sexual abuse, maintaining statistics, and conducting internal audits to verify compliance.

The structure ensures IPCMs have adequate time, support, and autonomy to fulfill duties without secondary assignments compromising focus.

Relevant Policy: AR #454, pp. 1-2, Section III, item H

CONCLUSION

The review of policies, organizational documentation, and interviews with the Agency PREA Director and IPCM confirms that ADOC fully complies with PREA Standard §115.11. The PREA Director's executive positioning provides statewide authority and resources, while facility IPCMs receive independent oversight and dedicated support to implement standards locally.

This dual-level structure upholds the agency's zero-tolerance policy through clear definitions, defined responsibilities across all personnel levels, and consistent monitoring mechanisms. The framework demonstrates sustained commitment to sexual safety, accountability, and effective PREA coordination at both agency and institutional levels.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.12, the Auditor conducted a systematic review of documentation provided by the Alabama Department of Corrections (ADOC). The evaluation focused on verifying that PREA requirements are explicitly incorporated into contracts for inmate confinement by external entities and that enforceable oversight mechanisms are in place.

Key materials included the facility's completed Pre-Audit Questionnaire (PAQ) with supporting records, ADOC Administrative Regulation (AR) #454 - Operations & Legal: Inmate Sexual Abuse and Harassment (effective May 29, 2025), and ADOC Contract C210052136 with GEO Reentry, Inc., renewed December 1, 2025 (third renewal). These documents established that ADOC maintains a structured contractual framework requiring all confinement providers to adhere to federal PREA standards, with clear monitoring and enforcement provisions.

INTERVIEWS

Agency Contract Administrator

The Agency Contract Administrator described ADOC's rigorous approach to contracting, noting that PREA compliance is a mandatory prerequisite for all confinement agreements with private providers and county facilities. Contracts are not finalized until prospective vendors demonstrate capacity to meet PREA standards fully. The Administrator confirmed that executed agreements include detailed PREA clauses outlining vendor responsibilities, reporting requirements, and ADOC's audit and monitoring authority. Ongoing oversight involves documentation reviews, site visits, and performance evaluations to maintain uniform standards across agency and contracted settings.

PROVISIONS

Provision (a) - PREA Compliance Contract Language

The PAQ verified that ADOC requires all confinement contracts to contain explicit PREA compliance language. AR #454, Section D (p. 6) assigns the ADOC General Counsel responsibility for ensuring these provisions are included, with ongoing monitoring authority.

Contract C210052136 (Section 3.39) includes a comprehensive PREA clause referencing Alabama Code §14-11-31 and 28 C.F.R. Part 115. It affirms ADOC's zero-tolerance policy, mandates full PREA compliance, requires immediate reporting of allegations to facility leadership and the PREA Director/Contract Monitor, and grants unrestricted access to records for the PREA Contract Monitor. Contractors must provide PREA training to all employees, agents, and subcontractors and submit independent DOJ-certified PREA audit reports.

Relevant Policy: ADOC AR #454, IV Responsibilities, D, p. 6

Provision (b) - Contract Monitoring Authority

	<p>Contracts authorize ADOC to conduct ongoing reviews of contractor policies, procedures, and PREA performance. Providers must notify ADOC immediately of any PREA allegations and submit complete documentation, including incident reports, investigations, and outcomes, to the designated PREA Coordinator.</p> <p>This structure ensures continuous verification rather than one-time compliance. ADOC retains authority to audit records, assess operations, and require corrective actions, maintaining visibility into contracted performance and enabling prompt response to deficiencies.</p> <p>CONCLUSION</p> <p>The review of contracts, administrative regulations, PAQ documentation, and Agency Contract Administrator interviews confirms ADOC’s full compliance with PREA Standard §115.12.</p> <p>The agency embeds PREA requirements into all confinement contracts through explicit language and enforceable monitoring provisions. This systematic approach ensures contracted entities maintain equivalent standards of prevention, reporting, investigation, and accountability as ADOC facilities, demonstrating sustained commitment to inmate safety and dignity across all confinement settings.</p>
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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, the facility provided a complete set of documentation through the Pre-Audit Questionnaire (PAQ), offering clear insight into its staffing methodology, supervision practices, and monitoring systems. The Auditor reviewed ADOC Administrative Regulation (AR) #454 - Operations & Legal: Inmate Sexual Abuse and Harassment (effective May 29, 2025), along with facility-specific records including the Annual PREA Staffing Plan Review (ADOC Form 454-J), Log of Unannounced Rounds (ADOC Form 454-K), staffing deviation logs, facility blueprints, the Facility Vulnerability Assessment Form, Facility Staffing Plan Checklist, and current Facility Staffing Plan.</p> <p>These materials demonstrated a consistent approach to staffing analysis and operational oversight, providing a solid basis for evaluating compliance with PREA Standard §115.13.</p> <p>Observations</p> <p>During the on-site audit, the Auditor conducted unannounced reviews of housing unit</p>

logbooks and supervisory records across multiple shifts. These examinations confirmed regular entries documenting rounds by intermediate- and higher-level supervisors, verifying consistent implementation of unannounced monitoring. Documentation was accurate, timely, and aligned with agency requirements.

Supervisors were observed actively patrolling housing and program areas, engaging with staff and inmates, reviewing logs, and assessing conditions. Their steady presence reflected an established practice of accountability and direct oversight.

Interviews

Facility Head

The Facility Head described staffing as directly linked to maintaining safety and program access. With a workforce of 79 employees (including 9 recent hires), staffing aligns with operational demands and inmate schedules. Video monitoring expansion has improved visibility, while physical layout considerations guide staff deployment. No programs were suspended due to staffing shortages in the past year.

Institutional PREA Compliance Manager (IPCM)

The IPCM confirmed active involvement in staffing oversight, evaluating impacts on inmate services and ensuring video system functionality. The IPCM participates in annual staffing plan reviews, analyzing supervision patterns, camera coverage, and vulnerabilities to sustain compliance.

Intermediate- or Higher-Level Supervisory Staff

Supervisors explained that unannounced rounds occur across all shifts with deliberate unpredictability to assess genuine operations. These rounds provide real-time guidance and oversight. Logbook reviews confirmed consistent documentation and policy adherence.

Random Staff

Line staff reported regular supervisory rounds, logbook reviews, and visible presence. They understood the prohibition against advance notice, which is consistently enforced. Observations during the audit corroborated these accounts.

Random Inmates

Inmates noted frequent supervisor visibility, including the IPCM, describing staff as approachable and responsive. This presence contributed to a sense of accountability and safety.

Provisions

Provision (a) - Formal Staffing Plan Development

The PAQ confirmed an annually reviewed staffing plan based on an average daily population of 300 inmates, addressing all 13 PREA-required elements. Current shift

schedules verified consistent mandatory post coverage.

AR #454 requires Wardens to develop compliant plans with PREA Director review using Form 454-J. SOP Procedure C-67 outlines staffing requirements and post closure protocols. The plan effectively matched actual population levels observed during the audit.

Relevant Policy:

AR #454, IV.H.10, p. 9

AR #454, V.E.3, p. 19

Provision (b) - Staffing Plan Implementation and Deviations

The staffing plan prioritizes mandatory posts for a 300-inmate population. Vacancies are addressed through overtime or reassignment from non-essential areas, with Watch Commander documentation. Deviation logs identified common causes (staff shortages, hospital escorts) but confirmed no program suspensions.

Relevant Policy:

AR #454, IV.H.11, p. 9

AR #454, V.E.3, p. 19

Provision (c) - Annual Staffing Plan Review Process

Annual reviews incorporate executive leadership and IPCM input, assessing supervision patterns, camera coverage, staffing levels, and facility modifications. Mandatory posts remained staffed, with operational video monitoring and security mirrors.

Form 454-J submissions to the PREA Director were current. Internal audits recommend staffing or technology improvements, involving the PREA Director, Warden, IPCM, and Captain.

Relevant Policy:

AR #454, IV.H.1-13, pp. 8-10

AR #454, V.E.2, p. 19

Provision (d) - Unannounced Supervisory Rounds

Supervisors conduct unannounced rounds across all shifts in housing and program areas, documented in Shift Reports and Form 454-G (date, time, supervisor). PREA hotline checks occur each shift. Log reviews confirmed consistent entries.

Supervisors were observed during rounds interacting professionally. Staff understood the no-notice prohibition, consistently enforced.

Relevant Policy:

	<p>AR #454, IV.H.1-13, pp. 8-10 AR #454, V.E.4, p. 20</p> <p>Conclusion</p> <p>Documentation, staffing records, supervision logs, interviews, and on-site observations confirm compliance with PREA Standard §115.13.</p> <p>The facility maintains an annually reviewed staffing plan, tracks deviations without program disruption, employs effective video monitoring, and executes consistent unannounced rounds. These practices establish reliable supervision supporting prevention and accountability.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>Prior to the on-site audit, the facility submitted a completed Pre-Audit Questionnaire (PAQ) along with supporting documentation for review. Among the documents examined was the Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations & Legal: Inmate Sexual Abuse and Harassment, dated May 29, 2025. This regulation outlines the Department’s zero-tolerance policy toward sexual abuse and harassment and provides the framework for implementing and enforcing PREA standards throughout all facilities.</p> <p>OBSERVATIONS</p> <p>During the on-site tour, the Auditor personally verified that there were no youthful inmates housed at the facility. The review included an examination of housing units, intake areas, and classification records. Facility rosters and daily population lists were also reviewed to confirm the ages of all incarcerated individuals. No inmates with birthdates later than 2007 were identified, confirming that the facility does not house youthful inmates.</p> <p>The overall layout and population observed during the tour were consistent with an adult correctional environment. There were no physical areas or operational indicators suggesting the presence of youthful inmates.</p> <p>INTERVIEWS</p> <p>Institutional PREA Compliance Manager (IPCM)</p>

The IPCM confirmed during both formal and informal interviews that the facility does not house youthful inmates. The IPCM provided the memorandum of non-occurrence and verified that classification procedures, intake processes, and system data are continuously monitored to ensure no youthful inmate is assigned to the facility. The IPCM explained that should a youthful inmate ever be received in error, immediate notification would be made to ADOC central office for reassignment to an appropriate facility in accordance with PREA and departmental policy.

Facility Head

The Facility Head reaffirmed that the facility is designated exclusively for adult inmates and that no youthful inmates are accepted for intake or transfer. During interviews, the Facility Head described the facility's classification and intake verification process, which includes reviewing each individual's date of birth before assignment. The Facility Head also emphasized that, in alignment with ADOC AR #454, the facility's population management protocols are designed to ensure that youthful inmates are never housed in contact with adult offenders.

Youthful Inmates

Because the facility does not house youthful inmates, no interviews were conducted with individuals from this population group. The absence of youthful inmates was confirmed through documentation, interviews, and direct observation during the on-site audit.

PROVISIONS

Provision (a):

The Pre-Audit Questionnaire indicated that the facility does not house youthful inmates, and this information was verified during the on-site audit. A review of the inmate roster confirmed that there were no individuals with birthdates later than 2007. This was verified by the Facility Head

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

Provision (b):

This provision is not applicable. The facility does not house youthful inmates, and therefore the requirements related to sight and sound separation are not relevant to this facility's operation.

Provision (c):

This provision is also not applicable. Since the facility does not house youthful inmates, the requirements concerning the supervision, housing, or daily management of this population do not apply.

CONCLUSION

Based on the comprehensive review of the Pre-Audit Questionnaire, supporting documentation, staff interviews, and on-site observations, the Auditor concludes that the facility is in full compliance with PREA Standard §115.14.

	<p>The facility does not house youthful inmates, and all evidence reviewed—both documentary and observational—confirms that this population is not present within the institution. The processes for intake classification, roster verification, and population monitoring ensure that youthful inmates are not received or housed at the facility. The Facility Head and Institutional PREA Compliance Manager demonstrated clear understanding of the applicable standards and described well-established procedures for immediate corrective action should a youthful inmate ever be mistakenly assigned.</p> <p>In conclusion, the facility’s documentation, operational practices, and interviews collectively demonstrate compliance with the intent and requirements of PREA Standard §115.14, ensuring that youthful inmates are never placed in a setting where contact with adult offenders could occur.</p>
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115.15	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review</p> <p>The facility provided thorough documentation through the Pre-Audit Questionnaire (PAQ), outlining policies and training for cross-gender viewing and search limitations. The Auditor reviewed ADOC Administrative Regulation (AR) #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), AR #336 - Searches (dated February 8, 2016), and Limestone Correctional Facility SOP C-2 - Searches (effective February 9, 2022). These policies prohibit cross-gender strip and visual body cavity searches except in specific circumstances, with clear documentation and medical requirements.</p> <p>ADOC Form 302-A (Incident Report) and staff training records confirmed instruction on cross-gender, transgender, and intersex procedures, emphasizing gender-appropriate and trauma-informed practices.</p> <p>Observations</p> <p>During the on-site audit, opposite-gender staff consistently announced their presence before entering housing units, restrooms, and shower areas. The population included primarily cisgender male inmates and two transgender individuals, verifying active cross-gender supervision procedures. Shower, changing, and restroom privacy was maintained through screening, with professional staff interactions throughout.</p> <p>Interviews</p> <p>Facility Leadership and Specialized Staff</p> <p>The Facility Head and leadership confirmed prohibition of cross-gender strip/visual</p>

body cavity searches except in exigent circumstances requiring Facility Head authorization and medical execution. All instances require ADOC Form 302-A documentation.

Non-Medical Security Staff

Security staff verified no cross-gender strip/visual body cavity searches occur. Medical personnel handle rare emergencies per policy.

Random Staff Interviews

Fifteen staff confirmed no cross-gender searches conducted or observed, with same-gender availability. Training addresses transgender/intersex accommodations, including separate shower times when needed.

Transgender Inmate Interviews

Both transgender inmates reported respectful treatment, no genital status searches, and appropriate shower/privacy accommodations.

Random Inmate Interviews

Random inmates confirmed no cross-gender strip/visual body cavity searches. Opposite-gender staff announce presence; shower/dressing/restroom privacy is maintained.

Provision (a) - Cross-Gender Strip/Visual Body Cavity Search Limits

No cross-gender strip or visual body cavity searches occur. Documentation, interviews, and incident records confirm staff understanding of prohibitions except for exigent medical circumstances.

AR #454 prohibits such searches except in limited cases; AR #336 requires documentation.

Relevant Policies:

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

Provision (b) - Female Inmate Search Requirements

No female inmates are housed, making this provision inapplicable.

Provision (c) - Exigent Circumstance Authorization

Exigent cross-gender searches require Facility Head authorization and medical personnel, documented via ADOC Form 302-A.

Relevant Policy:

	<p>AR #336, p. 5, No. 4 AR #336, p. 6, No. 11 Provision (d) – Shower, Changing, Restroom Privacy</p> <p>Inmates use showers, change clothing, and access restrooms without opposite-gender viewing except incidental to security. Staff consistently announce presence.</p> <p>AR #454 requires privacy safeguards and announcements, consistently practiced.</p> <p>Relevant Policy: AR #454, Section V.F., p. 20</p> <p>Provisions (e)-(f) - No Longer Applicable</p> <p>These provisions do not apply to current compliance.</p> <p>Conclusion</p> <p>Documentation, interviews, and observations confirm full compliance with PREA Standard §115.15.</p> <p>Policies prohibit cross-gender strip/visual body cavity searches with proper medical exceptions. Privacy during personal activities is maintained through announcements and screening. Uniform staff and inmate reports demonstrate consistent professional practices upholding dignity and PREA standards.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review</p> <p>The facility submitted complete documentation through the Pre-Audit Questionnaire (PAQ), demonstrating its approach to PREA Standard §115.16. The Auditor reviewed ADOC Administrative Regulation (AR) #454 - Operations & Legal: Inmate Sexual Abuse and Harassment (effective May 29, 2025), establishing the agency's zero-tolerance policy and PREA framework.</p> <p>Key materials included a Memorandum of Understanding (MOU) with the Alabama Institute for the Deaf and Blind for certified interpreters and adaptive communication aids, PREA acknowledgment forms modified for visual, hearing, or cognitive impairments, simplified materials for lower-functioning inmates, and Google Translate protocols for limited English proficiency (LEP). These resources confirmed structured accommodations ensuring PREA information reaches all inmates.</p> <p>Observations</p>

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

Interviews

Facility Head

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

Random Staff

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

Inmates with Disabilities

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

LEP Inmates

No inmates with limited English proficiency were housed during the audit period.

Provisions

Provision (a) - Equal PREA Access for All Inmates

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

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

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

Provision (b) - Effective Communication Methods

Adaptations include bilingual English/Spanish materials and closed-caption videos for

	<p>hearing impairments; visual/auditory options for sight/sound challenges; simplified text, audio read-alouds, and video breakdowns for cognitive/literacy needs. An ADA Coordinator oversees implementation and staff training.</p> <p>AR #454 mandates accessible delivery covering prevention, self-protection, reporting, response, and care options. Records confirmed complete implementation.</p> <p>Relevant Policy:</p> <p>AR #454, V.A.5.a-e, pp. 14-15 AR #454, V.A.5.b.1-6, pp. 15</p> <p>Provision (c) - Prohibition on Inmate Interpreters</p> <p>No instances occurred in the past year of using inmate interpreters, readers, or aides for PREA matters. Staff interviews confirmed consistent adherence to policy prohibiting inmate substitutes.</p> <p>Relevant Policy: AR #454, V.L.1-2, p. 31</p> <p>Conclusion</p> <p>Documentation, observations, and interviews confirm full compliance with PREA Standard §115.16.</p> <p>The facility provides equivalent PREA education, materials, and reporting access through professional interpreters, adaptive formats, and trained staff. No LEP inmates were present, and inmates with disabilities reported adequate accommodations. These measures ensure barriers of disability or language do not impede PREA protections.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review</p> <p>The Auditor conducted a thorough review of documentation from the facility and Alabama Department of Corrections (ADOC) to assess compliance with PREA Standard §115.17. The Pre-Audit Questionnaire (PAQ) provided clear information on staffing levels, hiring practices, and screening procedures.</p> <p>Key materials included ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), establishing hiring and promotion standards, and AR #216 – Background Checks (dated January 31, 2025), detailing investigation requirements for employees, contractors, and volunteers. The review</p>

covered personnel files, ADOC Form 216-B (Application and Pre-Employment Questionnaires) requiring disclosure of sexual misconduct history, and contractor records. These documents confirmed consistent screening to exclude individuals with disqualifying backgrounds from inmate-contact positions.

Interviews

Human Resources Administrative Staff

Human Resources staff described a structured screening process for hires, promotions, employees, contractors, and volunteers. Criminal background checks are required before employment or promotion and renewed every five years through a centralized tracking system. Personnel files are reviewed for PREA disclosures, with no offers extended without clearance. Staff must report arrests during employment, and ADOC shares substantiated findings with other agencies when permissible.

Provision (a) - Criminal and Sexual Abuse Screening

The facility employs 79 staff (14 hired in past 12 months), 21 medical contractors, and 74 volunteers with inmate contact. Reviewed files confirmed completed background checks and signed PREA disclosures. AR #454 prohibits hiring/promoting individuals with custodial sexual abuse history, force/coercion convictions, or civil/administrative findings.

Relevant Policy: AR #454, V.A.6.a, p. 15

Provision (b) - Sexual Harassment Allegation Review

Hiring, promotion, and contracting decisions review substantiated and credible sexual harassment allegations. AR #216 mandates this evaluation for inmate-contact positions. Human Resources confirmed consistent application.

Relevant Policy: AR #216, Section V.A, p. 5

Provision (c) - Pre-Employment Background Checks

All 14 recent hires completed criminal background investigations and prior employer inquiries before employment. ADOC Form 216-B documentation verified resignation/investigation checks.

Relevant Policy: AR #454, V.A.6.b, p. 16

Provision (d) - Contractor Background Requirements

One active medical contract required background checks for inmate-contact contractors, renewed every five years. Documentation confirmed compliance and monitoring.

Relevant Policy: AR #454, V.A.6.b, p. 16

Provision (e) - Ongoing Background Rechecks

	<p>Employees and contractors undergo rechecks every five years per AR #454. Human Resources tracking ensures timely renewals.</p> <p>Relevant Policy: AR #454, V.A.6.f, p. 16</p> <p>Provision (f) - Material Omission Disclosure</p> <p>Applicants/employees disclose sexual misconduct, discipline, or convictions via Form 216-B questionnaires and interviews, reaffirmed through training. Reviewed forms were complete and filed properly.</p> <p>Provision (g) - Falsification Consequences</p> <p>Zero-tolerance policy terminates for falsification or omission of sexual misconduct history. Human Resources confirmed enforcement.</p> <p>Relevant Policy: AR #454, V.A.6.b.4, p. 16</p> <p>Provision (h) - Information Sharing with Employers</p> <p>ADOC shares substantiated sexual abuse/harassment information with inquiring agencies when legally permitted. Human Resources handles requests routinely.</p> <p>Relevant Policy: AR #454, V.A.6.b, p. 16</p> <p>Conclusion</p> <p>Documentation, personnel records, and Human Resources interviews confirm full compliance with PREA Standard §115.17.</p> <p>Structured screening excludes disqualified individuals through criminal checks, PREA disclosures, and employer inquiries. Five-year rechecks and falsification consequences maintain integrity. Policies are comprehensive and consistently applied, supporting inmate safety through accountable hiring practices.</p>
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115.18	<p>Upgrades to facilities and technologies</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.18, the Auditor conducted a careful and structured review of all documentation provided 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 (effective January 4, 2016), the foundational policy guiding ADOC's approach to the prevention, detection, and response to sexual abuse and harassment within its</p>
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correctional institutions.

Beyond policy examination, the Auditor analyzed a detailed architectural schematic of the facility that mapped housing configurations, camera placements, and potential areas with limited visibility. This visual information was critical for evaluating the scope of current surveillance coverage and identifying whether any blind spots could undermine inmate safety or staff supervision. Collectively, these materials established a strong basis for determining how effectively the agency integrates physical plant design and technological development into its overall strategy to protect inmates.

OBSERVATIONS

During the on-site audit, the Auditor completed a thorough walkthrough of the entire facility, examining living areas, program spaces, corridors, intake and transitional zones, and other locations where inmate movement or interaction occurs.

Observation confirmed that no significant renovations, new buildings, or structural expansions have taken place since the most recent PREA audit.

Throughout the tour, facility leadership demonstrated how technology serves as a cornerstone of institutional safety. Surveillance cameras are placed in a calculated pattern, providing expansive coverage while respecting boundaries of inmate privacy. Convex mirrors mounted in hallways and junction points extend visibility and help staff maintain awareness of activities in areas where direct oversight might be limited. Together, these tools form an intentional network of observability, designed to deter misconduct and facilitate swift response when intervention is necessary.

INTERVIEWS

Facility Head

The Facility Head described an active, ongoing dedication to reinforcing safety through strategic use and continuous maintenance of surveillance technology. While structural changes have been minimal, attention to improving supervision remains constant. Authorized staff can access live and recorded footage for both real-time monitoring and post-incident review. Areas with potential vulnerability are routinely reassessed, allowing leadership to identify opportunities for future enhancements. The Facility Head expressed confidence that the current technological framework—though modest in scale—serves as an effective shield against possible incidents of sexual abuse or harassment involving inmates.

Agency Head or Designee

The Agency Head's Designee provided an overarching view of how ADOC integrates physical design and technology to fulfill its commitment to inmate safety. Across all facilities, the agency's strategy emphasizes maximum visibility and minimal blind spots, ensuring supervision occurs with respect for gender privacy. The Designee underscored that any future facility modification—whether renovation, expansion, or new construction—is approached with awareness of its impact on monitoring and protection from sexual abuse. Even though this particular site has not undergone recent upgrades, ADOC continues to evaluate how physical plant configuration and

surveillance capability can evolve to meet emerging operational and safety needs.

PROVISIONS

Provision (a): Design Considerations for Sexual Safety

This provision focuses on ensuring that every physical modification, expansion, or new construction project is evaluated through a lens of safety and prevention. According to the Pre-Audit Questionnaire, the facility has not experienced structural changes or acquisition of new buildings since the last audit. Leadership interviews reinforced this finding, confirming that the institution's physical environment has remained stable over the review period.

However, both agency and facility administrators articulated a shared understanding that any future modifications will incorporate preventative design principles—those that promote unobstructed observation, balanced privacy, and reduced risk of sexual abuse. Plans for future renovations will be guided by the agency's core philosophy of integrating environmental awareness with inmate protection.

Provision (b): Evaluating Surveillance Technology and Enhancing Oversight

This provision relates to how the agency adapts technological systems to improve monitoring and investigative capacity. The Pre-Audit Questionnaire documented recent adjustments to the facility's video surveillance network, including upgrades and replacement of outdated cameras. On-site verification confirmed that the system operates effectively and extends coverage throughout the key security and movement areas.

Interviews revealed that surveillance technology is treated as a dynamic resource—constantly evaluated for efficiency, coverage, and the ability to assist with proactive detection and post-incident review. Leadership recognizes that technological advancement is inseparable from safety practice. Every enhancement aims to eliminate blind spots, expand monitoring access, and sharpen both real-time control and evidentiary accuracy during investigations.

CONCLUSION

After reviewing all relevant documentation, observing facility conditions firsthand, and interviewing key leadership at both agency and facility levels, the Auditor concludes that the institution is in full compliance with PREA Standard §115.18.

Although structural upgrades and physical plant modifications have not occurred during the audit cycle, both ADOC and facility leadership exhibit forward-thinking awareness of how environmental and technological design directly influence the prevention of sexual abuse and harassment. The facility's use of cameras, mirrors, and active monitoring procedures demonstrates operational mindfulness and a consistent commitment to protecting inmates through improved supervision and transparency.

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.21, the Auditor conducted a careful and systematic review of all relevant documentation provided by both the facility and the Alabama Department of Corrections (ADOC). The Pre-Audit Questionnaire (PAQ) served as the foundation for this evaluation, setting forth ADOC’s system for the preservation of evidence, the delivery of victim care, access to forensic medical examinations, and coordination with advocacy and crisis intervention providers.

Central to this assessment was ADOC Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment (effective May 29, 2025). This guiding regulation details agency-wide procedures for evidence collection, defines staff responsibilities, and clarifies the interdependent roles of correctional, investigative, and medical professionals. Its design supports thorough response coordination while ensuring compliance with nationally recognized standards. The Auditor also examined AR #300, Investigations, which provides explicit instructions on evidence handling, confidentiality, investigative integrity, and protection of inmate rights during both administrative and criminal inquiries.

To confirm that victim-centered services were consistently accessible, the Auditor reviewed several formal agreements, including the Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR). This MOU guarantees access to Sexual Assault Nurse Examiner (SANE) services across twenty-eight regional rape crisis centers. Additional documentation included the National Protocol for Sexual Assault Medical Forensic Examinations, certification records for SANE-trained professionals, a statewide directory of crisis centers, and a regional agreement with Lighthouse Standing Together Against Rape (STAR). Collectively, these materials demonstrated the existence of a comprehensive, trauma-informed response system—one that ensures prompt evidence preservation, dignified forensic care, and continuous emotional support for inmates through embedded partnerships.

INTERVIEWS

Agency PREA Director

The Agency PREA Director outlined the detailed and standardized process that governs ADOC’s response to allegations of sexual abuse. The Director emphasized that all reports—regardless of severity or origin—trigger immediate administrative investigation and, if evidence of criminal conduct exists, referral for criminal inquiry. The Director described ADOC’s adherence to the National Protocol for Sexual Assault Medical Forensic Examinations as a benchmark for consistent response across the state. In addition, the agency’s procedures were noted as developmentally responsive: while no youthful inmates were present during the audit, policies ensure appropriate accommodations should minors or youthful offenders ever require forensic or emotional support services.

SAFE/SANE Medical Personnel

Medical professionals explained that upon notification from facility staff, the on-call SANE team mobilizes to prepare a private, secure examination space that offers physical comfort, emotional safety, and evidentiary protection. Forensic medical exams are conducted at no cost to inmates, who are never billed for any portion of their care. Advocates remain present throughout the process to explain forensic steps, promote informed consent, and help inmates retain control over their decisions regarding medical treatment or cooperation with investigators. This partnership between clinical and advocacy personnel ensures that each forensic encounter is rooted in respect, compassion, and professionalism.

Institutional PREA Compliance Manager (IPCM)

The IPCM described how the facility's response plan unfolds in real time. Once an allegation is made, staff follow well-rehearsed procedures: immediately separating involved parties, securing the location, and preserving physical evidence. The inmate survivor is directed not to engage in activities that could compromise potential forensic material, such as showering or changing clothes. When an examination is indicated, the inmate is transported to a local SANE-capable hospital through an on-call rotation that ensures 24-hour readiness. Although no incidents requiring forensic evidence collection occurred during the previous year, the operational framework remains intact and capable of immediate implementation.

Rape Crisis Center Advocate

A representative from a partner crisis center, under agreement with ACAR, provided insight into how advocacy services bridge institutional response and survivor support. The advocate explained that ADOC's MOUs ensure inmates have access to confidential hotline services, counseling, and personal accompaniment throughout medical or investigative phases. These services are available at all times and extend beyond initial crisis assistance, offering guidance and emotional care through the recovery and investigative processes. The advocate affirmed that ADOC's approach mirrors community standards for survivor-centered advocacy, reinforcing dignity and trust for inmates who report abuse.

Facility Staff

Interviews with randomly selected security personnel demonstrated strong familiarity with first responder responsibilities. Officers described in detail how to preserve evidence, maintain the security of a potential crime scene, and make prompt supervisory notifications. Their comments reflected both technical competence and sensitivity toward victims, revealing a positive culture of compliance supported by regular PREA training. The Auditor noted consistent understanding of confidentiality requirements and clear awareness of evidence protection procedures.

Inmate Population

At the time of the audit, there were no inmates who reported sexual abuse within the prior twelve months; therefore, no interviews from this group were conducted.

PROVISIONS

Provision (a): Coordinated Investigative Response — A Unified System of

Accountability

ADOC employs a two-tiered response system to ensure that both administrative and criminal investigations occur when appropriate. Currently, 36 agency investigators operate under the shared authority of AR #454 and AR #300—both of which establish strict guidelines for evidence control, chain-of-custody integrity, and confidentiality during investigations. This dual-response structure secures impartial, timely, and well-documented reviews that hold individuals accountable while upholding due process. Investigative steps are undertaken with transparency and precision, reinforcing institutional credibility and compliance with constitutional and professional standards.

Relevant Policies:

AR #454, V.G. d-e, i, pp. 21-22

Provision (b): Accessible and Developmentally Appropriate Forensic Services — Meeting Every Need

While no youthful inmates were present during the audit, ADOC's system is expressly designed to accommodate age-specific needs through a trauma-informed, developmentally appropriate approach. Certified SANE personnel, available around the clock, conduct forensic exams through partnerships with ACAR and STAR. The Alabama Crime Victims Compensation Fund ensures that all examinations are provided free of charge. In addition to ensuring equal access, this structure emphasizes restorative care over punitive procedure. During the previous year, forty forensic examinations were completed statewide by SANE professionals at U.S. Health and Freestanding ER facilities, exemplifying system-wide readiness.

Relevant Policies:

AR #454, V.G.1.a-i, pp. 20-22

Provision (c): Timely and Cost-Free Forensic Medical Access — Upholding Dignity through Immediate Care

Whenever an inmate reports sexual abuse, an immediate medical and forensic response is initiated. SANE-certified nurses perform examinations in dedicated facilities, ensuring evidentiary integrity and emotional safety. Each examination occurs without cost to the inmate, regardless of whether the individual cooperates with law enforcement. Advocacy services are automatically incorporated so that medical and psychological needs are met in tandem. In the past year, two allegations of sexual abuse resulted in two forensic examinations conducted by qualified SANE practitioners; victim advocacy services were offered in both cases as a standard element of the forensic protocol.

Relevant Policies:

AR #454, V.G.1.a-i, pp. 20-22

AR #454, p. 28, G, c

Provision (d): Embedded Advocacy — Compassion in Practice

Victim advocacy is central to every stage of ADOC's forensic response. Advocates work directly with medical staff and investigators to ensure inmates understand their options, maintain decision-making control, and feel emotionally supported. During the

audit period, two inmates reported sexual abuse incidents. Both were informed of advocacy availability and chose to decline an advocate, but documentation showed services were offered in each case. This consistent inclusion reflects ADOC's commitment to trauma-informed practice and survivor empowerment.

Relevant Policies:

AR #454, V.G.1.a-i, pp. 20-22

Provision (e): Emotional Support Access — Ensuring No One Faces the Process Alone

Inmates may at any time request advocacy or emotional support through either internal PREA support staff or external providers. These individuals deliver confidential crisis counseling, empathy-based support, and referrals to ongoing mental health or community resources. The structure ensures that no inmate navigates the forensic or investigative process without the opportunity to receive understanding and professional care tailored to their individual needs.

Provision (f): Oversight and Investigative Responsibility — Maintaining Transparency and Trust

As the presiding correctional authority, ADOC bears responsibility for the thorough, unbiased investigation of every sexual abuse allegation, whether inmate-on-inmate or staff-inmate. Investigators, administrators, and medical teams collaborate to maintain procedural integrity and ensure findings are based on credible evidence. This cooperative model preserves transparency and embodies PREA's foundational commitment to zero tolerance for sexual abuse within all confinement settings.

Provision (g): Auditor Exemption — Non-Applicable Audit Component

This section is appropriately excluded from external audit review, consistent with PREA audit standards.

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

ADOC's agreements with the Alabama Coalition Against Rape (ACAR) and Lighthouse Standing Together Against Rape (STAR) create a comprehensive and enduring care network. These partnerships facilitate 24-hour access to qualified advocates and medical professionals, ensuring that forensic and advocacy resources are available to all facilities statewide. The collaboration reflects an institutional and interagency commitment to transparency, trauma-informed care, and survivor well-being, aligning ADOC's system with community best practices and national PREA objectives.

CONCLUSION

Upon thorough review of documentation, policies, and interviews with agency leaders, medical practitioners, facility staff, and advocacy professionals, the Auditor found both the facility and ADOC in full compliance with PREA Standard §115.21.

The evidence demonstrates a well-integrated system of compassion and rigor, built on the foundations of trauma-informed response, procedural fairness, and consistent accountability. From initial staff notification to forensic examination and advocacy follow-through, every stage reflects a dedication to care, respect, and dignity.

	Through sustained partnerships, specialized training, and strong leadership oversight, ADOC continues to uphold the principles of the Prison Rape Elimination Act—ensuring justice, safety, and healing for every inmate in its custody.
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>DOCUMENT REVIEW</u></p> <p>To determine compliance with PREA Standard §115.22, the Auditor undertook an in-depth review of the Pre-Audit Questionnaire (PAQ) and the extensive documentation supplied by both the facility and the Alabama Department of Corrections (ADOC). This document set included policy directives, operational records, and investigative files that together illustrate how the Department refers, tracks, and investigates any allegations of sexual abuse or sexual harassment involving inmates.</p> <p>At the center of this review was ADOC Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025). This regulation defines the Department’s core responsibilities for reporting, referring, and investigating all PREA-related allegations. Supporting this framework are two additional governing documents: Standard Operating Procedure - Investigations & Intelligence #454 and Administrative Regulation #300 - Operations. These two reinforce the Department’s standards for investigative authority, evidence preservation, and documentation integrity.</p> <p>The Auditor also examined ADOC Duty Officer Reports (DORs), which serve as the official vehicle for recording allegations and initiating appropriate investigative responses. Training verification was a major component of the review as well—investigators’ completion certificates from the National Institute of Corrections (NIC) Investigations Course and ongoing education records confirmed that staff assigned to PREA-related cases possess the specialized expertise required to perform fair, consistent, and legally compliant investigations.</p> <p>In sum, the documentation demonstrated that ADOC has cultivated a centralized and methodical investigative structure—one that ensures all allegations of sexual abuse and sexual harassment are swiftly referred to properly trained personnel with clear authority to investigate.</p> <p><u>INTERVIEWS</u></p> <p>Investigative Staff</p> <p>Interviews with investigative staff painted a detailed picture of a professional and well-coordinated system. These personnel confirmed that every allegation—whether administrative or criminal—is investigated by trained ADOC investigators assigned to</p>

the Law Enforcement Services Division (LESD). Each investigator within LESD holds peace officer status, giving them full legal authority to carry out both criminal and administrative investigations. They described consistent practices concerning evidence handling, documentation, and the coordination process with prosecutorial offices when criminal misconduct is supported by evidence.

Agency Head's Designee

During a separate interview, the Agency Head's designee reaffirmed the Department's firm commitment to ensuring all allegations of sexual abuse and sexual harassment are treated with urgency, seriousness, and transparency. The designee emphasized that ADOC does not rely on external agencies for these investigations; instead, the Department maintains internal investigative capacity through its LESD unit. All allegations are quickly recorded, referred, and monitored through formal channels, with criminal referrals documented and traceable. Importantly, departmental policies governing such procedures are made publicly available through the ADOC website—enhancing public accountability and reinforcing the agency's transparency.

PROVISIONS

Provision (a): Immediate Referral and Professional Standards

Every allegation of sexual abuse or sexual harassment is directed to the ADOC Law Enforcement Services Division for investigation. According to the PAQ, LESD currently employs 41 trained investigators, each certified through the National Institute of Corrections in specialized investigative techniques. Both the documentation review and interviews confirmed that these training and certification standards are consistently met.

During the previous audit year, two allegations of sexual abuse and no allegations of sexual harassment were reported. Each case led to the provision of a forensic medical examination—both conducted by certified SAFE/SANE professionals at the SANE Center located within USA Freestanding ER in Mobile, Alabama.

Administrative Regulation #454 defines LESD's responsibility as one of thoroughness, promptness, and impartiality. Investigations are to proceed without regard to an individual's employment status or the results of any related criminal cases. When criminal activity is confirmed, LESD refers the case to the applicable District Attorney's Office for prosecution, while remaining available to provide investigative support when requested.

Relevant Policy: AR #454, IV.C, p. 5; AR #454, G.d, p. 21

Provision (b): Legal Authority and Victim Notification

ADOC policies are designed to ensure that only staff with authorized law enforcement authority investigate allegations of sexual abuse or sexual harassment. The two allegations reported within the audit period were both referred for formal criminal investigation. LESD investigators, being sworn peace officers, possess full legal

authority to investigate criminal and administrative inquiries alike.

The Duty Officer Report serves as the cornerstone of ADOC’s reporting process. Each DOR captures the initial allegation, triggers an official investigative response, and provides a comprehensive record of the actions taken thereafter.

Under Administrative Regulation #454, LESD bears the responsibility to notify the alleged victim in writing regarding the final outcome of the investigation—whether substantiated, unsubstantiated, or unfounded. Auditor interviews and case documentation revealed that this practice is consistently followed, safeguarding transparency and respecting the dignity of those affected by the investigation.

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

Provision (c): Exclusive Investigative Oversight

All PREA-related investigations fall exclusively under the jurisdiction of the ADOC Law Enforcement Services Division. The Department does not delegate this function to outside entities, preserving investigative consistency, accountability, and strict adherence to ADOC’s internal standards.

Relevant Policy: AR #454, IV.C, p. 5

Provisions (d) and (e): Not Applicable

Provisions (d) and (e) do not apply to this particular audit and therefore were not evaluated.

CONCLUSION

Following the document review, personnel interviews, and examination of investigative procedures, the Auditor determined that both the facility and the Alabama Department of Corrections fully comply with PREA Standard §115.22 – Referral of Allegations for Investigations.

ADOC’s framework for investigation reflects clear accountability and professionalism. The referral process is immediate and structured; investigations are managed by qualified staff trained in forensic standards and victim sensitivity. Together, these elements confirm a well-established, credible system ensuring that every allegation of sexual abuse or sexual harassment is addressed promptly, thoroughly, and in accordance with both PREA standards and ADOC policy.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW

To assess compliance with PREA Standard §115.31, the Auditor conducted an extensive review of the materials contained in the Pre-Audit Questionnaire (PAQ) and the supporting documentation provided by the facility. This portion of the audit closely examined how employee training is designed, implemented, and documented—particularly focusing on staff preparedness in preventing, detecting, reporting, and responding to sexual abuse and sexual harassment within the correctional setting.

Central to this review was Alabama Department of Corrections (ADOC) Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes mandatory training standards for every employee who interacts with inmates. Complementing this regulation is the PREA training curriculum developed by The Moss Group, forming the backbone of the Department’s educational program on sexual safety and institutional conduct.

The Auditor also examined supplemental materials used by staff, including the informational pamphlet “What Staff Should Know About Sexual Misconduct with Inmates,” the facility’s PREA comprehension test, and IPCM (Inmate Protection and Compliance Measures) training resources that reinforce site-specific responsibilities. A total of 88 individual annual training files were inspected to verify full attendance, acknowledgment, and timely completion of required courses.

Further evidence of training reinforcement emerged in the review of documented shift turnout sessions and staff meetings, both of which serve as recurring touchpoints for revisiting PREA-related policies. The Auditor also considered the educational function of the PREA Information Board—a permanently displayed fixture used to maintain visual engagement with the Department’s zero-tolerance initiative and reporting procedures.

OBSERVATIONS

During the on-site facility tour, the Auditor observed a clearly visible and well-maintained PREA Information Board located in an area accessible to both staff and inmates. The board presented up-to-date educational materials, prominently featuring definitions of sexual abuse and sexual harassment, the Department’s zero-tolerance policy, and easy-to-follow reporting guidelines.

It also displayed information affirming every incarcerated individual’s right to live free from sexual abuse and sexual harassment, along with an internal reporting number (6611) available for immediate use. The deliberate placement and readability of these materials conveyed the facility’s commitment to ongoing education outside of formal instructional settings—fostering daily awareness and reinforcing an environment of vigilance and respect.

INTERVIEWS

Staff Interviews

Interviews were conducted with randomly selected staff members across various job

classifications. These conversations revealed a consistent and thorough understanding of PREA standards and personal responsibilities. Staff described completing PREA training before having any inmate contact and participating in yearly in-service sessions thereafter. Several interviewees noted that refresher discussions occur through shift briefings and staff meetings, ensuring that critical concepts remain at the forefront of daily operations.

Each staff member interviewed demonstrated familiarity with the essential elements of the PREA curriculum—including zero tolerance, reporting responsibilities, professional boundaries, and the proper response to allegations or incidents. Their recollections reflected strong retention of the training’s ten core components, illustrating that the learning extends meaningfully into practical application.

PROVISIONS

Provision (a): Comprehensive and Role-Specific Instruction

Documentation and interviews confirmed that every employee with inmate contact receives comprehensive instruction covering all components required by PREA. This includes education on the Department’s zero-tolerance stance toward sexual abuse and harassment, clear guidelines for prevention and detection, and defined roles for reporting and response.

The training also explores the rights of individuals in custody, protections against retaliation, and the psychological dynamics of abuse within correctional environments. Staff learn to recognize behavioral signs of trauma, understand diverse reactions from victims, and respond with sensitivity and professionalism.

Additional instruction focuses on maintaining ethical boundaries, upholding respectful communication with LGBTI and gender-nonconforming individuals, and understanding mandatory reporting duties. The Moss Group-developed curriculum integrates visual aids, written materials, and interactive assessments that promote comprehension and long-term retention. The Auditor confirmed through 88 training files that each employee attended and acknowledged their training sessions, reinforced through attendance sheets and signed compliance forms. Specialized training tailored to certain job roles was also delivered as required.

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

Provision (b): Training Adapted to Facility Operations

The content reviewed shows that PREA training has been customized to align with the distinct operational characteristics of the facility. The presentation remains professional and gender neutral, appropriate to the inmate population and the institutional environment. While addressing gender-specific dynamics as required under PREA, the program maintains an inclusive, respectful tone that reflects ADOC’s desire to treat all individuals equitably. The Auditor verified documentation and attendance rosters confirming full participation in these sessions.

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

Provision (c): Continuous Education and Readiness

A review of 50 staff files indicated complete compliance—every employee examined had received PREA training within the previous twelve months. Beyond classroom instruction, each staff member received a copy of the informational pamphlet “PREA: What Staff Should Know About Sexual Misconduct with Inmates,” offering concise definitions, reporting protocols, and foundational PREA principles.

Staff were also provided a laminated, spiral-bound pocket guide titled “Prison Rape Elimination Act (PREA): A Trauma-Informed Guide for First Responders.” This reference tool offers a quick-access overview of key PREA definitions, prevention strategies, detection techniques, first responder guidelines, and available agency resources—ensuring staff remain equipped with essential information long after formal training concludes.

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

Provision (d): Documentation and Record Accuracy

All PREA training is thoroughly documented and verifiable. Upon completing each training, staff members are required to sign attendance or acknowledgment forms, which are meticulously preserved in their personnel files. During the audit, the Auditor confirmed that these forms, logs, and verification records were consistently maintained. The review revealed that tracking mechanisms remain current and organized, reflecting the facility’s strong commitment to documentation integrity and administrative accountability.

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

CONCLUSIONS

After reviewing documentation, observing the facility environment, and interviewing staff, the Auditor determined that the facility fully complies with PREA Standard §115.31 - Employee Training.

The training program is comprehensive, current, and role-specific. It effectively equips staff to prevent, detect, report, and respond to incidents of sexual abuse and sexual harassment while maintaining professionalism and sensitivity. Active reinforcement through refreshers, open communication, and visible educational materials highlights the facility’s ongoing dedication to PREA principles and its culture of respect and safety.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To determine compliance with PREA Standard §115.32, the Auditor carried out a detailed and methodical review of the documents submitted by the facility. This evaluation began with the Pre-Audit Questionnaire (PAQ) and extended to all supporting records provided by the Alabama Department of Corrections (ADOC). Among the key policy references reviewed were Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025) and Administrative Regulation #216 – Background Checks (dated January 31, 2025). Together, these documents outline the mandatory requirements for training non-employee service providers, contractors, and volunteers who may enter ADOC facilities or have contact with inmates.

The Auditor also examined PREA-related training records specific to volunteers and contractors—including medical and non-medical personnel—to verify adherence to the Department’s training standards. Curricula developed expressly for these categories were reviewed in full, focusing on the course content, method of delivery, and the documentation process verifying successful completion. Records confirmed that all training was completed and documented before any volunteer or contractor was granted access to the facility.

This review provided assurance that ADOC maintains a consistent approach to preparing all non-employee personnel for their roles within secure environments, ensuring they are informed, accountable, and committed to the principles of sexual safety and respect under PREA.

INTERVIEWS

To complement document findings, the Auditor conducted interviews with a cross-section of individuals serving the facility in non-employee roles.

Volunteer

A volunteer with regular facility access confirmed that PREA training was required prior to their approval to begin service. The volunteer described the training as clear, relevant, and tailored to their duties, emphasizing ADOC’s uncompromising zero-tolerance policy toward sexual abuse and sexual harassment. When asked to explain the purpose of PREA, the volunteer offered an articulate summary, demonstrating an understanding of not only personal responsibility but also the immediate obligation to report any observed or disclosed incidents of sexual misconduct.

Contractor

A contractor assigned to the facility similarly recounted completing PREA training before being authorized to perform work on-site. The contractor described the instructional materials as thorough, providing scenario-based guidance on recognizing and reporting potential indicators of abuse. The contractor also noted that the program included expectations for maintaining professional boundaries and procedures to follow if an allegation or suspicion arises. During discussion, the contractor accurately characterized PREA’s intent and clearly conveyed an understanding of the duty to act swiftly when violations or concerns are identified.

These structured interviews confirmed that both contractors and volunteers not only complete the required training but internalize its intent, demonstrating both awareness and readiness to uphold the facility's zero-tolerance philosophy in practical, real-world settings.

PROVISIONS

Provision (a): Comprehensive PREA Training for Volunteers and Contractors

The facility's Pre-Audit Questionnaire and corresponding records verified that all volunteers and contractors with inmate contact receive formal PREA training focused on the prevention, detection, and response to sexual abuse and sexual harassment. At the time of the audit, the agency had identified a total of 21 approved medical contractors and 74 registered volunteers. Facility staff clarified that while these numbers represent all individuals authorized for service, the number of participants who actively enter the facility on a regular basis is smaller. Interviews and supporting evidence corroborated this clarification.

A representative sample consisting of 36 volunteers and 21 medical contractors was selected for detailed review. All records examined confirmed full compliance—each participant completed PREA training before being granted entry into the facility. The training curriculum, created in partnership with The Moss Group, thoroughly addresses the ten core elements required under the standard and is customized to correspond to the degree and nature of inmate contact expected in each role.

Facility policy designates the Institutional PREA Compliance Manager (IPCM) as responsible for verifying that all volunteers and contractors complete PREA training prior to gaining access. The same policy stipulates that all employees, contractors, and volunteers must adhere strictly to ADOC's policies pertaining to sexual abuse, harassment, and custodial sexual misconduct.

Policy Reference: ADOC AR #454, V.A.2.a-b, p. 13

Provision (b): Role-Specific Content and Documentation

The level of training detail provided to non-employee personnel varies appropriately with their roles and responsibilities. Both documentary evidence and interviews confirmed that all volunteers and contractors are introduced to ADOC's zero-tolerance policy and taught the approved mechanisms for reporting any known, suspected, or alleged misconduct.

One of the cornerstone training tools is a four-page handout titled "PREA Training for Volunteers and Contractors." This resource clearly outlines PREA's scope and objectives, provides definitions for sexual assault, sexual harassment, and custodial sexual misconduct, and details agency-specific reporting procedures. Each participant signs an acknowledgment confirming receipt and understanding of this training, which the IPCM retains on file.

Medical personnel serving as contractors receive an additional, specialized module titled "Health Care Response to Sexual Assault in a Confinement Setting." This

module is designed to ensure clinical contractors understand trauma-informed care principles, evidence preservation, and their first responder obligations within the correctional environment.

The training program is further reinforced through easily accessible visual resources, including a tri-fold PREA pamphlet summarizing essential definitions and reporting responsibilities, and a laminated PREA First Responder Duties card that outlines precise steps to take immediately following a report or incident of suspected sexual abuse.

Provision (c): Verification and Ongoing Accountability

The facility maintains meticulous documentation verifying that all volunteers and contractors understand the PREA training content provided. Signed acknowledgment forms confirm each participant’s comprehension and agreement to comply with PREA-related responsibilities. These forms, housed within the IPCM’s centralized training files, serve as formal evidence of compliance.

During the audit, the Auditor reviewed seven PREA training sign-in sheets dated within the previous twelve months. Each document bore participant signatures verifying both the completion of training and acknowledgment of PREA obligations. This practice demonstrates not only procedural fidelity but also the facility’s emphasis on maintaining transparent, verifiable records in support of PREA standards.

CONCLUSION

Following a comprehensive review of agency policies, training curricula, and documentation, combined with in-depth interviews of contractors and volunteers, the Auditor concludes that the Alabama Department of Corrections and the facility are fully compliant with PREA Standard §115.32 - Volunteer and Contractor Training.

All volunteers and contractors who have contact with inmates receive appropriate, role-specific instruction before gaining facility access. The training materials are detailed, accessible, and thoughtfully designed to reflect the individual’s level of responsibility and inmate contact. Interviews confirmed a consistent understanding among non-employee personnel of their duty to report, their awareness of ADOC’s zero-tolerance policy, and their role in ensuring a safe environment for everyone in custody

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW
	To evaluate compliance with PREA Standard §115.33, the Auditor completed a

detailed review of the Pre-Audit Questionnaire (PAQ) and the comprehensive documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The purpose of this review was to determine how effectively inmates are informed, educated, and consistently reminded of their rights under PREA, as well as to assess the clarity and accessibility of reporting procedures for sexual abuse and sexual harassment.

Central to this assessment was ADOC Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines requirements for inmate orientation, ongoing education, accommodations for accessibility, and recordkeeping standards. The Auditor also examined the educational materials presented during inmate orientation, including the PREA training curriculum, the inmate orientation video, and the ADOC Inmate Handbook, which provides detailed written information on inmate rights, PREA protections, and available reporting mechanisms.

Additional documentation included PREA acknowledgment forms (ADOC Form 454-A), informational pamphlets such as "What You Should Know About Sexual Abuse and Assault," and the various PREA posters displayed throughout the facility. The Auditor noted that these materials were prepared in both English and Spanish, as well as alternative formats to meet the needs of individuals with low vision, hearing impairments, or limited literacy.

In addition, postings were reviewed that identify external confidential support services, along with a tracking spreadsheet used by facility staff to document dates of inmate education sessions and participation. Collectively, these materials demonstrate a structured, well-documented approach to PREA education designed to ensure that all inmates receive timely and clear information on their rights and how to access help.

OBSERVATIONS

During the on-site visit, the Auditor observed a consistent display of PREA materials across multiple housing units, dayrooms, and near inmate telephone areas. These postings contained straightforward explanations regarding sexual abuse and sexual harassment, emphasizing that all individuals have the right to be free from such conduct. Information on both internal and external reporting methods was displayed clearly.

Inmates are directed to contact the ADOC PREA Unit through the internal reporting number (*661), while external options include the use of The Crisis Center as a confidential support resource. Posters and informational materials from outside victim advocacy providers were also visible, providing additional reinforcement of available support systems.

All materials were accessible in English and Spanish, and the facility offered supplementary accessibility options such as Braille printouts, closed-captioned video content, and American Sign Language (ASL) interpretation. The "Discussing PREA" educational video, available in both languages and incorporating captioning and ASL

interpretation, further illustrated a consistent effort to reach all inmates. The strategic and orderly presentation of this information underscored the facility's steady commitment to reinforcing awareness of PREA standards through multiple learning formats.

INTERVIEWS

Intake Staff

Interviews with intake personnel confirmed that inmate education begins promptly upon arrival. Intake staff explained that new inmates receive initial PREA information during the orientation process, which includes an explanation of their right to be free from sexual abuse, sexual harassment, and retaliation for reporting. Inmates are informed about the different ways they can report incidents, either verbally, in writing, or anonymously. Staff further described that comprehensive PREA education—consisting of video instruction, discussion, and opportunity for questions—is conducted within 15 days of admission.

Staff also explained the process for accommodating individuals with specific communication or comprehension needs. Those with limited English proficiency, visual or hearing impairments, or cognitive limitations receive the same information in accessible formats. Materials are never translated or interpreted by other inmates, maintaining confidentiality and ensuring accuracy. Every inmate receives the Inmate Handbook and signs a PREA acknowledgment form verifying receipt and understanding.

Random Inmates

Conversations with randomly selected inmates confirmed that PREA information is effectively delivered and understood. Inmates recalled receiving PREA materials soon after arriving and watching the educational video during orientation. They were able to explain, in their own words, how to report an incident of sexual abuse or sexual harassment, including identifying the 661 reporting line and The Crisis Center as external support. Inmates also acknowledged seeing PREA posters in their living areas and recognized the zero-tolerance stance of the Department toward any form of sexual misconduct. Their responses demonstrated comprehension and awareness consistent with PREA education objectives.

PROVISIONS

Provision (a): Initial Education at Intake

All inmates receive immediate PREA information upon arrival at the facility. This includes the agency's zero-tolerance policy, definitions of sexual abuse and sexual harassment, and clear instructions for how incidents can be reported. Documentation review confirmed that 100 percent of the 50 inmates admitted during the 12 months prior to the audit received this orientation. This initial step ensures early awareness of rights and responsibilities before inmates participate in the more comprehensive educational session.

Relevant Policy: AR #454, V.A.5.a-e, pp. 14-15

Provision (b): Comprehensive Education Within 30 Days

For inmates housed longer than 30 days, ADOC ensures comprehensive PREA education within the policy's required timeframe. This instruction builds upon the initial orientation and includes additional information, a video component, and time for discussion or questions. Training logs, attendance records, and electronic documentation confirmed that every eligible inmate completed this education as required, reflecting consistent facility-level implementation.

Relevant Policy: AR #454, V.A.5.a-e, pp. 14-15

Provision (c): Verification and Documentation

Documentation review indicated that inmate files include signed and dated PREA acknowledgment forms (ADOC Form 454-A). The Auditor examined 46 inmate files, each of which contained evidence that the individual had received general PREA information, observed the PREA video, and signed the required acknowledgment. This consistent recordkeeping demonstrates diligent administrative oversight and accountability.

Provision (d): Accessibility and Language Accommodations

PREA education at the facility is intentionally designed to be accessible and inclusive. Instruction and materials are provided in both English and Spanish, and reasonable accommodations are made for inmates with disabilities or communication needs. This includes printed materials in Braille, captioned videos, and interpretation services when needed. Policy explicitly prohibits the use of other inmates as interpreters or interpreters for those with limited English proficiency, ensuring accuracy and confidentiality throughout the education process.

Relevant Policy: AR #454, V.A.5.a-e, pp. 14-15

Provision (e): Acknowledgment and Recordkeeping

Each inmate signs a PREA acknowledgment form at the time of instruction, and this document becomes a part of the inmate's institutional file. ADOC further maintains a centralized PREA education database that allows staff to verify participation and education history by name or facility. This verification system provides continuity of education across the Department and ensures accountability.

Relevant Policy: AR #454, V.A.5.a-e, pp. 14-15

Provision (f): Ongoing Education and Reinforcement

The facility employs multiple strategies to maintain PREA awareness. Posters, handbooks, and visual reminders are kept visible in inmate living spaces, corridors, and program areas. Video presentations and periodic discussions reinforce these messages, ensuring that knowledge is not confined to the intake process alone. During the on-site visit, PREA-related materials were visible in every housing unit toured, reflecting the facility's consistent and continuous communication of PREA

	<p>principles and zero-tolerance expectations.</p> <p>CONCLUSION</p> <p>After reviewing policy documentation, observing the facility environment, and conducting interviews with both staff and inmates, the Auditor concludes that the facility is in full compliance with PREA Standard §115.33 – Inmate Education.</p> <p>The facility provides consistent, verifiable education to all inmates through accessible and well-documented means. Inmates understand their rights to be free from sexual abuse, sexual harassment, and retaliation; they also know how to access reporting channels and confidential support. The educational program reflects a steady, structured, and inclusive approach—reinforcing the facility’s ongoing commitment to inmate safety and PREA compliance.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.34, the Auditor conducted a careful and systematic review of the Pre-Audit Questionnaire (PAQ) and the supporting documentation provided by the facility and the Alabama Department of Corrections (ADOC). The primary objective of this review was to determine whether individuals assigned to investigate allegations of sexual abuse and sexual harassment within confinement settings have received the specialized training mandated by PREA and agency policy.</p> <p>At the core of this review was ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines clear qualifications, training requirements, and documentation standards for investigative personnel. The Auditor examined the Specialized Training Curriculum for Investigators, including course outlines, lesson plans, certificates of completion, and instructional materials produced by The Moss Group, ADOC, Training Force USA, and the National Institute of Justice (NIJ). Together, these sources reflected a structured curriculum addressing both the technical and human dimensions of correctional investigations.</p> <p>The materials reviewed documented a well-established training infrastructure—one that integrates classroom instruction, online course components, and scenario-based exercises. Training emphasized trauma-informed interviewing, proper evidence collection, and adherence to due process within the unique constraints of confinement environments. The depth, consistency, and professionalism of the program demonstrated a deliberate and well-documented commitment to preparing investigators to handle these sensitive cases with accuracy and objectivity.</p>

INTERVIEWS

Interviews with investigative staff confirmed that the documented training is both specialized and actively applied in practice. Staff described a program that equips investigators to approach sexual abuse allegations with professionalism, attentiveness to victim needs, and respect for procedural integrity. They reported receiving instruction on conducting investigations within confinement settings using trauma-informed techniques designed to elicit reliable information while minimizing the potential for re-traumatization.

Investigators clearly distinguished between administrative and criminal investigations and articulated when legal advisements such as Miranda or Garrity warnings are required. They explained their evidence collection methods—preserving physical and testimonial evidence, maintaining an unbroken chain of custody, and coordinating with forensic and medical professionals during examinations.

Each investigator interviewed demonstrated a thorough understanding of the policy framework and investigative methods required for PREA compliance, showing an ability to evaluate evidence objectively and determine appropriate case outcomes, whether administrative, criminal, or both. The discussions reflected a mature understanding of investigative principles within the correctional environment and reinforced that the specialized training is firmly embedded in operational practice.

Provision (a): Mandatory and Specialized Training Requirements

Records reviewed through the PAQ confirmed that ADOC requires every investigator assigned to conduct sexual abuse investigations to complete specialized training specific to confinement settings. This mandate, clearly articulated in Administrative Regulation #454, applies uniformly to all investigative personnel across the agency.

The Auditor examined the training records of investigators who handled cases connected to the facility during the previous year. Certificates and documentation verified completion of coursework in Trauma-Informed Sexual Assault Investigations, Human Trafficking Awareness, Prison Rape and Sexual Assault Investigation, and Specialized PREA Techniques. These training modules provided instruction on evidence collection standards unique to correctional settings, proper issuance of Miranda and Garrity warnings, and the evidentiary thresholds needed to substantiate findings.

The Institutional PREA Compliance Manager (IPCM) was also documented as having completed the same specialized coursework, reinforcing the facility's oversight capability and internal accountability. The Auditor further verified investigator participation in the National Institute of Justice (NIJ) online training Sexual Abuse and the Initial Responder, which addresses victim collaboration, investigative coordination, and the impact of institutional culture on the investigative process. Interviews supported the conclusion that investigators retained and applied the skills acquired through these training experiences.

Relevant Policy: AR #454, V.A.5.3.a-b, pp. 14-15

Provision (b): Instruction in Legal Procedures and Evidence Handling

The combination of training documentation and staff interviews confirmed that investigative training addresses all essential competencies required to conduct impartial and legally sound inquiries. Instruction covers effective communication with inmates reporting sexual abuse, emphasizing trauma-informed methods that preserve dignity while ensuring accuracy and thoroughness.

Investigators receive detailed instruction regarding the administration of Miranda warnings in criminal cases and Garrity warnings in administrative proceedings, ensuring that all interviews and evidence-gathering activities comply with legal expectations. Training modules further include direction on evidence collection specific to confinement environments, including steps to preserve physical evidence, coordinate promptly with medical and forensic staff, and maintain documentation and chain of custody procedures.

Additionally, investigators are trained to analyze evidence for sufficiency and credibility, determining whether findings warrant criminal referral, internal discipline, or both. The Auditor reviewed NIJ and National Institute of Corrections (NIC) training materials and confirmed successful completion through certificates, attendance verification, and interviews. The consistency of instruction across investigative staff and the quality of course content indicate a systematic and policy-driven approach to specialized investigative preparedness.

Relevant Policy: AR #454, V.A.5.3.a-b, pp. 14-15

Provision (c): Recordkeeping and Verification of Investigator Training

The Auditor confirmed that ADOC maintains well-organized and verifiable documentation for each investigator's specialized training. Personnel records reviewed contained signed completion certificates for twenty investigators currently assigned to the ADOC Law Enforcement Services Division. These records verified completion of all required courses, including classroom and online modules.

Agency policy requires that all training documentation be signed, dated, and retained in each investigator's personnel file. Consistent with policy, the files examined included course titles, completion dates, and instructor signatures, confirming an accurate and transparent recordkeeping process. This system provides a clear audit trail and ensures that investigators' qualifications are verifiable and kept current.

Relevant Policy: AR #454, V.A.5.3.a-b, pp. 14-15

Provision (d): Not Applicable

This provision is not applicable to this audit and was therefore not evaluated.

Conclusion

Based on an extensive review of documentation, training curricula, personnel records, and interviews with investigative staff, the Auditor concludes that the Alabama

	<p>Department of Corrections fully meets the requirements of PREA Standard §115.34 – Specialized Training: Investigations.</p> <p>The agency has established a strong and clearly organized training framework that ensures investigators possess the specialized knowledge and practical skills necessary to conduct fair, objective, and trauma-informed investigations. The level of consistency observed between policy, training documentation, and investigator performance indicates a disciplined and professional approach.</p> <p>ADOC’s investigative workforce demonstrates both technical competence and a clear understanding of their role in protecting the safety, dignity, and rights of every inmate within the state correctional system.</p>
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115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review</p> <p>To assess compliance with PREA Standard §115.35, the Auditor conducted a careful and comprehensive review of the Pre-Audit Questionnaire (PAQ) and all documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The evaluation centered on the design, delivery, and monitoring of both general and specialized PREA training for medical and mental health practitioners assigned to the facility.</p> <p>A focal point of this review was ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025. This regulation establishes mandatory standards for specialized training targeting medical and mental health professionals. The Auditor also analyzed lesson plans, curricula, and training records maintained by the facility, each detailing participation, completion, and staff acknowledgment of required training. Collectively, these documents reflected a structured, policy-driven approach that ensures clinical practitioners are prepared to respond appropriately to reports or observations of sexual abuse or harassment.</p> <p>INTERVIEWS</p> <p>Facility Head</p> <p>The Auditor interviewed facility leadership and a range of medical and mental health practitioners to determine how training requirements are understood and implemented. The PREA Compliance Manager described how all clinical professionals first complete the foundational PREA training required under §115.31, followed by specialized instruction designed to meet the needs of those working directly with inmates in clinical roles.</p>

Facility administrators confirmed that compliance with these training mandates is closely monitored and documented. They underscored that no practitioner is authorized to work within the facility without full completion of all required PREA training components.

Medical and Mental Health Staff

Medical and mental health practitioners independently verified their participation in both the general and specialized PREA training programs. They reported that instruction includes recognizing behavioral and physical indicators of sexual abuse or harassment, responding to victims in a professional and trauma-informed manner, and fulfilling mandatory reporting responsibilities. Their accounts demonstrated a clear understanding of policy expectations and a consistent application of learned practices within their daily clinical responsibilities.

PROVISIONS

ADOC policy requires every medical and mental health practitioner working at the facility to complete specialized PREA training specifically aligned with their professional duties and clinical environment. At the time of the audit, 58 practitioners were assigned to the 661 facility, and documentation confirmed that all had successfully completed the required training.

The training curriculum reviewed by the Auditor covers essential topics, including identifying and assessing signs of sexual abuse or harassment, preserving physical evidence when relevant, responding professionally to victims, and following established reporting protocols. Instruction also addresses the distinctive medical and mental health needs of inmates who may have experienced sexual abuse and outlines assessment practices for identifying individuals at heightened risk of victimization.

The Auditor confirmed through both documentation and interviews that staff understanding and completion of this training are systematically recorded, meeting all requirements under Provision (a).

Provision (b):

this standard does not apply, as facility protocol prohibits medical staff from performing forensic examinations. Such examinations are referred to external qualified providers as outlined by ADOC policy.

Provision (c):

the Auditor verified that complete and accurate training records are maintained for all participating staff. Personnel files and agency logs consistently document successful completion of both general and specialized training components. Interviews further confirmed that all practitioners are current in their required instruction.

Finally, in compliance with Provision (d), the Auditor observed that medical and mental health professionals participate in the general PREA training mandated for all

	<p>employees, contractors, and volunteers. Reviewed sign-in sheets, materials, and PAQ documentation demonstrated consistent delivery and attendance tracking in accordance with ADOC Administrative Regulation #454.</p> <p>CONCLUSION</p> <p>Following a detailed review of regulations, curricula, documentation, and interviews, the Auditor concludes that the facility fully complies with PREA Standard §115.35 – Specialized Training: Medical and Mental Health Care. The facility maintains a well-organized, thoroughly documented training program that equips medical and mental health practitioners with the necessary skills and awareness to respond to PREA-related matters with professionalism, compassion, and adherence to policy. This commitment reflects a consistent and sustained effort by both facility and agency leadership to uphold the standards of care and safety for all inmates.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>To determine compliance with PREA Standard §115.41, the Auditor conducted a detailed review of the facility’s and agency’s intake screening records, reassessment procedures, and policies governing the handling of sexual victimization and abusiveness information. The review included the Pre-Audit Questionnaire (PAQ), ADOC policy directives, and the screening forms used by staff to document intake and follow-up assessments.</p> <p>The governing framework is found in ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment (May 29, 2025), which sets the expectations for screening, reassessment, and confidentiality. The Auditor also reviewed ADOC Administrative Regulation #637, Gender Dysphoria, which provides additional direction for assessing and protecting transgender and intersex inmates.</p> <p>Operationally, the review 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. Inmate records showing both the initial intake screening and the 30-day reassessment were also examined. Together, these materials showed a structured process for gathering PREA-related risk information, recording it accurately, and using it to support housing, supervision, and programming decisions.</p> <p>INTERVIEWS</p> <p>Risk Screening Staff</p> <p>Interviews with intake and classification staff showed that PREA screening is treated</p>

as a routine part of the admission process. Staff explained that screenings are completed promptly after arrival, typically within the first 24 hours when possible and no later than the 72-hour deadline. The questions address a broad range of factors, including prior victimization, criminal history, institutional behavior, and other indicators of vulnerability or risk.

Staff also described the reassessment process as systematic and ongoing. Every inmate is reassessed at 30 days, and additional reassessments are completed whenever new information emerges, such as a PREA-related allegation, a referral from staff, a temporary departure and return, or any other change affecting safety.

They further explained that the process is voluntary. Inmates are not disciplined for declining to answer a question. Staff may explain why the information matters and may revisit unanswered items later, but refusals are respected and no adverse action is taken.

PREA Compliance Manager

The PREA Compliance Manager explained that screening and reassessment are central to the facility's safety planning. Information gathered during intake and follow-up reviews is used to identify inmates who may be at greater risk of sexual victimization or who may pose a risk of abusive behavior. That information then informs housing placement, supervision decisions, and program assignments so that safety and placement choices are made with care.

The PREA Compliance Manager also noted that the same screening tools are used consistently throughout the facility. When appropriate, PREA risk information is reviewed with classification, medical, and mental health personnel so that decisions reflect both safety concerns and treatment needs.

PREA Director

The PREA Director confirmed that access to PREA screening information is limited to staff with a legitimate operational reason to know it. This includes medical and mental health practitioners, classification staff, the PREA Compliance Manager, and others whose duties require access for treatment, security, or management purposes. The PREA Director emphasized that this information is shared sparingly and protected from improper disclosure.

The PREA Director also confirmed that ADOC does not detain individuals solely for civil immigration enforcement. When immigration status is relevant, it is considered only as part of PREA-related risk assessment and not as a basis for detention or discipline.

Random Inmates

Inmates selected at random consistently described intake screening as prompt and focused on safety. They recalled being asked about prior victimization, housing concerns, sexual orientation, gender identity, and whether this was their first incarceration. They also reported that these questions were asked shortly after arrival and that follow-up screening occurred later during the early weeks of confinement.

Their responses reflected an understanding that the purpose of the process is to help staff make safer placement and supervision decisions. The inmates interviewed generally understood that the screening is meant to reduce risk and improve institutional safety.

Transgender Inmates

There were no transgender or intersex inmates assigned to the facility during the audit, so no interviews were available for this component of the review.

PROVISIONS

Provision (a): Intake Screening Requirement

The PAQ and related policy confirm that every inmate must be screened upon admission or transfer for risk of sexual victimization and risk of sexually abusing others. During the on-site review, intake staff walked the Auditor through the process and demonstrated how each screening tool is completed and documented. Staff explained what each question is intended to measure and how the responses are used, which gave the Auditor a clear view of the intake and classification process.

The Auditor reviewed 46 inmate records and found that each contained documentation showing completion of the initial PREA screening within the required 72-hour window, with most completed within the first 24 hours. These findings support compliance with this provision.

Relevant Policy

AR #454, V.B.1, p. 17

AR #454, V.B.2, a-c, p. 17

AR #454, V.B.3, p. 3, 17-18

Provision (b): Timely Completion

Facility policy requires intake screening within 72 hours of arrival. The PAQ reported that all 50 inmates admitted during the prior 12 months were screened within that timeframe.

The Auditor's independent review of 46 inmate records confirmed the reported result. Every file reviewed showed timely screening, and many assessments were completed on the day of arrival. Staff interviews reinforced that PREA questions are incorporated into the regular intake process.

Relevant Policy

AR #454, V.B.1, p. 17

AR #454, V.B.2, a-c, p. 17

AR #454, V.B.3, p. 3, 17-18

Provision (c): Objective Tools

ADOC uses standardized screening forms, specifically Forms 454-C and 454-K, to assess PREA risk. These tools guide staff through a defined set of risk factors and help ensure the process is applied consistently. Staff were familiar with the tools and explained how they are scored and documented. Record review confirmed that the

forms were used in a uniform and appropriate manner.

Relevant Policy

AR #454, V.B.1, p. 17

AR #454, V.B.2, a-c, p. 17

AR #454, V.B.3, p. 3, 17-18

Provision (d): Vulnerability Factors

The Auditor confirmed that the screening tools cover the required vulnerability factors, including age, physical build, mental or developmental disability, prior incarceration, criminal history, sexual orientation, gender identity, history of sexual victimization, self-identified vulnerability, and immigration status when applicable. These items are included in Part 1 of ADOC Form 454-C.

Relevant Policy

AR #454, V.B.1, p. 17

AR #454, V.B.2, a-c, p. 17

AR #454, V.B.3, p. 3, 17-18

Provision (e): Indicators of Abusiveness

Document review and staff interviews confirmed that the screening process also looks for indicators of potential abusiveness, including prior sexual abuse, convictions for violent offenses, and documented institutional violence. These factors are addressed in Part 2 of the PREA Risk Factors Checklist.

Relevant Policy

AR #454, V.B.1, p. 17

AR #454, V.B.2, a-c, p. 17

AR #454, V.B.3, p. 3, 17-18

Provision (f): Thirty-Day Reassessment

Policy requires all inmates to be reassessed within 30 days of the initial intake screening. The Auditor reviewed 46 inmate records and verified that every file contained a documented 30-day reassessment.

Relevant Policy

AR #454, V.B.1, p. 17

AR #454, V.B.2, a-c, p. 17

AR #454, V.B.3, p. 3, 17-18

Provision (g): Additional Reassessments

Staff interviews confirmed that reassessments are completed whenever an inmate is referred, requests another review, reports sexual abuse, or receives new information relevant to PREA risk. Staff gave practical examples that showed a firm understanding of when an additional reassessment is required.

Relevant Policy

AR #454, V.B.1, p. 17

AR #454, V.B.2, a-c, p. 17

AR #454, V.B.3, p. 3, 17-18

Provision (h): No Discipline for Refusal

Facility policy prohibits disciplinary action against inmates who decline to answer PREA screening questions. Staff explained that they may discuss the purpose of the questions and revisit them later, but the screening remains voluntary and refusals carry no penalty.

Relevant Policy

AR #454, V.B.1, p. 17

AR #454, V.B.2, a-c, p. 17

AR #454, V.B.3, p. 3, 17-18

Provision (i): Confidential Handling

The Auditor confirmed through interview and document review that PREA screening information is limited to staff with a need to know, including medical, mental health, classification, and PREA personnel. The policy includes safeguards to prevent unauthorized disclosure, and staff demonstrated awareness of those requirements.

Relevant Policy

AR #454, V.B.1, p. 17

AR #454, V.B.2, a-c, p. 17

AR #454, V.B.3, p. 3, 17-18

CONCLUSION

Based on the review of records, interviews with staff and inmates, and direct observation of intake and classification practices, the Auditor concludes that the facility meets the requirements of PREA Standard §115.41, Screening for Risk of Sexual Victimization and Abusiveness. Screening and reassessment are handled in a consistent and organized manner, risk information is used appropriately in housing and management decisions, and confidentiality protections are followed reliably.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.42, Use of Screening Information, the Auditor performed an extensive examination of agency and facility records detailing how PREA risk screening data influences housing assignments, classification outcomes, and program participation. Key materials included the completed Pre-Audit Questionnaire (PAQ) and its attachments, which outline the systematic integration of screening results into intake procedures, ongoing classification reviews, and daily</p>

operational decisions affecting inmate placement and supervision.

The primary governing document is Alabama Department of Corrections (ADOC) Administrative Regulation #454, Inmate Sexual Abuse and Harassment (dated May 29, 2025). This regulation provides clear statewide directives for applying screening information to minimize risks of sexual victimization and abusive conduct across ADOC facilities. Complementing this, ADOC Standard Operating Procedure (SOP) 454-5 was reviewed to confirm facility-level implementation of these requirements.

The Auditor also evaluated practical tools such as ADOC Form 454-C, Classification PREA Risk Factors Checklist, and ADOC Form 454-K, PREA Risk Assessment. These standardized forms direct staff toward objective, safety-focused criteria when determining housing, bed assignments, work details, education slots, and program access. In addition, the review covered inmate files, intake checklists, reassessment notes, and housing assignment logs, confirming that PREA data is actively utilized in decision-making rather than simply archived.

INTERVIEWS

Institutional PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager outlined a deliberate approach to housing and classification that prioritizes inmate safety above all. The IPCM confirmed that neither the facility nor ADOC operates under any consent decree, legal settlement, or court order mandating a dedicated LGBTI housing unit. Consequently, inmates identifying as lesbian, gay, bisexual, transgender, or intersex are typically placed in general population housing unless specific circumstances warrant protective or alternative arrangements to ensure their well-being.

The IPCM stressed that PREA screening results, combined with mental health evaluations and classification data, are meticulously analyzed to prevent housing inmates at higher risk of victimization alongside those assessed as more likely to engage in abusive behavior. Placement choices receive careful consideration, particularly when safety issues are documented. For transgender and intersex inmates, personal safety concerns expressed by the inmate are given serious weight and recorded as part of the classification process.

Staff Responsible for Risk Screening

Staff tasked with PREA risk screening described an individualized process that pairs standardized agency forms with direct inmate input. They noted that screenings allow inmates to voice safety worries, perceived risks, and preferences for housing or program compatibility. This combination of objective data and personal discussion helps staff make informed choices about bed assignments, work details, and educational or programmatic opportunities.

Staff underscored that the goal remains constant: to enhance inmate protection and facility order by leveraging screening information for prudent housing and supervision arrangements. They confirmed that these practices are applied uniformly to support both immediate and long-term safety.

PREA Director (PD)

The PREA Director clarified that housing and classification begin with an inmate's legal sex as assigned at birth, but this serves only as a starting point rather than the final determinant. Every inmate receives a tailored evaluation to confirm that placements align with safety needs and PREA expectations.

For transgender and intersex inmates, the PD highlighted that the inmate's perspective on their own safety holds significant influence in placement decisions. Such housing arrangements are reviewed at least every six months and promptly reassessed after any PREA incident, report, or emerging concern. The PD also noted that intake and reassessment interviews routinely explore potential enemies, past conflicts, or threats, all of which shape housing and classification outcomes.

PROVISIONS**Provision (a): Application to Decisions**

According to the PAQ, the facility employs PREA risk screening data to inform housing, bed assignments, work schedules, education access, and program involvement, specifically to keep inmates at greater risk of victimization apart from those deemed more prone to abusiveness. Discussions with the Institutional PREA Compliance Manager verified that this approach is standard in operations.

Review of 46 inmate files showed that PREA risk data was regularly cited and integrated into classification and housing choices. This confirmed that screening results drive practical, safety-oriented decisions, not just paperwork. Policy explicitly requires staff to weigh PREA assessments, mental health insights, and risk profiles when determining classifications and facility assignments.

Policy Reference:

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

Provision (b): Individualized Basis

The PAQ affirms that all housing and placement decisions rest on individual circumstances, with safety as the guiding principle. Policy ensures that PREA screening details and mental health evaluations shape not only housing but also work, education, and programming selections.

This method addresses each inmate's specific risks, vulnerabilities, and stated concerns, fostering a measured reduction in sexual harm potential and bolstering overall facility stability.

Policy Reference:

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

Provision (c)

Not applicable under current PREA standards.

Provision (d)

Not applicable under current PREA standards.

	<p>Provision (e) Not applicable under current PREA standards.</p> <p>Provision (f) Not applicable under current PREA standards.</p> <p>Provision (g) Not applicable under current PREA standards.</p> <p>CONCLUSION</p> <p>Through careful analysis of policies, records, inmate files, staff discussions, and observed practices, the Auditor determines that the agency and facility satisfy all relevant elements of PREA Standard §115.42, Use of Screening Information. Screening data is reliably and suitably directed toward housing, classification, and program choices. Tailored evaluations, regular reviews, and thoughtful attention to inmate safety needs are evident in both directives and execution, reflecting reliable adherence to the standard.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To determine compliance with PREA Standard §115.43, Protective Custody, the Auditor carried out an extensive examination of agency and facility records concerning the use of segregated housing and protective custody arrangements. The review focused on the facility’s completed Pre-Audit Questionnaire (PAQ) and accompanying materials, which outline the structured policies, operational procedures, and oversight processes for placing inmates in isolated or protective settings.</p> <p>The Auditor studied Alabama Department of Corrections (ADOC) Administrative Regulation #454, Inmate Sexual Abuse and Harassment (effective May 29, 2025), which sets firm agency-wide standards for protective custody and explicitly restricts the use of involuntary segregation for inmates facing risks of sexual victimization. ADOC Administrative Regulation #435, Segregated Housing, was also reviewed to assess the procedural protections, recordkeeping obligations, and regular review schedules applied to any segregated placements.</p> <p>Practical records examined included the facility’s housing assignment logs, segregation unit rosters, holding and crisis cell documentation, and Post-Allegation Protective Custody forms. These documents were scrutinized to confirm whether any inmates had been assigned to segregated housing for protective reasons tied to</p>

sexual abuse risks and to ensure adherence to documentation and periodic review mandates.

INTERVIEWS

Facility Head or Designee

The Facility Head affirmed that every placement in segregated housing—regardless of its underlying cause—is formally recorded and subjected to review at least every thirty days. This process provides consistent oversight and requires ongoing justification for continued segregation, with PREA-related factors given due consideration when relevant.

PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager reported that over the prior twelve months before the on-site audit, no inmates were placed in involuntary administrative or punitive segregation due to sexual victimization risks or as victims of sexual abuse. The IPCM noted that facility operations follow agency policy closely, favoring alternative housing measures wherever feasible and reserving protective custody for exceptional cases only.

Staff Who Supervise Inmates in Segregated Housing

Supervisory staff in segregated housing units, through structured interviews and casual exchanges, stated they observed no instances of inmates being assigned involuntarily to segregation for protective reasons linked to sexual abuse or retaliation. Current occupants of segregation were there for administrative needs or disciplinary matters, with no connection to PREA issues.

Inmates in Segregated Housing

No inmates in segregated units at the time of the audit reported placement due to sexual abuse claims or victimization concerns. Housing records and direct conversations verified that all segregated inmates were assigned for administrative reasons or disciplinary outcomes.

PROVISIONS

Provision (a): Limited Use of Segregation

The PAQ confirms that ADOC policy forbids placing high-risk sexual victimization inmates in involuntary segregated housing unless all other options prove inadequate. The facility documented zero such placements in the past twelve months. Reviews of records and discussions with the IPCM and Facility Head substantiated that no protective segregation occurred, aligning with policy and the provision's purpose.

Policy Reference:

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

Provision (b): Access to Programs and Privileges

The PAQ and staff accounts indicate that, should protective custody become necessary, inmates would maintain access to programs, privileges, education, and work to the greatest extent possible. Policy demands that any such assignment

remain temporary, well-documented, and justified. No instances requiring this provision arose in the past year.

Policy Reference:

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

Provision (c): Last Resort and Service Access

Agency rules reserve protective custody as a final measure, ensuring continued access to programs and services for affected inmates. The Facility Head verified practical adherence to these protections. No protective custody cases under this provision occurred during the review period.

Policy Reference:

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

Provision (d): No Interviews Required

The PAQ and IPCM confirmation showed zero protective custody placements in the prior twelve months, eliminating the need for targeted inmate interviews under this provision.

Policy Reference:

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

Provision (e): Thirty-Day Reviews

No inmates faced involuntary segregation for protective purposes in the audit period. Policy mandates thirty-day reviews for any such placement to assess ongoing need. Record checks confirmed this standard applies reliably to all segregation cases.

Policy Reference:

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

CONCLUSION

After a methodical review of facility records, staff and inmate interviews, and relevant agency policies, the Auditor finds the facility satisfies all elements of PREA Standard §115.43, Protective Custody. No inmates were placed in involuntary segregated housing for protective reasons during the review period. Policy aligns with PREA expectations, prioritizes alternatives to isolation, and includes firm protections to limit, document, and regularly evaluate any protective custody use.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>

To evaluate compliance with PREA Standard §115.51, Inmate Reporting, the Auditor performed a detailed examination of facility-provided records. The review encompassed the completed Pre-Audit Questionnaire (PAQ) and its supporting materials, which outline the structured reporting systems and staff duties concerning allegations of sexual abuse and harassment. A key document was Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment (dated May 29, 2025), the primary policy defining requirements for inmate and staff reporting.

The Auditor also studied the ADOC Inmate Handbook, which clearly informs inmates of their reporting options and confidentiality safeguards. Inmate legal mail envelopes were reviewed to confirm secure communication with outside authorities. The Memorandum of Understanding (MOU) with Securus Technologies was assessed, detailing external hotline services for anonymous inmate reports. Posters such as “NO MEANS NO” were examined as part of the facility’s efforts to promote zero tolerance and ensure inmates understand their rights and reporting channels.

OBSERVATIONS

During the on-site audit, the Auditor noted several practical steps ensuring inmates have reliable access to reporting tools and regular reinforcement of the facility’s firm stance against sexual abuse and harassment.

Prominent visual aids were evident across the facility. “NO MEANS NO” posters in English and Spanish appeared in housing units, intake areas, hallways, common rooms, and the dining hall. These displays consistently highlight PREA information and remind inmates of their rights and reporting paths.

Secure PREA drop boxes were observed in readily accessible locations throughout the facility. These provide a private means for inmates to submit written reports, including those made anonymously.

The Auditor tested inmate telephones in various housing units, confirming the *661 PREA hotline functioned properly at each site. The automated message indicated the call is toll-free, anonymous, and recorded, with up to two minutes allowed for leaving a message that is then routed for review and response.

Legal mail procedures were also verified through mailroom staff discussions. Inmates can obtain pre-addressed envelopes to contact the Director of the Law Enforcement Services Division (LESD) confidentially, enabling secure reporting of PREA concerns without interference.

INTERVIEWS

Random Staff

Staff selected at random showed a solid grasp of their duty to accept, record, and forward any report of sexual abuse or harassment without delay. They noted that reports can come verbally or in writing, anonymously or via third parties, and must be passed up the chain of command promptly. Staff confirmed they can report inmate-

related incidents privately to supervisors, the Institutional PREA Compliance Manager (IPCM), or the PREA Director.

Institutional PREA Compliance Manager (IPCM)

The IPCM described the facility's comprehensive reporting structure in detail. Inmates are made aware of internal options like staff contact, PREA drop boxes, and the hotline, as well as external channels such as the Office of Victim Services or the State Board of Pardons and Paroles. The IPCM highlighted the Securus Technologies MOU, which enables anonymous messages to an outside provider, forwarded electronically to the PREA Director for action.

Random and Targeted Inmates

Inmates interviewed, both at random and from targeted groups, consistently demonstrated knowledge of reporting methods. They cited approaches like speaking to staff, using drop boxes, dialing the hotline, notifying the PREA Compliance Manager, or having family or others report for them. Their responses showed that reporting details are well-communicated and accessible.

PROVISIONS

Provision (a): Inmate Reporting Options

The PAQ, records, and interviews established that inmates can report sexual abuse, harassment, retaliation, staff neglect, or policy lapses that enable such issues. Policy supports verbal or written reports, anonymous or third-party submissions, via drop boxes, the hotline, grievances, or confidential LESD mail. These varied channels meet diverse inmate circumstances effectively.

Relevant Policy:

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

Provision (b): External Reporting Access

Inmates have reliable external reporting through the Securus Technologies MOU, offering 24-hour access to the *661 PREA Hotline, ADOC Crime Tip Hotline, and ACAR Hotline for confidential, unrecorded support. These connect to outside public or private entities beyond agency control.

Provision (c): Staff Report Handling

Policy directs staff to document reports from any source, including anonymous or third-party ones, without delay. Staff interviews affirmed consistent application. The Inmate Handbook stresses confidentiality and protection, while AR #454 requires swift reporting of abuse, retaliation, or staff actions contributing to PREA risks.

Relevant Policy:

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

Provision (d): Staff Private Reporting

PAQ data and IPCM interviews verified that staff can report abuse or harassment privately. Policy provides secure channels free from retaliation concerns.

Relevant Policy:

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

CONCLUSION

From a methodical review of records, on-site observations, and staff and inmate interviews, the Auditor determines full compliance with PREA Standard §115.51, Inmate Reporting. Multiple accessible reporting paths for inmates and staff are well-established and promoted. Policies and operations ensure prompt, private, and thorough handling, reflecting steady dedication to safety, responsibility, and PREA standards.

115.52 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

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.

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.

INTERVIEW

Random Staff

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.

Random Inmates

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. The facility reported that no grievances alleging sexual abuse were filed within the past twelve months. 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:

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:

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:

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:

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

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

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.

	<p>Appeals escalate to Deputy General Counsel with identical 72-hour resolution 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: 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: ADOC AR #454, Section H.1.C, p. 31 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>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To determine compliance with PREA Standard §115.53, Inmate Access to Outside Victim Advocates for Emotional Support Services, the Auditor carried out a thorough examination of records supplied by the facility and the Alabama Department of Corrections (ADOC). This included the completed Pre-Audit Questionnaire (PAQ) and related materials, alongside ADOC Administrative Regulation #454 (Inmate Sexual Abuse and Harassment, dated May 29, 2025), which establishes clear protocols for</p>

prevention, reporting, and response to sexual abuse and harassment.

The review also covered the facility's active Memorandum of Understanding (MOU) with the Alabama Coalition Against Rape (ACAR), formalizing access to confidential emotional support for inmates alleging sexual abuse. Additional items included PREA posters in English and Spanish, flyers detailing the Alabama Advocacy Hotline (*661), and a directory of ACAR-affiliated One Place on the Shoals like with local contact details. These resources reflect a deliberate facility effort to inform inmates of external victim services and ensure practical access.

OBSERVATIONS

On-site observations during the facility tour revealed consistent placement of PREA materials in housing units and shared spaces. "NO MEANS NO" posters, available in English and Spanish, were prominently positioned and well-maintained, aiding inmates with limited English skills. Their visibility underscored steady reinforcement of PREA awareness, reporting options, and rights in daily living areas.

INTERVIEWS

Inmates

Inmates interviewed showed reasonable familiarity with external emotional support options. Many correctly referenced the ADOC PREA hotline (*661), noting that calls are recorded and may be shared with staff for security, investigation, or safety reasons. They confirmed receiving details on victim advocacy services and understood activation steps if required.

One Place on the Shoals

A telephone discussion with a representative from One Place on the Shoals in Florence, Alabama, verified that trained advocates stand ready to assist inmates before, during, and after forensic exams. Follow-up care ensures ongoing support and proper aftercare. The representative noted that inmates receive clear explanations of confidentiality limits, such as mandatory sharing for security, medical needs, or investigations.

Institutional PREA Compliance Manager (IPCM)

The IPCM affirmed the facility's current MOU with external support providers and outlined procedures for linking inmates alleging abuse to community advocates, including One Place on the Shoals. Shared documentation detailed coordination with partners to deliver prompt emotional support and crisis aid.

Alabama Coalition Against Rape (ACAR)

ACAR staff confirmed their partnership with ADOC to offer confidential emotional support to sexual abuse survivors, irrespective of incident timing. Access occurs via the inmate phone system at 1-800-639-4357 (4:00 p.m.-9:00 p.m.) or mail to P.O. Box 4091, Montgomery, AL 36102. ACAR coordinates with local centers for statewide coverage.

PROVISIONS

Provision (a): Access to Advocates

PAQ records and facility documents establish inmate access to external victim advocates for emotional support tied to sexual abuse claims. IPCM interviews and agreements like the ACAR MOU, plus One Place on the Shoals contacts, support this. Policy defines advocate roles and mandates notice of rights to crisis intervention, forensic care, and support during exams or interviews. The facility does not hold inmates solely for immigration enforcement.

Provision (b): Hotline Functionality

On-site phone tests confirmed the *661 PREA hotline operated reliably across units. Policy requires supervisory staff to check inmate phones per shift, a practice audit testing upheld. Inmates understood confidentiality limits, like mandatory reports for imminent harm or vulnerable adult abuse. One Place on the Shoals affirmed advocate duties to disclose such boundaries. Policy guarantees timely crisis services based on medical or mental health judgment.

Provision (c): MOU and Service Details

The ADOC-ACAR MOU specifies ACAR’s duty to deliver confidential emotional support, partnering with local providers for facility-wide access. The unrecorded, unmonitored 1-800-639-4357 hotline meets PREA confidentiality. ACAR and One Place on the Shoals confirmed services apply regardless of abuse timing or location. The MOU remains current, accessible, and properly maintained.

CONCLUSION

Through careful analysis of the PAQ, records, observations, and interviews with staff, inmates, and advocacy partners, the Auditor finds the agency and facility fully satisfy PREA Standard §115.53 requirements. Inmates receive clear information and practical access to external confidential emotional support for sexual abuse allegations.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.54, Third-Party Reporting, the Auditor undertook a thorough examination of the Pre-Audit Questionnaire (PAQ) and related materials provided by the facility and the Alabama Department of Corrections (ADOC). This assessment included a close review of ADOC’s publicly available website, focusing on the dedicated PREA section and the reporting tools accessible to the general public for submitting allegations on behalf of inmates. Central to the review was ADOC Administrative Regulation #454 (Inmate Sexual Abuse and Harassment, dated May 29, 2025), which lays out agency-wide standards

for preventing, reporting on, and addressing claims of sexual abuse and harassment. The Auditor also studied PREA reporting forms for Law Enforcement Sensitive Disclosures (LESD) and online resources prominently featuring the ADOC PREA email address reserved for third-party submissions. These elements collectively demonstrate a deliberate agency strategy to enable external individuals to report potential sexual abuse or harassment within correctional facilities.

INTERVIEWS

Inmates

Interviews with inmates revealed a solid and uniform grasp of third-party reporting possibilities. Those interviewed explained that claims of sexual abuse or harassment could be submitted by outsiders such as family members, friends, attorneys, or advocates acting on their behalf. Inmates showed familiarity with these channels and stated they would welcome or initiate such assistance if direct reporting felt impractical or difficult.

PROVISIONS

Provision (a): Publicly Accessible Reporting

The Alabama Department of Corrections sustains reliable third-party reporting options that align fully with PREA expectations. The Auditor confirmed these mechanisms are readily available via the agency's official website, where the public can navigate to the PREA reporting process through a clear link under the "About ADOC" section.

The PREA webpage lists the agency PREA Director's contact details and offers several straightforward methods for external reports. One path involves a specific online link for submitting formal investigation requests, effectively launching the third-party reporting procedure. Additionally, an email option directs allegations straight to the designated PREA address at DOC.PREA@doc.alabama.gov.

These open channels allow third parties—ranging from relatives and legal counsel to friends and victim supporters—to lodge reports of sexual abuse or harassment without undue obstacles. The range of methods promotes ease of access and underscores the agency's focus on openness, responsibility, and inmate protection.

Relevant Policy

AR #454, V.G.1.a, p. 21

AR #454, V.G.2.a, p. 21

CONCLUSION

Through a careful review of the PAQ, supporting records, ADOC website features, and inmate interviews, the Auditor determines that the Alabama Department of Corrections achieves full compliance with PREA Standard §115.54, Third-Party Reporting. The agency offers straightforward, public-facing, and varied reporting paths for external submissions, with inmates displaying clear knowledge of and trust in these options.

115.61	Staff and agency reporting duties
	<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"><u>DOCUMENT REVIEW</u></p> <p data-bbox="256 416 1469 698">To assess compliance with the Prison Rape Elimination Act (PREA) reporting and confidentiality standards, the Auditor conducted a comprehensive examination of the Pre-Audit Questionnaire (PAQ) along with all materials submitted by the facility and the Alabama Department of Corrections (ADOC). This extensive review included ADOC Administrative Regulation #454, dated May 29, 2025, which defines agency-wide protocols for reporting incidents, maintaining confidentiality, and responding to allegations of sexual abuse and harassment.</p> <p data-bbox="256 734 1477 1016">The Auditor also reviewed Administrative Regulation #302, which establishes procedures for incident reporting and reinforces staff responsibilities for timely notification and documentation of PREA-related events. Collectively, these documents reflect the department’s structured and methodical framework designed to ensure that personnel understand their obligations, safeguard sensitive information, and follow the correct reporting chain. The materials present a clear blueprint for consistency, accountability, and protection across all levels of the agency.</p> <p data-bbox="256 1057 456 1093"><u>INTERVIEWS</u></p> <p data-bbox="256 1128 667 1164">Facility Head or Designee</p> <p data-bbox="256 1200 1477 1612">During the interview, the Facility Head demonstrated thorough understanding of the legal and administrative mandates that govern the reporting of sexual abuse or sexual harassment. The Facility Head stated that every staff member bears the duty to report immediately any known, suspected, or disclosed information related to such incidents—whether they occur within the institution or involve agency personnel. This responsibility also includes episodes connected to retaliation or neglect in relation to abuse or harassment. In addition, the Facility Head noted that cases involving individuals under eighteen or those classified as vulnerable adults are promptly reported to appropriate state or local authorities, fully aligning with mandatory reporting laws.</p> <p data-bbox="256 1648 475 1684">Random Staff</p> <p data-bbox="256 1720 1465 2092">Throughout the interviews with randomly selected staff, participants consistently confirmed awareness of their duty to report allegations or suspicions without delay. Each employee acknowledged that all PREA-related information is considered confidential and may only be shared with individuals who have a legitimate need to know—such as supervisors, investigators, or healthcare providers. They emphasized that disclosure is prohibited unless required for treatment, investigation, security, or management. The group collectively underscored that reports are quickly directed to the Institutional PREA Compliance Manager (IPCM), who then ensures that investigative staff are properly notified.</p>

Medical and Mental Health Practitioners

The Auditor also met with medical and mental health practitioners who articulated a strong understanding of PREA reporting protocols. These professionals explained their duty to immediately report any allegation and their obligation to clearly inform the inmates they treat about the limits of confidentiality before providing care. The practitioners described how trauma-informed practices guide their management of evidence and sensitive information, ensuring both compliance and compassion in handling disclosures.

PREA Director

The PREA Director provided confirmation that all allegations—including those submitted anonymously or from third parties—are forwarded immediately to the facility's designated investigator. The Director stressed the importance of timely response, transparent communication between all levels of staff, and coordination among facilities, IPCMs, and investigative teams. Their emphasis illustrated the department's expectation of professionalism and vigilance in addressing every report that arises.

PROVISIONS

Provision (a)

Documentation within the PAQ verifies that all staff must report any information, knowledge, or suspicion of sexual abuse or harassment immediately, regardless of where it occurred or who was involved. This mandate extends to allegations of retaliation or neglect in connection with such incidents. In interviews, the Facility Head reaffirmed this expectation, underscoring the agency's zero-tolerance stance and commitment to prompt action. This requirement is outlined in ADOC Administrative Regulation #454, Section V.G.2.a (page 22).

Provision (b)

According to the PAQ, staff are strictly prohibited from disclosing any details concerning a sexual abuse report except to those supervisors or officials with a legitimate need to know. Any disclosure must remain limited to what is essential for treatment, investigation, or safety purposes. Interviews with random staff showed consistency in applying these confidentiality guidelines. Furthermore, policy allows staff to share only the minimum information necessary to protect individuals from imminent harm until investigators conduct formal interviews. The Auditor reviewed the Informed Consent for Medical Services form, which authorizes medical and mental health professionals to share pertinent information when required for care or safety. These parameters are confirmed in Administrative Regulation #454, Section V.G.2.b (page 23).

Provision (c)

Facility documentation and interviews confirmed that medical and mental health practitioners inform inmates of their reporting responsibilities and confidentiality

limits at the start of service. Each practitioner demonstrated understanding of this protocol and of the need to communicate transparently before care begins. The ADOC supports these efforts through dissemination of the Prison Rape Elimination Act: A Trauma-Informed Guide for First Responders, which details evidence preservation and confidentiality procedures. The requirement appears in Administrative Regulation #454, Section V.G.2.d (page 23).

Provision (d)

The PAQ further establishes that when the alleged victim is under eighteen or meets the criteria of a vulnerable adult under state or local law, the agency must report that allegation to the correct authority. Interviews with the Facility Head confirmed full adherence to this obligation. Policy specifically identifies the Alabama Department of Human Resources as the recipient agency for such reports, ensuring compliance with statutory and regulatory mandates. This provision is detailed in Administrative Regulation #454, Section V.G.2.e (page 23).

Provision (e)

The PAQ also confirms that all allegations of sexual abuse or harassment—including those received anonymously or through third-party channels—are directed to the facility’s designated investigator. The PREA Director further affirmed this practice during their interview. Policy requires that any related knowledge, suspicion, or information be immediately reported to the IPCM, the PREA Director, and the Investigations and Intelligence (I&I) staff under Administrative Regulation #302. The relevant section is ADOC Administrative Regulation #454, Section V.G.2.c (page 23).

CONCLUSION

Following a detailed analysis of documentation, policies, and interviews with administrative personnel, staff, and medical and mental health practitioners, the Auditor concluded that both the agency and facility satisfy every provision of the PREA standard concerning reporting duties and confidentiality. The review demonstrated consistent understanding and accurate application of reporting expectations throughout the institution. The facility’s practices reflect a disciplined adherence to PREA requirements, confidentiality protections, and mandatory notification procedures, affirming compliance with ADOC policy and regulatory standards.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW

In assessing the facility's compliance with PREA Standard §115.62, Protection of Inmates from Contact with Abusers, the Auditor conducted a detailed and comprehensive review of the Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on the policies and operational practices used to safeguard inmates from individuals identified, investigated, or confirmed as potential perpetrators of sexual abuse.

Central to this evaluation was ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment (dated May 29, 2025), which outlines the department's responsibilities for recognizing risk factors, responding to reported concerns, and minimizing incidents of sexual abuse and harassment across all correctional settings. The Auditor also examined materials that demonstrated application of these guidelines in practice, including inmate transfer records related to protective housing decisions and the facility's Housing Designation Log, which meticulously tracks movement and placements made in response to safety concerns.

Further supporting documentation included a memorandum from the Institutional PREA Compliance Manager (IPCM), dated October 22, 2025, detailing procedural expectations for inmate protection following suspected or confirmed risk indicators. The facility's Coordinated Response Plan provided clear operational direction, specifying how various staff roles interact when allegations arise or risks are identified. Collectively, these records reflected a deliberate and measured approach by the facility—one that balances inmate protection, policy adherence, and the need for prompt, reasoned response.

This comprehensive review illustrated that both ADOC and facility-level PREA procedures operate within a carefully structured framework designed to safeguard inmates, mitigate identified risks, and ensure coordinated actions between administrative, security, and clinical staff when confronting circumstances involving potential sexual harm.

INTERVIEWS

Interviews conducted with facility personnel further validated the documented procedures and showcased the agency's consistent application of protective practices.

Facility Head or Designee

The Facility Head confirmed that the facility responds decisively whenever an inmate is deemed at potential risk of sexual abuse. In every case, response measures are evaluated individually to ensure they align with both policy and ethical standards. Actions may include transferring the inmate to another housing unit or—when necessary—to another facility entirely. The Facility Head explained that alleged perpetrators are segregated, not as punishment, but as a preventive step to uphold safety and prevent further risk. Emphasis was placed on using the least restrictive housing approaches possible, thereby securing protection without unwarranted confinement. The Facility Head described how decisions are guided by documented assessments, professional judgment, and ongoing review by the IPCM and

administrative leadership to achieve balance between safety and humane treatment.

Random Staff

Interviews with randomly selected staff reinforced this commitment. Each participant demonstrated a clear and accurate understanding of emergency protocols for sexual abuse or harassment reports. Staff described their immediate priority as ensuring the involved inmate's physical safety—by separating the alleged victim from the suspected perpetrator, notifying supervisors without delay, and securing any potential evidence. Respondents emphasized that protecting the inmate is always the first and most urgent action, followed by formal reporting and documentation through the channels defined in ADOC policy. Their responses collectively reflected confidence, training comprehension, and the ability to act promptly under potentially sensitive circumstances.

PROVISIONS

In alignment with PREA Standard §115.62, the facility's PAQ and accompanying documentation affirm that protective measures are implemented without delay whenever there is a substantial risk of imminent sexual abuse. Interviews and observed practices demonstrate that both staff and administration treat such circumstances as critical incidents requiring immediate attention and coordinated response.

Agency policy directs that inmates identified as being at elevated risk of victimization—or those who report having experienced sexual abuse or harassment—should not be placed in involuntary administrative or punitive segregation unless all other reasonable alternatives have been considered and deemed impractical. This approach safeguards inmate well-being while maintaining necessary protective oversight. When high-risk or imminent threat situations occur, the Institutional PREA Compliance Manager (IPCM) assesses conditions, documents findings, and recommends appropriate housing or transfer adjustments. Final determinations rest with the Warden or designated official, who ensures each action receives formal review and justification before implementation.

This structured, hierarchical process balances prompt protection with professional oversight, allowing the facility to intervene efficiently while preserving procedural integrity and humane standards of confinement.

The applicable policy basis for these measures is found in ADOC Administrative Regulation #454, Section IV.K.3 (page 11), under regulation reference 661.

CONCLUSION

After conducting a thorough review of the PAQ, supporting documentation, relevant administrative regulations, and interviews with facility leadership and staff, the Auditor concludes that the facility demonstrates full compliance with PREA Standard §115.62. The processes in place effectively identify, assess, and mitigate imminent risks of sexual abuse and harassment through well-defined protective procedures. Decisions are made promptly yet carefully, ensuring inmate safety while upholding

	<p>administrative oversight and policy standards. These findings reaffirm that the facility’s protective measures and response protocols are consistent, reliable, and reflective of ADOC’s continuing commitment to maintaining safe and secure correctional environments.</p>
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <p>To evaluate compliance with PREA Standard §115.63, the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). This review included ADOC Administrative Regulation #454 - Inmate Sexual Abuse and Harassment, effective May 29, 2025, which establishes agency requirements for reporting allegations of sexual abuse or sexual harassment that involve other confinement facilities.</p> <p>The Auditor also examined ADOC Form 454-F, which is used to document notifications made to other confinement facilities when allegations involve incidents that are alleged to have occurred outside the receiving facility. In addition, the Auditor reviewed an Institutional PREA Compliance Manager (IPCM) memorandum addressing Standard §115.63, dated October 22, 2025. Collectively, these materials reflect the agency’s structured process for ensuring timely notification, documentation, and investigation of allegations involving other confinement facilities.</p> <p><u>INTERVIEWS</u></p> <p>Facility Head:</p> <p>During the interview process, the Facility Head confirmed that when an allegation of sexual abuse or sexual harassment is received from another agency, or when an inmate reports an incident that allegedly occurred at a different facility, the allegation is immediately assigned for investigation. The Facility Head explained that the facility where the alleged abuse occurred is notified as soon as possible and always within the required 72-hour timeframe, in accordance with agency policy. The Facility Head further confirmed that there were no such allegations received during the past twelve months.</p> <p>Agency Head Designee:</p> <p>The Agency Head Designee confirmed that all PREA-related notifications received by the agency—whether involving allegations of sexual abuse, sexual harassment, or staff sexual misconduct—are handled in accordance with established investigative procedures. The Agency Head Designee affirmed that allegations involving other confinement facilities are processed consistent with PREA standards and agency</p>

policy, ensuring appropriate notification, documentation, and follow-up.

PROVISIONS

Provision (a):

The PAQ indicates that when a facility receives an allegation that an inmate was sexually abused or sexually harassed at another confinement facility, the head of the receiving facility is required to notify the head of the facility or appropriate office where the incident is alleged to have occurred. This requirement is clearly outlined in ADOC Administrative Regulation #454, which mandates that the Warden provide such notification within 72 hours of receiving the allegation.

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

Provision (b):

As reported in the PAQ and confirmed by the Facility Head, agency policy requires that notification to the other confinement facility occur as soon as possible, but no later than 72 hours after the allegation is received. This requirement ensures timely communication and accountability between facilities when allegations involve incidents occurring outside the receiving institution.

The Facility Head confirmed that no such notifications were required during the past twelve months, a finding that was also supported by the IPCM memorandum dated October 22, 2025. During the audit, the PREA Compliance Manager provided a copy of ADOC Form 454-F for the Auditor's review, demonstrating the agency's established process for documenting such notifications when required.

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

Provision (c):

The facility affirmed through the PAQ that all notifications to other confinement facilities are documented using ADOC Form 454-F to ensure compliance with the 72-hour notification requirement. The Facility Head verified that no notifications were required during the previous twelve-month period.

Agency policy continues to require that all such notifications be properly documented, even when allegations are infrequent, to ensure consistency and compliance with PREA standards.

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

Provision (d):

The PAQ confirms that any allegations received from other confinement facilities or agencies are investigated in accordance with PREA standards and agency policy. The Facility Head verified during the interview process that no such allegations were received within the last twelve months, but affirmed that established investigative procedures remain in place should such a report be received.

	<p>Relevant Policy: ADOC Administrative Regulation #454, Section IV.H.7, page 9</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of the Pre-Audit Questionnaire, applicable policies and documentation, and interviews with agency and facility leadership, the Auditor concludes that the agency and facility meet all provisions of PREA Standard §115.63 – Reporting to Other Confinement Facilities. The agency maintains appropriate policy guidance, ensures timely notification within the required 72-hour timeframe, utilizes proper documentation, and adheres to investigative requirements consistent with PREA standards.</p>
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115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with the PREA standards governing staff first responder duties, the Auditor conducted a comprehensive examination of the facility’s Pre-Audit Questionnaire (PAQ) and the supporting documentation provided by both the facility and the Alabama Department of Corrections (ADOC). This review encompassed ADOC Administrative Regulation #454, dated May 29, 2025—a directive setting out agency-wide expectations for appropriately responding to any allegation of sexual abuse or sexual harassment.</p> <p>Included in the assessment were the PREA First Responder Duty Card and the PREA Pocket Guide for First Responders, both issued to staff members to reinforce the specific actions they are required to take when a PREA-related incident occurs. Collectively, these materials reflect the agency’s strong commitment to ensuring that personnel are prepared, trained, and equipped to respond promptly and compassionately, following a trauma-informed and policy-compliant protocol whenever such allegations arise.</p> <p><u>INTERVIEWS</u></p> <p>Throughout the interview process, staff across all levels consistently demonstrated a clear understanding of their roles under the PREA First Responder expectations. Security and non-security staff members alike were able to describe, in their own words, the necessary actions to be taken when responding to allegations of sexual abuse or sexual harassment.</p> <p>Security Staff</p> <p>Security personnel explained that they receive ongoing first responder training through annual in-service sessions, continuous job-specific instruction, and reinforced</p>

discussions at regular staff meetings. When describing their immediate response actions, these individuals expressed confidence and clarity—detailing how they would separate the involved persons, secure the scene, protect physical evidence, and notify supervisory personnel without delay. Their familiarity with agency expectations was evident, underscoring effective implementation of the PREA standards within daily operations.

Non-Security Staff

The Auditor also interviewed a selection of non-security staff who could clearly articulate what steps they would take if they were the first to receive a report of sexual abuse. These individuals confirmed they would promptly notify security, ensure that the alleged victim and perpetrator were separated, instruct those involved not to engage in any behavior that might compromise evidence, and maintain the security of the area until security arrived. Non-security staff stressed the importance of confidentiality and described their response approach as trauma-informed—prioritizing safety, calm communication, and emotional support for the affected inmate.

All Staff

Collectively, the interviews revealed strong consistency in the understanding of PREA procedures. Staff of all disciplines highlighted the importance of immediate reporting, medical access, evidence preservation, and confidentiality. Their responses reflected the effectiveness of institutional training and the shared culture of accountability established by ADOC policy.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no inmates within the facility who had reported sexual abuse during the preceding twelve months. Consequently, no inmate interviews were conducted under this standard.

PROVISIONS

Provision (a) - Policy Integrity and Documentation

The PAQ confirmed that ADOC maintains a formal first responder policy, as detailed in Administrative Regulation #454. Interviews with both security and non-security staff validated their awareness and comprehension of this policy. Each staff member interviewed possessed a laminated PREA First Responder Duty Card—an essential quick-reference guide outlining the precise actions to take in any PREA-related incident.

The Auditor reviewed the “Prison Rape Elimination Act (PREA) - A Trauma-Informed Guide for First Responders,” a spiral-bound pocket guide distributed throughout the facility. This resource provides foundational education in PREA definitions, prevention techniques, detection indicators, and step-by-step response procedures. It reinforces agency expectations and promotes consistent, compassionate handling of potential sexual abuse incidents, regardless of staff role.

Documentation within the PAQ and ADOC tracking records showed two allegations of

sexual abuse during the audit period. One allegation was inmate-on-inmate and the other was staff-on-inmate. Both were investigated criminally. Both were determined to be unfounded after investigation. All parties received written notification upon resolution.

The facility recorded zero allegations of sexual harassment.

Referenced Policy: ADOC Administrative Regulation #454, Section H.1.a-k, pp. 23-24.

Provision (b) - Training Coverage and Preparedness

According to the PAQ, no staff member—security or non-security—acted as a first responder during this period. However, the Auditor’s review of training materials confirmed that all facility personnel, including contractors and volunteers, receive first responder education as part of their orientation and annual reinforcement training.

This training emphasizes critical elements such as scene isolation, separation of the involved parties, prompt removal of uninvolved individuals, and the precise relaying of initial observations to investigators or supervisory command. These procedures ensure readiness and preserve the integrity of both evidence and the investigative process.

CONCLUSION

Following a thorough review of the Pre-Audit Questionnaire, the relevant ADOC policies, first responder reference materials, comprehensive training documentation, and interviews with staff members, the Auditor concludes that the facility fully complies with the PREA standard related to staff first responder duties.

Facility personnel—across all professional divisions—demonstrated a confident understanding of their responsibilities and consistently describe their actions in alignment with agency policy. Their preparedness and commitment affirm a workplace culture centered on safety, accountability, and respect for every individual under ADOC care.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>
	To determine compliance with PREA Standard §115.65 - Coordinated Response, the Auditor undertook a detailed review of agency and facility records demonstrating that a structured, multidisciplinary system exists for responding to allegations of sexual

abuse and sexual harassment.

The review began with an analysis of the Pre-Audit Questionnaire (PAQ) and its supporting documentation, which confirmed that the facility maintains a written coordinated response plan. This plan defines the responsibilities of each staff discipline—from first responders and healthcare staff to investigators and administrators—and provides a unified framework to guide the facility from the initial report through investigation and final resolution.

The Auditor examined Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, which governs the agency's overall response process. This regulation specifies the distinct roles of first responders, supervisors, medical and mental health practitioners, investigative staff, and administrative leadership. It demonstrates how these roles intersect to ensure an organized and timely response that prioritizes both investigative integrity and the safety of affected inmates.

The Auditor also reviewed the PREA First Responder Duty Card, a small laminated reference card issued to all employees. Designed for quick consultation, it presents the essential steps first responders must take during an incident. Its standardized format ensures that the response remains consistent regardless of staff assignment or shift.

Additionally, the PREA: A Trauma-Informed Guide for First Responders was reviewed. This spiral-bound pocket guide serves as a day-to-day reference to reinforce PREA principles and procedures. It provides clear explanations of definitions, prevention strategies, operational processes, and trauma-informed response techniques while also emphasizing the importance of collaboration across staff disciplines. The guide reflects ADOC's intention to maintain a measured and coordinated approach to all allegations.

Finally, the facility's Coordinated Response Standard Operating Procedure (SOP) was examined. This SOP serves as a localized extension of AR #454, outlining how security, healthcare, mental health, investigative, and administrative staff interact within the facility's specific operational context. The SOP emphasizes continuity of care, timely communication among disciplines, and orderly case management from the moment of the report through its conclusion.

INTERVIEWS

Facility Head

During the on-site portion of the audit, the Facility Head was interviewed to assess leadership oversight of the coordinated response plan. The Facility Head affirmed that the facility has both developed and implemented a plan that fully aligns with PREA and ADOC requirements. According to this account, every allegation of sexual abuse triggers a coordinated, step-by-step process involving multiple departments. Each role is clearly defined to ensure that all required protective measures are put into action without delay.

The Facility Head emphasized the critical importance of interdepartmental communication and teamwork, highlighting that first responders, health services, and investigators all operate within a shared framework that prioritizes inmate safety and coherent case management. Staff are trained to understand how their duties connect, ensuring responses remain well-organized and compliant with policy.

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

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

PROVISIONS

Provision (a)

The PAQ verifies that the facility has a written plan designed to coordinate the actions of first responders, medical and mental health providers, investigative staff, and administrators when an allegation of sexual abuse occurs. The plan's accuracy and implementation were confirmed through both document review and interview findings.

Under this plan, when a report of sexual abuse is received, staff act quickly and in cooperation with one another. Procedures direct that the alleged victim be protected, the alleged perpetrator be separated and monitored, and the scene be preserved for investigation. Immediate notification of facility leadership ensures oversight and compliance with both internal and external reporting standards.

The Auditor examined several sections within ADOC AR #454 that collectively define this system. These include provisions covering first responder duties (Section H.1, pp. 23-24), supervisory oversight (H.2, pp. 24-25), investigative responsibilities (H.3, pp. 25-26), special investigator functions (H.4, pp. 26-27), and the medical and mental health response process (H.5, pp. 27-28). Together, these sections support a comprehensive institutional framework that fosters collaboration among all staff categories and ensures the agency's collective response remains defined, consistent, and accountable.

CONCLUSION

Following a complete review of the PAQ, facility and agency policies, supporting documentation, and interview data, the Auditor concludes that the facility fully meets the requirements of PREA Standard §115.65 - Coordinated Response.

The facility's system is structured, well-documented, and effectively supported by continuous training. Each staff discipline understands its role in the coordinated

	<p>process, and the institution has shown a consistent ability to respond rapidly and appropriately to allegations of sexual abuse or sexual harassment. The policies and practices observed reflect a professional, policy-driven approach that aligns with PREA standards and reflects an ongoing commitment to trauma-informed care and institutional accountability.</p>
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<p>115.66</p>	<p>Preservation of ability to protect inmates from contact with abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.66, the Auditor conducted a detailed and systematic review of both agency-level and facility-specific documentation to confirm that the Alabama Department of Corrections (ADOC) possesses the authority and capacity to take prompt protective actions when staff are alleged to have engaged in sexual abuse involving inmates. The review aimed to ensure that administrative structures allow swift intervention to maintain safety and uphold the integrity of investigations.</p> <p>The examination began with the Pre-Audit Questionnaire (PAQ) and the supporting materials submitted by ADOC. These records affirmed that the State of Alabama does not engage in collective bargaining with correctional or facility staff, meaning that ADOC operates without labor union agreements that might otherwise restrict administrative decision-making. This absence of contractual limitations allows ADOC to take immediate and unfettered action when a credible allegation arises, including measures that temporarily separate the accused employee from inmate contact while an investigation is conducted. Such discretion underscores the department’s ability to act promptly to protect inmates and sustain impartial investigative procedures.</p> <p>The Auditor also reviewed ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025. This regulation outlines the agency’s comprehensive approach to responding to allegations of sexual abuse or harassment. In its directives, the regulation authorizes facility leadership to initiate administrative steps—such as reassignment, suspension, or restricted access to certain work areas—pending investigation outcomes. The clarity and consistency of these provisions demonstrate ADOC’s commitment to ensuring institutional safety through decisive, policy-based action while preserving due process. Together, these documents and regulatory frameworks portray an agency culture rooted in accountability, transparency, and proactive protection of inmates.</p> <p>INTERVIEW</p> <p>Agency Head Designee</p>

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

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

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

PROVISIONS

Provision (a)

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

This authority is codified in ADOC Administrative Regulation #454, which grants administrators the discretion to modify job duties, reassign personnel, or remove staff from inmate contact pending the completion of an investigation. These immediate actions are guided exclusively by considerations of safety and operational necessity, ensuring that inmate protection always takes precedence. While no cases requiring separation occurred during the twelve-month audit period, both documents and interviews confirmed that the framework remains active, functional, and fully compliant with PREA requirements.

Provision (b):

This provisions does not apply to this facility; therefore, no evaluation was necessary

under that section.

CONCLUSION

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

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

115.67	Agency protection against retaliation
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.67, the Auditor conducted a detailed review of agency and facility documentation that collectively demonstrates how retaliation protections are established and implemented. The review encompassed the completed Pre-Audit Questionnaire (PAQ) and supporting materials submitted prior to the on-site visit. Special emphasis was placed on Alabama Department of Corrections (ADOC) Administrative Regulation #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025. This regulation defines the agency’s framework for preventing retaliation and sets forth procedures for monitoring any individual involved in the reporting or investigation of sexual abuse or harassment. The Auditor also examined ADOC Form 454-D, Sexual Abuse/Harassment Retaliation Monitoring, which serves as the agency’s tracking tool for detecting, documenting, and addressing potential acts of reprisal. This form outlines how monitoring is initiated, maintained, and concluded, demonstrating a deliberate system that balances structured oversight with individualized attention. Collectively, the reviewed materials reflect an agency-wide commitment to ensuring that no one—staff or inmate—faces adverse treatment for participating in PREA reporting or investigations. The overall evidence portrays a process that is disciplined, transparent, and closely aligned with PREA standards. INTERVIEWS

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

Agency Head Designee

In discussions with the Agency Head's designee, the Auditor confirmed that retaliation monitoring begins immediately upon the filing of a PREA report. The monitoring process continues for at least 90 days, unless an allegation is determined to be unfounded, in which case monitoring may end sooner. The designee emphasized that protections are not limited to the alleged victim; they extend to any person—staff or inmate—who reports abuse, cooperates in an investigation, or voices fear of retaliation. Monitoring efforts, therefore, are inclusive and designed to ensure that all involved remain safe and supported while investigative processes unfold.

Facility Head

Facility leadership described the practical safeguards that support prevention efforts within the institution. These include careful observation of inmate housing changes, job reassignments, and disciplinary decisions, all of which are reviewed for signs of possible retaliatory behavior. Likewise, staff performance evaluations, work duties, and reassignments are also monitored. Facility leadership stated that a designated PREA staff member maintains oversight of these daily operations, reviewing them for any irregularities that could indicate retaliation. This oversight process provides assurance that the climate remains professional and balanced following any PREA-related report.

Retaliation Monitor

The designated Retaliation Monitor described their work as proactive, deliberate, and ongoing. The Auditor learned that all staff and inmates are routinely reminded of their right to report sexual abuse or harassment and to participate in investigations without fear of reprisal. Retaliation monitoring applies not only to victims but also to witnesses, reporters, and anyone who raises concerns about potential retaliatory action. Monitoring activities are recorded through documented check-ins for a minimum of 90 days—often conducted weekly—and are consistently logged on ADOC Form 454-D. The Retaliation Monitor confirmed that no substantiated incidents of retaliation occurred during the past 12 months, a finding consistent with institutional records.

Inmates in Segregated Housing

At the time of the audit visit, no inmates were housed in segregated settings as a result of reporting sexual abuse or being identified as at heightened risk of victimization. This finding supports the conclusion that segregation is not used as a default or protective measure in such cases but only when necessary and appropriate.

Inmates Who Reported Sexual Abuse

There were no inmates assigned to the facility at the time of the on-site audit who had reported sexual abuse allegations within the previous year. Consequently, no interviews were conducted in this category.

PROVISIONS REVIEW

Provision (a)

The PAQ and corroborating documentation confirmed that ADOC has established a formal policy guaranteeing protection from retaliation for anyone—staff or inmate—who reports sexual abuse or harassment or assists in a PREA-related investigation. The policy mandates monitoring for a period of at least 90 days, with extensions permitted when continued oversight is warranted. The Institutional PREA Compliance Manager (IPCM) is designated as the official responsible for ensuring adherence to the monitoring process. These requirements are articulated in ADOC Administrative Regulation #454, Section V.I. 1-6 (pp. 28-29).

Provision (b)

The facility employs several layers of preventive and protective measures designed to reduce the likelihood of retaliation. These include housing adjustments, job reassignments, physical separation of the alleged abuser from the reporting party, and the availability of supportive counseling or emotional care services. Facility administrators described these practices in detail, and the review of ADOC Form 454-D confirmed that no allegations of retaliation were substantiated during the previous audit cycle. The consistent application of these measures demonstrates adherence to ADOC AR #454, Section V.I. 5 (p. 29).

Provision (c)

ADOC policy mandates the monitoring of both inmates and staff for changes in behavior, demeanor, or working conditions that might suggest retaliation. This monitoring continues for at least 90 days and may be extended whenever risk factors persist. Both the PAQ and interview responses confirmed that no instances of retaliation had been reported during the past year, reinforcing the conclusion that the system functions as intended. This expectation is set forth under ADOC AR #454, Section V.I. 4 (pp. 28-29).

Provision (d)

The agency's method of documentation—using ADOC Form 454-D—records the frequency and scope of monitoring, the actions taken, staff observations, and the IPCM's verification signature. Records reviewed by the Auditor showed that monitoring occurred weekly, exceeding the 90-day minimum requirement and providing stronger ongoing oversight. This practice demonstrates diligence and transparency consistent with ADOC AR #454, Section V.I. 5 (p. 29).

Provision (e)

Both the records and interviews verified that retaliation monitoring is available to anyone expressing fear or concern—whether an inmate, witness, or staff member. These inclusive protections ensure equitable access to support and monitoring as stated in ADOC AR #454, Section V.I. 1-6 (pp. 28-29).

Provision (f)

This provision was not applicable during the current audit review.

CONCLUSION

	<p>Through careful examination of all relevant documentation, extensive interviews with agency and facility leaders, and direct engagement with correctional staff and inmates, the Auditor concludes that the Alabama Department of Corrections and this facility exceed the expectations of PREA Standard §115.67, Agency Protection Against Retaliation.</p> <p>The finding that monitoring checks occur weekly—rather than merely monthly—illustrates the agency’s proactive stance and consistent follow-through. Clear policies, detailed procedures, and assigned accountability collectively ensure that retaliation concerns are prevented, detected early, and promptly resolved.</p>
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115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>To determine compliance with PREA Standard §115.68, Post-Allegation Protective Custody, the Auditor carried out a thorough and structured review of documentation provided by the Alabama Department of Corrections (ADOC) and the audited facility. This review sought to verify that policies and procedures effectively safeguard inmates who report sexual abuse, while limiting the use of restrictive or segregated housing to only those instances where no suitable alternative can ensure safety.</p> <p>The analysis began with the Pre-Audit Questionnaire (PAQ) and a comprehensive collection of supporting records that outlined the facility’s process for managing post-allegation protective custody. A principal document examined was ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025, which establishes detailed agency-wide procedures governing decisions to use segregated housing after an allegation of sexual abuse. The regulation specifies that placing an inmate in involuntary segregated housing is permissible only as a last resort—after a documented assessment has determined that all less restrictive alternatives are either unavailable or insufficient.</p> <p>The Auditor also reviewed the Institutional PREA Compliance Notice (IPCN) Memorandum, dated October 22, 2025. This memorandum summarized facility-level actions and affirmed continued compliance with the standard, noting that recent operational reviews had produced no instances requiring such segregation. Additionally, ADOC Form 454-H, Prison Rape Elimination Act (PREA) Post-Allegation Protective Custody Form, dated January 4, 2016, was examined. This standardized document serves as the official instrument for recording all determinations involving protective custody, including the justification for placement, the duration of confinement, and details of administrative review.</p> <p>Taken together, these materials reflect a sound policy structure emphasizing</p>

transparency, individualized assessment, and cautious application of restrictive measures. The evidence substantiates ADOC's intentional and methodical approach to safeguarding inmates while maintaining fairness and proportionality in housing decisions.

OBSERVATIONS

During the on-site audit, the Auditor toured housing units and observed typical living conditions within both general population and specialized housing areas. The tour revealed no instances in which inmates who had reported sexual abuse were housed in segregated conditions for protective purposes. Facility processes and housing placements were consistent with classification guidelines and demonstrated structured oversight.

Further review of institutional logs and interviews with supervisory staff confirmed that, within the current audit cycle, the facility did not use involuntary segregation following a sexual abuse report. The facility's housing practices reflected deliberate evaluation, ensuring that inmates were placed in environments conducive to safety and stability rather than isolation.

INTERVIEWS

Structured interviews with facility leadership and security staff provided additional insight into how post-allegation protective custody procedures operate within everyday management.

Facility Head

During interviews, facility leadership described ADOC's explicit policy that prohibits automatically placing victims of sexual abuse in segregated housing. Instead, leadership emphasized that each case receives an individualized review to determine the safest and least restrictive housing option. Segregation for protective purposes is rare and considered only after all alternative placements—such as housing reassignment or inter-facility transfer—have been evaluated and documented as unsuitable.

When such placement becomes unavoidable, the Facility Head explained that every decision is fully documented using ADOC Form 454-H, which records the basis for the segregation, the projected duration, and subsequent review decisions. Leadership also noted that every case of involuntary segregation undergoes formal evaluation at least once every 30 days to determine whether continued separation remains justified. To further reduce reliance on segregation, the facility may, when appropriate, temporarily transfer an inmate to an alternate location where protection can be maintained without restrictive housing.

Facility Staff

Security and housing staff also demonstrated a clear understanding of policy expectations. They confirmed that staff never automatically use segregation as a protective measure following an allegation and that every decision is guided by the principle of using the "least restrictive means necessary." Before recommending

protective custody, staff explore various options, including reassignment within the facility or separation of identified parties.

Staff further explained that when an inmate is placed in protective custody, efforts are made to preserve access to daily programs, religious services, jobs, and educational opportunities, consistent with institutional security needs. Maintaining normal activity participation helps prevent the protective placement from becoming punitive in nature. Staff conveyed confidence in the facility's system, noting that oversight by supervisory leadership ensures any potential placement receives thorough documentation and regular administrative review.

By the conclusion of the on-site audit, evidence from both document review and interviews converged: during the previous twelve months, no inmates had been held in involuntary segregated housing for protective reasons. Policies were being implemented as written, and the facility continued to uphold ADOC's principle of minimizing restrictive housing for individuals reporting sexual abuse.

PROVISIONS

Provision (a)

The review of PAQ materials, agency records, and staff interviews confirmed the facility's adherence to ADOC and PREA regulations governing post-allegation protective custody. ADOC policy strictly limits the use of involuntary segregation for inmates reporting sexual abuse, allowing such measures only after all other accommodations are deemed infeasible to ensure safety.

When restrictive housing is necessary, the decision process requires complete documentation through ADOC Form 454-H, including the reason for placement and the plan for termination or transition. Administrative Regulation #454 further mandates periodic assessment—at minimum every 30 days—to determine continuing need. It also requires that inmates retain access to core services, programs, and privileges to the greatest extent safe and practical.

During this 12-month audit period, the Auditor confirmed that no incidences required use of post-allegation protective custody either within the first 24 hours of reporting or in extended housing review periods. Records and interviews substantiated that the safeguards outlined in ADOC Administrative Regulation #454, Section V.K., 1-4 (pages 30-31) were in full effect and well understood by staff.

CONCLUSION

Based on a comprehensive evaluation of documentation, facility records, staff interviews, and site observations, the Auditor concludes that the facility meets all requirements of PREA Standard §115.68. The findings confirm that decisions regarding post-allegation protective custody are carefully evaluated, supported by written justification, and subject to consistent administrative monitoring.

The facility's adherence to ADOC's regulatory framework demonstrates a disciplined

	<p>and humane approach to inmate safety. Staff at every level showed a clear understanding of how to preserve security while respecting dignity and promoting access to services. The combination of strong policy, transparent documentation, and active oversight ensures compliance with federal PREA expectations and reflects ADOC’s continued commitment to a safe, respectful, and accountable correctional environment under regulation.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.71, Criminal and Administrative Investigations, the Auditor conducted a comprehensive review of documentation provided by both the facility and the Alabama Department of Corrections (ADOC). The review encompassed the completed Pre-Audit Questionnaire (PAQ) and its supporting materials, which collectively outlined the methods by which the agency manages, documents, and preserves investigative processes related to sexual abuse allegations.</p> <p>Key documents examined included 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. The Auditor also reviewed ADOC Form #454-C, Investigative Summary Report, as well as records detailing investigative outcomes, minutes from Investigative Review Team meetings, and completed Notification to Inmate Forms. These materials collectively offered a clear and thorough view of how the investigative process operates from initial report through case closure.</p> <p>The documentation showed that ADOC’s investigative system is structured to ensure prompt response, diligent evidence collection, and continuous documentation. Each case is handled through a consistent sequence that begins with intake of the allegation, proceeds through the interview and evidence-gathering stage, and concludes with comprehensive review and disposition. This framework reinforces transparency and accountability throughout the process and illustrates ADOC’s commitment to integrity, professionalism, and inmate safety under the standard.</p> <p>INTERVIEWS</p> <p>Interviews with agency personnel, facility staff, and available inmates served to validate the procedures described in the documentation and provided substantial insight into the practical implementation of investigative standards.</p>

Investigation Staff

Investigators described a consistent and disciplined approach to managing allegations. Each report—whether received verbally, in writing, through confidential means, by telephone, or anonymously—is treated with equal seriousness and acted upon immediately. Investigative staff outlined a sequential process for interviewing individuals involved: starting with the alleged victim, then witnesses, and finally the accused party.

They emphasized that evidence collection is carried out only by trained investigators or, when appropriate, by SAFE/SANE professionals, ensuring technical precision and sensitivity. Investigators reported receiving National Institute of Corrections (NIC)-approved training in evidence preservation and sexual abuse investigation techniques. They confirmed that compelled interviews are delayed until consultation with prosecutorial authorities occurs, preventing potential compromise of a criminal inquiry. Credibility determinations are made individually and objectively, without the use of polygraph or truth-verification devices.

Investigators also conveyed that administrative review includes determining whether staff actions or failures contributed to any incident. All findings are captured in detailed reports that include both physical and testimonial evidence. Cases remain open for full resolution even when a victim or staff member leaves custody or employment before completion, ensuring that accountability extends beyond immediate facility operations.

Institutional PREA Compliance Manager (IPCM)

The IPCM affirmed that investigations are never discontinued due to personnel changes or inmate transfers. Each allegation remains active until properly concluded, ensuring procedural completeness. This continuing oversight reflects adherence to agency directives and reinforces ADOC's policy of maintaining transparent investigation results regardless of employee or inmate status.

PREA Director

The PREA Director described ADOC's record management system, explaining that investigative files are retained for the duration of an involved individual's incarceration or employment plus an additional five years. Relevant inmate information is stored indefinitely within the SCRIBE system—an electronic recordkeeping platform that supports centralized archival access, accuracy, and secure audit trail maintenance.

Facility Head or Designee

Facility leadership reported that, within the past audit year, no substantiated PREA allegations were referred for prosecution. That statement aligned with documentation reviewed during the audit, which reflected that investigative outcomes were consistent with policy and subject to full internal review.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, no inmates were assigned to the facility who had reported sexual abuse. Therefore no inmates were interviewed from this group for the standard.

Collectively, these interviews revealed thorough understanding of the agency's investigative mandate, demonstrating accuracy, compassion, and accountability in staff performance.

PROVISIONS

Provision (a)

The facility maintains policies requiring prompt and thorough investigations of all sexual abuse and sexual harassment allegations, as reflected in the PAQ and verified during staff interviews. Investigative procedures follow ADOC AR #454 and SOP I&I #454. However, the Auditor noted isolated delays in initiating certain investigations, ranging from 30 to 60 days after the initial report, which does not fully align with PREA timeliness standards. Review of the past twelve months' data indicated 86 total allegations, with 79 classified as sexual abuse cases and 7 as sexual harassment cases. Among sexual abuse cases, 67 were ongoing, 8 unfounded, 4 unsubstantiated, and none substantiated. All victims received appropriate medical and mental health services, retaliation monitoring, and written notifications, demonstrating compliance in service provision.

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

Provision (b)

All investigators have completed specialized PREA training in sexual abuse investigations, as required under SOP I&I #454 and PREA Standard §115.34. Training records were reviewed and verified during the audit.

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

Provision (c)

Investigators gather and preserve both direct and circumstantial evidence, including physical evidence, DNA, and electronic monitoring data. They interview victims, alleged perpetrators, and witnesses, and review any prior complaints involving the accused. These practices were consistently described during interviews and confirmed by documentation.

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

Provision (d)

Compelled interviews are only conducted following consultation with prosecutorial authorities, ensuring that potential criminal proceedings are not compromised. Investigative staff affirmed this practice during interviews.

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

Provision (e)

The credibility of all individuals—victims, witnesses, and alleged abusers—is assessed on a case-by-case basis without bias, and polygraphs or truth-telling devices are not utilized. Staff confirmed these procedures, which were also supported by review of investigative reports.

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

Provision (f)

Administrative investigations assess whether staff actions or inactions contributed to incidents. Written reports document physical and testimonial evidence, credibility assessments, and conclusions in accordance with policy.

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

Provision (g)

Criminal investigations are comprehensively documented, including summaries of all physical, testimonial, and documentary evidence. When feasible, supporting documentation is attached to the investigative reports.

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

Provision (h)

Investigative records are retained for the duration of the accused individual's incarceration or employment, plus an additional five years. The PREA Director confirmed this retention policy, consistent with AR #454.

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

Provision (i)

Although investigations are handled internally, the facility affirmed that it would fully cooperate with external investigative bodies and seek updates as appropriate should such circumstances arise.

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

Provision (j)

Investigations continue regardless of whether the alleged abuser or victim has left the agency's custody or employment, a practice confirmed by the IPCM and PREA Director.

	<p>Relevant Policy</p> <p>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</p> <p>Provision (k)</p> <p>Not applicable for this audit.</p> <p>Provision (l)</p> <p>While external agency involvement in PREA investigations is infrequent, the facility confirmed a commitment to full cooperation in such instances. All current investigations are conducted internally by the ADOC Law Enforcement Services Division (LESB).</p> <p>Relevant Policy</p> <p>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</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of documentation, investigative records, on-site observations, and interviews with leadership, investigative personnel, and inmates, the Auditor concludes that the facility and ADOC are fully compliant with PREA Standard §115.71 - Criminal and Administrative Investigations. The investigative system functions in an orderly, evidence-driven, and transparent manner consistent with federal expectations and departmental regulations.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.72, Evidentiary Standard for Administrative Investigations, the Auditor conducted an extensive and methodical review of documentation provided by both the facility and the Alabama Department of Corrections (ADOC). The purpose of the review was to confirm that the agency applies a consistent, legally defined evidentiary standard when investigating allegations of sexual abuse and sexual harassment, ensuring that every inquiry is executed with professionalism, objectivity, and accountability.</p> <p>The Auditor examined the completed Pre-Audit Questionnaire (PAQ) along with its supporting materials, which outlined ADOC’s investigative framework and the procedural safeguards governing administrative inquiries. The central documents reviewed included ADOC Administrative Regulation #454 - Operations & Legal, Inmate Sexual Abuse and Harassment, dated May 29, 2025, and ADOC Administrative Regulation #300 - Investigations and Intelligence Division, dated August 11, 2004.</p>

Together, these regulations establish the foundation for the department's investigative expectations, defining the appropriate evidentiary threshold, protocols for documentation, and guidelines for report distribution.

The materials collectively demonstrated a structured, agency-wide approach designed to ensure that investigations are conducted thoroughly and impartially. Each stage—from evidence collection to administrative review—reflects ADOC's commitment to maintaining accurate records and preserving the credibility of investigative outcomes. The documentation also confirmed that findings are distributed according to defined authority channels, balancing transparency with respect for confidentiality. This system supports both administrative and prosecutorial integrity while reinforcing the department's compliance with PREA investigative standards under regulation 661.

INTERVIEWS

Interviews conducted with investigative staff provided valuable insight into how these policies are applied in practical circumstances.

Investigators explained that every allegation of sexual abuse or harassment prompts a comprehensive and immediate investigation, regardless of the source or manner of reporting. They described the investigative process as methodical and evidence-centered, starting with the collection of tangible and testimonial evidence from all relevant parties. The process includes documentation of statements from the alleged victim and accused individual, interviews with witnesses, and preservation of physical materials from the incident location whenever possible.

Investigative staff emphasized the importance of consistency in applying the evidentiary standard. They confirmed that the determination of whether an allegation is substantiated relies on the preponderance of the evidence—the standard requiring that it be more likely than not that the incident occurred. In some special cases defined by agency policy, a lower threshold may apply when internal disciplinary or safety concerns are under review rather than criminal proceedings. This standardized approach allows administrative investigations to maintain legal alignment while preserving objectivity.

After compiling all findings and evidence, investigators prepare a formal summary report that documents every stage of the process, including interviews, supporting materials, and conclusions. Completed reports are submitted to facility administration and forwarded, when criminal conduct is suspected, to the District Attorney's Office for prosecutorial assessment. Staff noted that these reports also undergo internal review through supervisory and departmental channels to ensure quality control and procedural accuracy.

Throughout interviews, investigative personnel conveyed a consistent understanding of both policy expectations and professional ethics, demonstrating that ADOC's commitment to integrity and fairness is reflected in the day-to-day conduct of its investigative operations.

PROVISIONS

Provision (a)

Agency policy definitively establishes the evidentiary standard governing all administrative investigations of sexual abuse and harassment. The preponderance of the evidence standard—meaning that the incident is determined to have occurred if supported by evidence showing it was more likely than not—is applied uniformly across all cases. This threshold aligns precisely with the federal PREA requirement and provides a clear, defensible foundation for investigative decisions.

The review of ADOC Administrative Regulation #454 and Regulation #300 confirmed that each investigation adheres to these expectations both procedurally and structurally. Regulation #454 further articulates the detailed process for documenting and distributing investigative reports. Once completed by the Law Enforcement Services Division (LESD)—previously known as the Investigations and Intelligence Division—each report is formally transmitted to the designated recipients. These include the Commissioner or a designated representative, relevant Deputy Commissioners and Institutional Coordinators, the District Attorney of the county holding prosecutorial jurisdiction when criminal conduct is identified, and the ADOC official who initiated the investigation request.

In cases involving central office personnel, policy specifies distribution solely to the Commissioner of Corrections, restricting circulation to preserve confidentiality and operational security. These protocols ensure that investigative results reach the appropriate authorities without compromise, protecting both investigative integrity and the privacy of those involved.

By uniformly implementing this evidentiary and distribution framework, ADOC demonstrates sustained consistency and clear alignment with PREA expectations.

CONCLUSION

After conducting a full review of investigative regulations, documentary evidence, and interviews with staff directly involved in administrative inquiries, the Auditor finds that the Alabama Department of Corrections and the facility are fully compliant with PREA Standard §115.72. The agency applies the correct evidentiary standard of a preponderance of the evidence when evaluating allegations of sexual abuse or sexual harassment, and maintains comprehensive documentation of findings through structured internal and external reporting channels.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.73 – Reporting to Inmates, the Auditor conducted a comprehensive review of documentation submitted by the Alabama Department of Corrections (ADOC) and the facility. The purpose of this review was to verify that inmates receive prompt, accurate, and confidential communication regarding investigative outcomes following allegations of sexual abuse or harassment.

The review included the completed Pre-Audit Questionnaire (PAQ) and pertinent supporting materials such as ADOC Administrative Regulation (AR) #454 – Operations & Legal, Inmate Sexual Abuse and Harassment, dated May 29, 2025; investigative outcome and disposition reports; and signed Notification to Inmate Forms documenting communication with affected individuals. Collectively, these documents established that ADOC has a structured process ensuring that notifications are delivered promptly, documented appropriately, and managed with professional discretion.

The reviewed materials reflected an agency-wide commitment to transparency and accountability. Each stage—from the conclusion of an investigation to the issuance of official notifications—demonstrated careful adherence to policy requirements and PREA standards. The process balances the dual responsibilities of informing inmates of outcomes while maintaining the strict confidentiality required in sensitive investigative matters. Records reviewed showed that the system operates consistently across facilities, reflecting sound administrative oversight and compliance under the standard.

INTERVIEWS

Interviews with investigative staff provided insight into the procedures followed once an investigation has been completed. Staff explained that upon closure of a case, the Law Enforcement Services Division (LES) prepares formal written notifications for both the alleged victim and the alleged perpetrator. These close-out letters clearly communicate the disposition of each investigation—confirming whether an allegation was substantiated, unsubstantiated, or unfounded—and provide a concise summary of the findings.

Investigators emphasized that these notifications are not merely administrative tasks; they serve vital functions in promoting transparency, fulfilling PREA reporting requirements, and upholding institutional accountability. Each communication is crafted to ensure all parties understand the outcome while protecting against unnecessary disclosure of sensitive information. Staff clarified that communication is handled through controlled channels, with strict safeguards to preserve the confidentiality and dignity of every individual involved.

This explanation demonstrated that the facility and investigative teams take a disciplined, professional approach to inmate notification—one that reflects concern for accuracy, privacy, and procedural compliance.

PROVISIONS

Provision (a)

During the review period, agency documentation recorded two allegations of sexual abuse occurring within the past twelve months—one involving inmate-on-inmate conduct and the other alleging staff-on-inmate misconduct. Both cases were referred to the LESD for investigation as criminal matters. Following detailed inquiry, each allegation was determined to be unfounded, and prosecution was declined.

Consistent with policy, the facility ensured that alleged victims were offered prompt access to medical and mental health services immediately after the reports were made. Retaliation monitoring was implemented in accordance with ADOC Administrative Regulation #454, Section IV.C. 5-6 (pp. 5-6) and continued through the conclusion of the investigations. Because both reports were determined unfounded, a Sexual Abuse Incident Review was not required. These actions reinforced ADOC's emphasis on providing appropriate support and documentation even when allegations do not result in substantiated findings.

Relevant Policy: ADOC AR #454, IV.C. 5-6, pp. 5-6

Provision (b)

Not applicable for this facility.

Provision (c)

Agency policy also requires that inmates be notified when an allegation involves a staff member and certain employment changes occur. In these situations, inmates are informed if the involved staff member is no longer employed, has been reassigned away from inmate contact, or has faced indictment or conviction related to sexual abuse. Every notification is formally documented and retained according to established administrative standards, ensuring compliance and accountability in communication. These requirements are explicitly defined in ADOC AR #454, Section IV.C. 6 (p. 6).

Interviews and supporting documentation confirmed that notification procedures were applied accurately and consistently. Facility staff demonstrated clear familiarity with the process and reinforced that communication with inmates is both timely and handled with sensitivity.

Relevant Policy: ADOC AR #454, IV.C. 6, p. 6

Provision (d)

As noted under Provision (a), the facility did not have any inmate-on-inmate sexual abuse cases resulting in criminal indictment within the past 12 months.

Provision (e)

The audit verified that neither of the two reported allegations resulted in criminal indictment or disciplinary action; however, procedures for inmate notification

remained active and compliant throughout. The PAQ, records review, and interviews collectively demonstrated that all involved inmates received appropriate notification regarding investigative outcomes as required by PREA standards.

CONCLUSION

After a thorough review of policy documents, investigative records, notification forms, and staff interviews, the Auditor concludes that the Alabama Department of Corrections and the audited facility fully meet the requirements of PREA Standard §115.73 - Reporting to Inmates.

The evidence confirms that ADOC maintains a dependable and transparent reporting system that ensures inmates are informed of investigative developments and conclusions with timeliness and clarity. Notification practices are carefully managed, professionally documented, and aligned with all federal and agency expectations. Each communication reflects the department’s ongoing commitment to inmate rights, confidentiality, and procedural diligence.

This structured method—supported by policy, documentation, and consistent staff performance—shows a well-maintained framework for accountability and reinforces ADOC’s role as a responsible, policy-compliant correctional authority dedicated to integrity and transparency in all PREA-related reporting processes.

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 an in-depth review of documentation provided by the Alabama Department of Corrections (ADOC) and the facility. The materials examined included the completed Pre-Audit Questionnaire (PAQ), accompanying records, and several principal policy documents: ADOC Administrative Regulation (AR) #454 - Operations & Legal, Inmate Sexual Abuse and Harassment, dated May 29, 2025; ADOC Administrative Regulation (AR) #208 - Personnel, Employee Standards of Conduct and Discipline, dated May 1, 2024; and the corrective-action tables found in ADOC 208 Annex E.</p> <p>Together, these materials presented a structured and well-defined disciplinary framework that governs staff conduct and accountability within ADOC facilities. The regulations clearly delineate expectations for professional behavior, establish procedures for corrective or punitive action, and prescribe the range of sanctions applicable for violations of policy related to sexual abuse, sexual harassment, or sexual misconduct. The Auditor found that the documentation demonstrated</p>

consistency between statewide standards and facility-level practices. ADOC's disciplinary system reflects an organized and transparent approach built on fairness, procedural accuracy, and unwavering adherence to PREA standards.

INTERVIEWS

Facility Head

During interviews, the Facility Head confirmed that every employee, regardless of position, is subject to formal disciplinary action for violations of agency policy related to sexual abuse, sexual harassment, or sexual misconduct. The Facility Head clarified that termination is the presumptive sanction for any staff member found to have participated in sexual abuse, and this rule applies uniformly to all staff classifications within ADOC's employment system.

Over the past twelve months, the facility had no recorded staff violations under these provisions—no employees resigned in lieu of termination, and no corrective disciplinary measures were required. The Facility Head stressed that, should any case occur, disciplinary responses would be carefully calibrated to match the nature and severity of the offense, the staff member's prior disciplinary record, and standards applied in comparable cases throughout the agency.

The interview emphasized that these measures are not merely punitive but preventive, designed to uphold professional integrity and reinforce institutional accountability. The Facility Head expressed confidence that ADOC's system remains active and prepared to respond decisively to proven misconduct.

PROVISIONS

Provision (a)

Agency policy firmly establishes that all staff are subject to disciplinary sanctions when found to have violated sexual abuse or harassment prohibitions. Regulations under ADOCAR #454 specify that any staff member who engages in sexual abuse within a correctional or confinement setting—or who is convicted, civilly, or administratively adjudicated for coercive sexual acts in the community—may face disciplinary action up to and including termination. This standard, embedded within agency policy, promotes accountability and reflects full compliance with PREA expectations.

Relevant Policy – ADOCAR #454, V.A.6.d, p. 16

Provision (b)

According to the PAQ and statements by facility leadership, there were no violations of sexual abuse or harassment policy by staff during the twelve-month review period. Because no violations occurred, no dismissals or resignations were recorded. The facility's disciplinary framework includes a detailed corrective-action matrix under ADOCAR #208 that defines sanctions ranging from verbal counseling to immediate dismissal, accompanied by formal procedures for pre-dismissal conferences and resignation documentation. Termination remains the established response when

investigations substantiate sexual abuse allegations.

Relevant Policy - ADOC AR #208 - Personnel,
Employee Standards of Conduct and Discipline, dated May 1, 2024

Provision (c)

Although no disciplinary actions were required during the audit period, interviews and record review confirmed that any future sanctions would be applied consistently and proportionally. The process ensures parity across similar offenses, taking into account the individual's disciplinary history, the seriousness of the violation, and adherence to ADOC personnel procedures. This balanced approach supports fairness and compliance with PREA requirements.

Relevant Policy - ADOC AR #208 - Personnel,
Employee Standards of Conduct and Discipline, dated May 1, 2024

Provision (d)

Agency policy mandates that whenever termination or resignation in lieu of termination occurs for sexual abuse or harassment violations, the incident must be reported to law enforcement and, when relevant, to professional licensing authorities unless the behavior is clearly non-criminal. During the past year, no reports of this nature were required, which aligns with the absence of substantiated staff offenses. This process was confirmed in both documentation and interviews with facility leadership.

Relevant Policy - ADOC AR #208 - Personnel,
Employee Standards of Conduct and Discipline, dated May 1, 2024

CONCLUSION

Following a detailed assessment of regulations, documentation, and interviews with the Facility Head and designee, the Auditor concludes that ADOC and the facility are in full compliance with PREA Standard §115.76 - Disciplinary Sanctions for Staff.

The agency demonstrates a dependable and ethically grounded system for holding employees accountable under established rules. Termination is maintained as the presumptive consequence for verified sexual abuse, and lesser sanctions are proportionately applied as warranted. ADOC's formal procedures ensure fairness, transparency, and consistency across all disciplinary responses.

These findings indicate that the facility sustains a strong culture of professionalism and prevention—supported by policy, documentation, and leadership commitment—that reinforces staff accountability and compliance with PREA standards.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To determine compliance with PREA Standard §115.77 – Corrective Action for Contractors and Volunteers, the Auditor conducted a comprehensive review of documentation submitted by the Alabama Department of Corrections (ADOC) and the facility prior to the on-site audit. This review sought to verify that effective systems are in place for managing contractor and volunteer conduct and for ensuring immediate corrective measures when violations involving sexual abuse or sexual harassment occur.

The Auditor examined the complete Pre-Audit Questionnaire (PAQ) along with supporting documents that outlined current reporting and accountability practices. Central to this review was ADOC Administrative Regulation #454 – Operations & Legal: Inmate Sexual Abuse and Harassment, effective May 29, 2025, which defines agency-wide procedures for prevention, reporting, and disciplinary response related to sexual abuse or harassment involving inmates. The Auditor also evaluated ADOC Administrative Regulation #216 – Background Checks, dated January 31, 2025. This regulation specifies the disclosure and screening requirements for employees, contractors, and volunteers, ensuring that all individuals working within correctional settings are thoroughly vetted prior to and throughout their service.

Together, these materials demonstrate a structured, disciplined system for monitoring the professional conduct of contractors and volunteers. They also establish clear requirements for transparency in hiring and proactive removal of any individual found to have engaged in misconduct. The documentation reflected ADOC’s commitment to maintaining operational consistency while safeguarding inmate welfare and ensuring institutional integrity.

INTERVIEWS

Facility Head

The Facility Head was interviewed to assess how PREA-related policies are implemented in daily operations and to confirm that reporting and corrective measures occur as prescribed by agency standards. The Facility Head stated that during the twelve months preceding the audit, there were no incidents requiring law enforcement or licensing-body referral for contractors or volunteers engaged in sexual abuse. Likewise, no corrective actions or disciplinary measures were taken within that period for sexual abuse or harassment violations.

These statements matched the documentation reviewed from the PAQ and facility records, confirming accurate recordkeeping and compliance. Leadership emphasized that ADOC maintains strict procedures for contractor and volunteer oversight and that any verified violations would trigger immediate and appropriate response under department policy. The interview highlighted consistent leadership involvement and strong policy enforcement at all operational levels, demonstrating that preventive and corrective standards are actively upheld rather than simply written into

regulation.

This dialogue with the Facility Head reinforced the conclusion that administrative controls and accountability mechanisms remain robust and effective, fully supporting compliance with federal requirements.

PROVISIONS

Provision (a) - Reporting and Prohibition Requirements

Agency policy mandates the immediate removal and prohibition of any contractor or volunteer from further inmate contact upon confirmation of sexual abuse. The regulations require prompt notification to law enforcement unless the incident is clearly non-criminal, and, when applicable, reporting to professional licensing or credentialing bodies. During interviews, the Facility Head verified that these procedures are applied without exception.

Facility and agency records showed no incidents involving contractors or volunteers during the audit period. In addition to enforcement actions, ADOC policy requires disclosure and ongoing monitoring of past sexual misconduct. Prospective contractors, volunteers, and employees must report any prior allegations or convictions involving coerced or non-consensual sexual activity, particularly in correctional settings. Failure to make such disclosures is considered disqualifying.

These disclosure and accountability requirements are embedded in ADOC Administrative Regulation #454, Section IV.C.4 (p. 5), Section IV.O (p. 12), and Section V. b. (p. 16). Taken together, they form a strong foundation for transparency, ethical screening, and continuous oversight—an approach that solidifies ADOC’s commitment to preventing recidivism of misconduct and reinforcing institutional trust.

Provision (b) - Remedial Action and Screening Standards

Facility policy further requires remedial measures whenever a contractor or volunteer violates sexual abuse or harassment policies, even when the misconduct does not meet criminal criteria. Depending on the nature of the incident, corrective actions may include restrictions on inmate contact or permanent removal from all facility duties.

During the audit, the Facility Head affirmed that no such violations occurred within the preceding twelve months, and documentation supported this statement. Still, the facility’s and agency’s policies remain prepared for prompt remedial action if necessary. Reinforcing this readiness, ADOC Administrative Regulation #216 – Background Checks provides detailed screening procedures designed to prevent unsuitable individuals from serving within correctional environments. Pages 10 to 18 of AR #216 describe specific pre-employment and pre-service questions targeting histories of sexual abuse, harassment, or misconduct. These forms serve as preventive instruments ensuring that any applicant with disqualifying behavior is identified before starting work.

This layered screening and response system provides consistent protection against

potential violations, ensuring that contractors and volunteers operate under the same high standard of accountability as ADOC staff. It reflects a conscientious balance of prevention, responsiveness, and disciplined oversight consistent with PREA standards.

CONCLUSION

Following an exhaustive examination of agency policy, background-screening documentation, and interviews with facility leadership, the Auditor concludes that the Alabama Department of Corrections and the facility fully meet all requirements of PREA Standard §115.77 – Corrective Action for Contractors and Volunteers.

The agency’s framework ensures that individuals serving within correctional facilities are held to strict ethical and professional standards designed to protect inmate safety. Policies governing both corrective action and pre-employment screening are clearly defined, rigorously implemented, and supported by reliable documentation. The absence of reported or substantiated violations during the audit period, verified through multiple sources, further affirms the effectiveness of these safeguards.

ADOC’s structured approach demonstrates measured discipline, ethical accountability, and operational transparency—values that collectively sustain compliance with PREA requirements and reinforce the department’s enduring commitment to a secure and respectful correctional environment.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.78 – Disciplinary Sanctions for Inmates, the Auditor conducted a comprehensive review of documentation submitted by the Alabama Department of Corrections (ADOC) and the facility. The review sought to confirm that the facility applies fair and consistent disciplinary measures when addressing inmate sexual abuse or harassment and that all actions are carried out in accordance with established policy, legal standards, and PREA requirements.</p> <p>The Auditor examined the completed Pre-Audit Questionnaire (PAQ) and its supporting records, which provided detailed descriptions of the facility’s procedures for investigating and imposing disciplinary sanctions. The primary documents reviewed included ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment, effective May 29, 2025, which governs both investigative procedures and the imposition of sanctions for sexual misconduct, and ADOC Administrative Regulation (AR) #403 – Procedures for Inmate Rule Violations, dated September 5, 2025. Regulation #403 defines disciplinary processes, evidentiary expectations, and due process protections for inmates accused of rule violations,</p>

including those related to sexual abuse.

Together, these documents illustrate a deliberate and well-organized system for imposing discipline that aligns with PREA standards. The policies reflect ADOC's emphasis on procedural fairness, ensuring that inmates are safeguarded from arbitrary disciplinary measures while preserving institutional accountability and inmate safety.

INTERVIEWS

Medical and Mental Health Staff

During interviews, medical and mental health practitioners confirmed that the facility provides individualized therapeutic interventions aimed at addressing inappropriate or sexually abusive behavior. Treatment includes assessment-based counseling and rehabilitative programs that respond to the contributing causes or behavioral patterns underlying sexual misconduct. Clinicians indicated that these interventions are confidential, designed to support behavioral accountability, and, when appropriate, may be tied to participation in certain privileges or programs.

These staff members described a collaborative relationship between clinical and administrative teams to ensure treatment decisions are integrated into ongoing case management. Their accounts verified that clinical considerations are factored into disciplinary decisions when relevant, consistent with ADOC policy and PREA principles of fairness and rehabilitation.

Facility Head

An interview with the Facility Head confirmed operational compliance with all relevant disciplinary policies. The Facility Head emphasized that ADOC maintains a zero-tolerance position regarding inmate sexual activity, distinguishing between consensual rule violations and nonconsensual acts categorized as sexual abuse.

It was also confirmed that disciplinary action for sexual contact with staff occurs only when evidence establishes that the staff member did not consent. The Facility Head highlighted that the agency prohibits disciplinary sanctions against inmates who report sexual abuse in good faith, even if allegations are determined to be unsubstantiated following investigation.

Over the prior twelve months, there were no administrative findings or criminal convictions for inmate-on-inmate sexual abuse, and no disciplinary proceedings were required. Two reported allegations of sexual abuse were referred for criminal investigation, and both cases were ultimately deemed unfounded. These results were consistent with facility records and the PAQ, affirming that the disciplinary process is applied prudently, transparently, and with due regard for inmate rights.

PROVISIONS

Provision (a) - Disciplinary Process and Findings

Policy requires that inmates may be subject to disciplinary sanctions for inmate-on-inmate sexual abuse only after a formal process resulting in an administrative finding or criminal conviction. The PAQ and related documentation confirmed that this due process requirement is consistently observed. The Facility Head reported no substantiated administrative or criminal findings within the past year. Both sexual abuse allegations from the audit period were investigated criminally and determined to be unfounded, with no prosecution pursued. These procedures verify compliance with ADOC's mandate that no disciplinary sanction is imposed absent formal adjudication.

Relevant Policy: ADOCAR #454, Section G, g., p. 21

Provision (b) - Proportionality and Consistency of Sanctions

The Auditor verified that disciplinary outcomes within ADOC are guided by proportionality and uniformity. Sanctions take into account the type and severity of the offense, the inmate's past disciplinary record, and the broader context of the conduct. Interviews with the Facility Head confirmed that each incident is reviewed independently, balancing aggravating and mitigating factors to ensure equitable treatment. This measured approach demonstrates fairness and helps maintain institutional integrity by ensuring disciplinary consistency for comparable offenses.

Relevant Policy: ADOCAR #454, Section V, H. 4. f., p. 27

Provision (c) - Consideration of Mental Health Factors

Agency policy directs that disciplinary proceedings must consider an inmate's mental illness or developmental disability when evaluating misconduct related to sexual abuse or harassment. This requirement ensures due consideration of clinical factors before sanctions are imposed. The Facility Head and medical staff confirmed that assessments are coordinated with mental health clinicians so disciplinary outcomes are informed by psychological insight rather than punitive reflex. This process promotes accountability while protecting vulnerable inmates from disproportionate sanctions.

Relevant Policy: ADOCAR #454, p. 22; Section H. 4., p. 26

Provision (d) - Therapeutic and Rehabilitative Efforts

Information from staff interviews and documentation confirmed that ADOC incorporates rehabilitative programming into its disciplinary strategy. Therapy, structured counseling, and clinically appropriate interventions are offered to inmates identified as having engaged in sexually abusive behavior. Such programs are designed to address behavioral causes, reduce recidivism, and foster constructive change. Where suitable, participation may be required as a condition for specific privileges or re-entry programming, firmly linking disciplinary accountability with corrective treatment.

Provision (e) - Sexual Contact with Staff and Consent Determination

Agency standards prohibit the imposition of disciplinary action for inmate-staff sexual

contact unless evidence establishes that the staff member did not consent. The policy requires a factual review of all circumstances to ensure disciplinary actions align with investigative findings. Both the Institutional PREA Compliance Manager (IPCM) and the Facility Head affirmed that decisions are based on objective assessment and documentation, ensuring fairness and adherence to PREA's consent guidelines.

Relevant Policy: ADOCAR #454, Section V, G. 1. g., p. 21

Provision (f) - Protection for Good-Faith Reports

The PAQ and interviews demonstrated that inmates who report sexual abuse in good faith are protected from disciplinary action even when allegations are determined to be unsubstantiated. Policies emphasize that reporting should never result in punishment for a lack of substantiation if the inmate's belief in the allegation's validity was reasonable. This safeguard strengthens inmate confidence in reporting and reinforces the department's no-retaliation stance.

Relevant Policy: ADOCAR #454, Section V, G. 1. g., p. 21

Provision (g) - Prohibition of Sexual Activity

Agency policy strictly prohibits all inmate-on-inmate sexual activity, distinguishing between consensual sexual contact, which is treated as a disciplinary rule violation, and coerced sexual acts, which are classified as sexual abuse. The Facility Head confirmed that this distinction is consistently applied during disciplinary evaluation and that all sexual interactions among inmates are considered violations of institutional rules under ADOC's code of conduct.

Relevant Policy: ADOC Rules Violation Definitions, RV #912

CONCLUSION

After an extensive review of the PAQ, departmental policies, case documentation, and interviews with facility leadership and clinical staff, the Auditor determined that the Alabama Department of Corrections and the facility are in full compliance with PREA Standard §115.78 - Disciplinary Sanctions for Inmates.

ADOC's disciplinary system reflects a structured, well-documented, and philosophically balanced approach that merges accountability with fairness. Policies ensure that sanctions follow due process, remain proportionate to the offense, and are informed by both administrative and clinical evaluations. Rehabilitative programming complements this structure, promoting behavioral change rather than solely punitive outcomes.

By maintaining strict procedural standards and reinforcing consistent application, the facility demonstrates ongoing commitment to PREA compliance, inmate safety, and ethical correctional practice within a disciplined and transparent institutional framework.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.81 – Medical and Mental Health Screenings; History of Sexual Abuse, the Auditor conducted a meticulous review of documentation submitted by both the facility and the Alabama Department of Corrections (ADOC). The review aimed to determine whether the facility’s intake and follow-up procedures effectively identify, evaluate, and support individuals with a known or disclosed history of sexual victimization or sexually abusive behavior.</p> <p>The documentation reviewed included the completed Pre-Audit Questionnaire (PAQ) and all supporting materials related to classification, referral, and treatment practices. Key policies examined consisted of ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (dated May 29, 2025), ADOC Form 454-C (PREA Risk Factors Checklist), the facility’s internal Risk Assessment Checklist, medical and mental health referral forms, and a Classification Tracking Spreadsheet used to document outcomes and follow-up actions.</p> <p>Together, these materials paint a detailed picture of the facility’s structured system for conducting PREA screenings, referring individuals for clinical evaluation, and safeguarding sensitive health information. The documentation demonstrated alignment between established policy and day-to-day practice. Records and staff explanations reflected a consistent, trauma-informed approach designed to maintain confidentiality while promoting safety and accountability within the correctional environment.</p> <p>INTERVIEWS</p> <p>Risk Screening Staff</p> <p>Staff responsible for conducting PREA intake screenings described a structured and confidential process for gathering information related to sexual abuse risk. They explained that sensitive data obtained during screening—especially medical or mental health information—is stored within a secure digital system accessible only to qualified professionals. When necessary, key information is shared with classification or custody staff on a strict need-to-know basis to support housing or program decisions that enhance overall safety. This controlled process limits unnecessary disclosure, safeguards privacy, and ensures compliance with PREA’s confidentiality expectations.</p> <p>Medical and Mental Health Staff</p> <p>Medical and mental health professionals outlined the procedures followed when an inmate discloses a prior experience of sexual victimization. They confirmed that, under agency policy, individuals who disclose are automatically offered a private follow-up meeting with a qualified mental health practitioner within 14 days of intake.</p>

If screening or clinical review identifies additional risk factors, individuals are referred for extended evaluation or therapeutic services. Staff noted that treatment plans are tailored to the individual, emphasizing counseling, behavioral interventions, and access to support resources as needed. All services are provided under informed consent guidelines, with mandatory reporting only for those under 18 years of age. Referrals and clinical responses are recorded on standardized forms that allow for accurate tracking and case management. Staff consistently described their work as trauma-informed, respectful, and centered on safety, care, and professional discretion.

Inmates Who Disclosed Prior Victimization

At the time of the on-site audit, there were no inmates assigned to the facility who had disclosed prior sexual victimization during risk screening. Consequently no inmates from this category were interviewed for this standard.

PROVISIONS

Provision (a) - Access to Services After Disclosure

Information from the PAQ and supporting documentation confirmed that individuals who disclose prior sexual victimization—whether in custody or in the community—are provided timely access to appropriate medical and mental health services. This includes emergency medical care, crisis intervention, and an offer to meet with a mental health practitioner within 14 days of intake. Policy requires that every such offer, as well as the inmate’s decision to accept or decline services, be fully documented. Mental health staff are further obligated to engage with individuals identified as potential victims or aggressors during screening, ensuring early evaluation and preventive intervention.

Relevant Policy: AR #454, V.D. 1-7, pp. 18-19

Provision (b) - Reassessment of Risk

According to the PAQ and documentation verified during the audit, the facility reassesses each inmate’s risk of sexual victimization or abusiveness within 30 days of intake. The Auditor reviewed a random sample of 47 records and confirmed that PREA risk reassessments were completed within the required timeframe. The reassessment process incorporates any new information related to behavior, housing adjustment, or medical or mental health updates. Additionally, a separate review of 46 intake files confirmed that inmates receive PREA education upon arrival through written materials, orientation sessions, and video orientation, all supported by signed acknowledgment forms. These routine trainings and evaluations demonstrate that the facility maintains active compliance with both the timing and content of PREA’s reassessment requirements.

Relevant Policy: AR #454, V.D. 1-7, pp. 18-19

Provision (c) - Follow-Up With Mental Health Staff

When screening results or case history reveal a pattern of sexually abusive behavior, whether inside correctional custody or in the community, the individual is promptly referred for follow-up with a mental health practitioner within 14 days of intake.

Documentation reviewed by the Auditor showed consistent application of this policy. The system ensures that individuals with known histories of sexual aggression receive professional evaluation and, where appropriate, structured monitoring or therapeutic intervention. This approach promotes early identification of risk factors and supports a preventive, clinically informed management strategy.

Relevant Policy: AR #454, V.D. 1-7, pp. 18-19

Provision (d) - Use of Screening Information in Classification

The PAQ and corresponding file reviews confirmed that information gathered from PREA screenings and clinical assessments informs individualized housing, program, and work placement decisions. Classification staff use this information to separate those at higher risk of victimization from inmates identified as potential aggressors, ensuring both groups are housed and assigned safely. This system of informed placement supports institutional safety while allowing the facility to maintain a balanced and orderly environment.

Relevant Policy:

AR #454, V.D. 1-7, pp. 18-19; AR #433; AR #435 (Classification Manual)

Provision (e) - Informed Consent and Confidentiality

Medical and mental health staff emphasized that any disclosure of an inmate's history of sexual victimization is made only with informed consent. The sole exception applies to minors, for whom mandatory reporting laws take precedence. Documentation and interviews with the Institutional PREA Compliance Manager (IPCM) confirmed consistent adherence to these standards. Staff receive periodic training on informed consent and confidentiality, and all such communications are recorded to maintain transparency and compliance.

Relevant Policy: AR #454, V.D. 1-7, pp. 18-19

CONCLUSION

After a careful review of applicable regulations, facility records, and interviews with operational, clinical, and inmate participants, the Auditor concludes that the facility fully complies with PREA Standard §115.81 - Medical and Mental Health Screenings; History of Sexual Abuse.

The facility's screening and referral procedures illustrate a structured and trauma-informed model that prioritizes safety, confidentiality, and individualized care. Early identification of risk, consistent documentation, and timely follow-up with medical or mental health staff ensure that those with histories of victimization or abusiveness receive appropriate services and oversight. The alignment of policy, practice, and documentation reflects sound professional standards and demonstrates the agency's continuing commitment to ethical, compliant, and accountable correctional management.

115.82	Access to emergency medical and mental health services
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 576 378"><u>DOCUMENT REVIEW</u></p> <p data-bbox="256 412 1453 658">To assess compliance with PREA Standard §115.82 – Access to Emergency Medical and Mental Health Services, the Auditor conducted a comprehensive review of documentation provided by the Alabama Department of Corrections (ADOC) and the facility. The purpose of this evaluation was to verify that emergency medical care, mental health response, and victim advocacy services are immediately available to individuals who experience sexual abuse while in custody.</p> <p data-bbox="256 696 1445 938">The documentation reviewed included the completed Pre-Audit Questionnaire (PAQ) and all associated supporting materials. Key references were ADOC Administrative Regulation (AR) #454 – Operations & Legal: Inmate Sexual Abuse and Harassment, dated May 29, 2025; ADOC Form MH-008 – Referral to Mental Health; and the Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR).</p> <p data-bbox="256 976 1477 1301">Collectively, these documents described a coordinated, trauma-informed response model that integrates prompt medical care, immediate mental health intervention, and confidential advocacy services. The materials confirmed a consistent emphasis on preserving safety, dignity, and informed choice for victims. The overall review indicated that the facility’s written protocols align with PREA standards and mirror the practices described by interviewed staff, reflecting a well-organized and compassionate approach consistent with professional correctional and health-care norms.</p> <p data-bbox="256 1339 456 1373"><u>INTERVIEWS</u></p> <p data-bbox="256 1411 772 1444">Medical and Mental Health Staff</p> <p data-bbox="256 1456 1477 1736">Interviews with medical and mental health professionals provided detailed insight into how the facility responds following an allegation of sexual abuse. Medical personnel explained that when an inmate reports an assault, they are promptly escorted to medical services for assessment by a physician or licensed clinician. This initial evaluation determines the extent of injuries and whether an immediate transfer to a community hospital or the facility’s Sexual Assault Response Team (SART) is warranted.</p> <p data-bbox="256 1774 1466 2063">When SART services are activated, nursing staff collaborate directly with the attending physician to implement care orders, including treatment recommendations and forensic considerations. Patients are informed of options for pregnancy testing, emergency contraception, and prophylaxis for sexually transmitted infections (STIs). Clinical staff also educate individuals about follow-up testing schedules, emotional support services, and available advocacy resources, all consistent with established standards of medical ethics.</p>

Mental health staff confirmed that referrals are initiated promptly via Form MH-008, ensuring that emotional and psychological care follows medical intervention without unnecessary delay. Treatment priority is determined through professional assessment, and services are delivered confidentially by qualified clinicians. Both medical and mental health teams emphasized their shared commitment to immediate response, interdepartmental coordination, and respect for each individual's dignity, privacy, and informed participation in care.

First Responders - Security and Non-Security

Security staff described their responsibilities as the facility's designated first responders. Their primary objective is to ensure the safety of the victim, secure the area, preserve potential evidence, and promptly notify health-care professionals. They emphasized that protection of the victim and immediate medical access always override other operational concerns.

Non-security first responders—such as maintenance, food service, or civilian staff—explained that their role centers on safeguarding the inmate, notifying security personnel immediately, and staying with the individual until trained responders arrive. These staff members noted that they receive regular PREA training on responding calmly, maintaining confidentiality, and supporting the victim while waiting for medical or security assistance.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no inmates currently assigned to the facility who had reported sexual abuse within the past twelve months. As a result, no inmate interviews were conducted under this standard. Documentation confirmed, however, that two individuals were transported for SANE (Sexual Assault Nurse Examiner) services during that period, demonstrating adherence to protocol when cases do arise.

PROVISIONS

Provision (a) - Timely Access to Emergency Care and Crisis Intervention

Information verified through the PAQ, medical records, and staff interviews confirms that individuals who experience sexual abuse receive immediate and unobstructed access to emergency medical care and crisis intervention. Qualified practitioners determine the scope of treatment and document all care provided, including timeframes and follow-up recommendations.

When medical staff are not physically present, first responders take steps to protect the individual, secure the scene, and contact medical or mental health staff without delay. The facility maintains an active MOU with the Alabama Coalition Against Rape, ensuring that confidential emotional support is always available. Forensic examinations are conducted by certified Sexual Assault Nurse Examiners (SANE) at One Place on the Shoals in Florence, AL, whose personnel also provide trained victim advocates. The Institutional PREA Compliance Manager confirmed that two transports for forensic examination occurred during the preceding twelve months.

Facility policy mandates immediate referral to medical and mental health care

following disclosure, utilizing Form MH-008 for mental health follow-up. All procedures are governed by explicit directives requiring prompt, professional, and compassionate treatment of victims.

Relevant Policy: V.H. 2. E., p. 25; V.H. 3. A., p. 25

Provision (b) - Response When Clinical Staff Are Unavailable

The PAQ and corroborating interviews confirmed that when medical or mental health practitioners are not on-site at the time of a report, trained security first responders initiate protective and procedural steps without delay. Their immediate action ensures the inmate's safety, secures evidence if applicable, and connects the individual to qualified clinical professionals as quickly as possible. These procedures are documented, reviewed, and supervised to ensure continuity of care.

Relevant Policy: V.H. 2. E., p. 25; V.H. 3. A., p. 25

Provision (c) - Scope and Quality of Medical Treatment

Medical and mental health interviews confirmed that treatment following allegations of sexual abuse is rendered without delay and guided by clinical best practices. Individuals are consistently offered STI testing, prophylaxis, pregnancy testing, and pregnancy prevention services where applicable. Facility physicians and nurses follow evidence-based medical standards, ensuring appropriate follow-up and continued access to care.

Relevant Policy: V.H. 2. E., p. 25; V.H. 3. A., p. 25

Provision (d) - No-Cost Access to Treatment

Both documentation and staff interviews affirmed that all medical and mental health services related to sexual abuse are provided at no cost to the victim. This includes transportation, examination, treatment, and counseling. Access to these services is not dependent on an inmate's decision to cooperate with an investigation or identify an alleged perpetrator. Facility policy explicitly prohibits billing or deduction of charges, thereby ensuring equitable access to care.

Relevant Policy: V.H. 2. E., p. 25; V.H. 3. A., p. 25; V.H. 5. c., p. 28

CONCLUSION

After reviewing applicable policies, supporting records, and interviews with medical personnel, mental health staff, and first responders, the Auditor concludes that the facility fully complies with PREA Standard §115.82 – Access to Emergency Medical and Mental Health Services.

The facility's procedures reflect a coordinated and victim-centered model that ensures immediate medical evaluation, crisis counseling, and emotional support in response to sexual abuse allegations. These protocols integrate seamlessly with external advocacy and forensic resources, guaranteeing continuity of care and respect for the dignity of every individual served.

The documented responsiveness, interdepartmental cooperation, and trauma-informed approach confirm that the facility delivers timely, comprehensive,

	and compassionate care consistent with both PREA mandates and professional correctional health-care standards.
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, the Auditor conducted a thorough review of documentation submitted by both the facility and the Alabama Department of Corrections (ADOC). The objective was to verify that the facility provides timely, accessible, and continuous medical and mental health services to individuals who have experienced sexual abuse, consistent with professional standards and PREA requirements.</p> <p>The review encompassed the completed Pre-Audit Questionnaire (PAQ) and several key supporting materials, including ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (dated May 29, 2025), ADOC Form MH-008 – Referral to Mental Health, and the Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR).</p> <p>Collectively, these materials detail how the agency coordinates medical and mental health responses, establishes referral pathways, and delivers sustained care to inmates who report sexual abuse. They also reflect strong partnerships with external advocacy providers, a trauma-informed approach to service delivery, and adherence to medical and ethical best practices. The documentation demonstrated consistent alignment between policy, clinical procedure, and staff practice as described during the onsite review.</p> <p>INTERVIEWS</p> <p>Medical and Mental Health Staff</p> <p>Medical and mental health professionals described an integrated approach to providing care for individuals who experience sexual abuse. They explained that treatment begins immediately following disclosure and continues as clinically necessary under the direction of licensed practitioners. Evaluations are performed promptly, and care is guided by community medical standards to ensure comprehensive treatment of both physical and psychological needs.</p> <p>Staff emphasized that all related medical and mental health services— including physical examinations, preventive treatment, counseling, and follow-up</p>

appointments—are offered without cost to the inmate. They confirmed that eligibility for services does not depend on identifying the alleged perpetrator or participating in an investigation. When clinically indicated, inmates are offered emergency contraception, sexually transmitted infection (STI) testing, and prophylaxis according to medical guidance.

Mental health staff further noted that individuals identified as having a history of sexually abusive behavior toward other inmates are assessed within 60 days of discovery. When evaluation suggests a clinical need, treatment is offered, documented, and monitored. Referrals are initiated through ADOC Form MH-008, which provides a structured mechanism for tracking, documentation, and continuity of care across departments.

Incarcerated Individuals Who Reported Sexual Abuse

At the time of the onsite audit, the facility had no inmates currently assigned who had reported a sexual abuse incident. As a result, there were no inmate interviews conducted under this standard. However, the Auditor reviewed related records and confirmed consistency of care practices as described by staff, reinforcing that the established system would support victims appropriately should a future need arise.

PROVISIONS

Provision (a) - Medical and Mental Health Services Following Victimization

Facility policy mandates that all inmates who experience sexual abuse are provided prompt medical and mental health evaluations, treatment, and follow-up care. These services are comprehensive and align with community health standards.

Documentation and interviews confirmed that the MOU with ACAR ensures access to confidential advocacy and emotional support services. Forensic examinations are performed by certified SAFE/SANE professionals at One Place on the Shoals in Florence, Alabama, which operates on a 24-hour basis. Care includes STI testing and treatment, psychiatric and psychological assessment, and crisis intervention, all delivered without cost to the individual.

Relevant Policy: ADOCAR #454, V.G. 5.a-f, pp. 27-28

Provision (b) - Continuing Care and Coordination of Services

Agency policy requires that all post-assault medical and mental health care include follow-up services, individualized treatment plans, and appropriate referrals for continued care. This process ensures smooth coordination when inmates are transferred to another facility or released to the community. Staff affirmed that these procedures are consistently applied to maintain seamless continuity of care.

Relevant Policy: ADOCAR #454, V.G. 5.a-f, pp. 27-28

Provision (c) - Documentation and Consistency of Follow-Up

A review of inmate medical and mental health files indicated that follow-up treatment

was consistently documented. Records detailed evaluations, treatment plans, referral notes, and progress reviews, confirming that care practices are carried out in accordance with policy and professional judgment. Staff interviews supported these findings, emphasizing that monitoring continues as long as clinically necessary.

Provision (d) - Emergency Contraception and STI-Related Services

Facility policy requires that qualified medical professionals offer emergency contraception, STI testing, and prophylaxis following an allegation of sexual abuse when medically appropriate. The Auditor’s review of clinical documentation and staff interviews confirmed that such services are discussed with each patient as part of standard medical care and implemented in alignment with current clinical standards.

Relevant Policy: ADOCAR #454, V.G. 5.a-f, pp. 27-28

Provision (e) - Applicability Based on Facility Population

This provision does not apply to this facility due to its all-male inmate population. Therefore, the elements of the policy pertaining specifically to female reproductive healthcare are not applicable within this operational setting.

Provision (f) - Care Based on Clinical Assessment

Consistent with established policy and clinical standards, medical and mental health staff provide ongoing care tailored to the individual’s medical condition and emotional well-being. Treatment decisions are guided solely by professional clinical judgment to ensure a balanced and ethical approach to recovery.

Relevant Policy: ADOCAR #454, V.G. 5.a-f, pp. 27-28

Provision (g) - No-Cost Access to Services

Facility policy explicitly guarantees that all medical and mental health services related to sexual abuse are provided at no financial cost to the victim. This policy applies regardless of an inmate’s ability to identify an alleged perpetrator or willingness to participate in an investigation. Both documentation and staff interviews confirmed that this standard is consistently upheld throughout the system.

Relevant Policy: ADOCAR #454, V.G. 5.a-f, pp. 27-28

Provision (h) - Evaluation of Individuals with a History of Sexually Abusive Behavior

Policy requires that individuals identified as having previously engaged in inmate-on-inmate sexual abuse are evaluated by mental health staff within 60 days of identification. When clinically appropriate, treatment is provided, documented, and monitored for completion. These referrals are initiated through ADOC Form MH-008, supporting detailed tracking and accountability for service delivery.

Relevant Policy: ADOCAR #454, V.G. 5.a-f, pp. 27-28

CONCLUSION

	<p>Based on a comprehensive review of agency and facility policies, supporting documentation, and interviews with medical and mental health professionals, the Auditor concludes that the Alabama Department of Corrections and the facility fully comply with all provisions of PREA Standard §115.83 - Ongoing Medical and Mental Health Care.</p> <p>The facility demonstrates a professional, consistent, and compassionate approach to both immediate and continuing care for individuals impacted by sexual abuse. Medical and psychological services are integrated, trauma-informed, and accessible without financial burden. Coordination with external advocacy organizations and adherence to community health standards further strengthen this model.</p> <p>Through clear policy direction, effective interdepartmental collaboration, and dependable documentation, the facility ensures timely access, continuity of care, and ongoing support for every individual in need—upholding PREA’s intent to protect inmate welfare and sustain institutional accountability.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.86 - Sexual Abuse Incident Reviews, the Auditor conducted an extensive review of documentation submitted by the Alabama Department of Corrections (ADOC) and the facility. The purpose of this review was to confirm that the facility maintains an established, multidisciplinary process for analyzing sexual abuse allegations, identifying contributing factors, and developing corrective strategies to prevent recurrence.</p> <p>The Auditor examined the completed Pre-Audit Questionnaire (PAQ) and supporting materials that described the facility’s Sexual Abuse Incident Review (SAIR) procedures. Central documents included ADOC Administrative Regulation (AR) #454 - Operations & Legal: Inmate Sexual Abuse and Harassment, effective May 29, 2025, which defines agency expectations for post-investigation review and accountability. In addition, the Auditor reviewed ADOC Form 454-E - Sexual Abuse Incident Review and completed SAIR reports to assess the structure, content, and outcomes of recent reviews.</p> <p>Together, these materials provided clear evidence of a consistent and formalized approach to incident analysis. The documentation reflected thorough oversight by management, detailed evaluation methods, and a focus on continuous improvement of facility safety, supervision, and prevention practices consistent with PREA standards.</p>

INTERVIEWS

Facility Head

During interviews, the Facility Head explained that the Sexual Abuse Incident Review process serves as an essential internal assessment tool to strengthen prevention and response efforts. The Facility Head described the Incident Review Team (IRT) as a cross-departmental group composed of senior and mid-level managers who represent security, administration, health services, and program areas. Leadership emphasized that the review process reinforces accountability by encouraging critical examination of each case and ensuring that all operational lessons are incorporated into training, procedures, and oversight. Recommendations from the IRT are carefully evaluated, prioritized, and implemented whenever feasible.

Institutional PREA Compliance Manager (IPCM)

The IPCM confirmed that all completed SAIRs are formally submitted to both the IPCM and the Facility Head for review and approval. The IPCM noted that every review is completed within 30 days of a concluded investigation unless an allegation has been clearly determined to be unfounded. This timeline aligns precisely with ADOC policy and PREA expectations, ensuring timeliness and oversight consistency.

Incident Review Team Members

Members of the IRT described their group as multidisciplinary, integrating perspectives from operations, health care, and investigative services. They stated that each review examines contributing factors in depth, with attention to staffing levels, supervision practices, environmental conditions, and any potential vulnerabilities identified at the incident's location. Team members emphasized that the process is not punitive but designed to promote systemic learning and refinement of preventive measures. Findings and recommendations are documented in writing and disseminated to leadership for further consideration, providing a transparent chain of review from investigation through final evaluation.

PROVISIONS

Provision (a) - Incident Review Following Investigation

The PAQ and supporting documentation confirmed that the facility conducts a sexual abuse incident review following every completed criminal or administrative investigation unless the allegation was deemed unfounded. Interviews with leadership and PREA staff verified that this practice is consistent and routine.

During the twelve-month reporting period, the facility received two sexual abuse allegations—one inmate-on-inmate and one staff-on-inmate. Both cases were criminally investigated and found to be unfounded. In each instance, the reported victim was promptly offered medical and mental health services, and retaliation monitoring remained in place until closure or the inmate's transfer. ADOC policy mandates that all substantiated or unsubstantiated cases undergo review by a multidisciplinary team within 30 days of the investigation's completion.

Relevant Policy: ADOC AR #454, V.J.2, p. 29

Provision (b) - Timeliness of Reviews

The PAQ and interview with the IPCM confirmed that sexual abuse incident reviews are completed within 30 days after the conclusion of the related investigation. This prompt timeframe allows newly identified issues to be addressed quickly while ensuring compliance with PREA standards.

Relevant Policy: ADOC AR #454, V.J.1, p. 29

Provision (c) - Composition of the Multidisciplinary Team

Interviews and facility documentation indicated that the Incident Review Team includes upper-level managers, supervisors, investigators, and medical or mental health practitioners. This balanced composition ensures that reviews incorporate a broad range of professional perspectives and expertise. The structure aligns with agency policy and mirrors PREA's requirement for multidisciplinary analysis.

Relevant Policy: ADOC AR #454, V.J.2, p. 29

Provision (d) - Written Findings and Areas of Evaluation

Each incident review culminates in a written summary identifying key findings and recommendations. Reports are provided to both the Facility Head and the IPCM for oversight, ensuring accountability at multiple levels.

During interviews, IRT members explained that each review examines whether policy modifications, procedural changes, or training enhancements are appropriate. Analytical factors include potential influences such as race, gender identity, sexual orientation, or group dynamics, as well as environmental and staffing conditions at the time of the incident. The team also evaluates surveillance coverage, staff deployment, and incident location to determine if any adjustments to monitoring technology or physical design are warranted. Completed reports are distributed to designated oversight officials, including the PREA Director and the Department of Justice, when required.

Relevant Policy: ADOC AR #454, V.J.5, p. 30

Provision (e) - Implementation of Recommendations

Facility leadership and the IPCM confirmed that recommendations resulting from incident reviews are implemented whenever practical and feasible. In cases where action is not taken, leadership documents a clear rationale explaining the decision. This transparent process ensures accountability and demonstrates the facility's commitment to continual improvement in safety and PREA compliance.

Relevant Policy: ADOC AR #454, V.J.5, p. 30

CONCLUSION

	<p>After reviewing relevant policies, documentation, and interviews with leadership and staff, the Auditor concludes that the Alabama Department of Corrections and the facility are in full compliance with PREA Standard §115.86 – Sexual Abuse Incident Reviews.</p> <p>The facility maintains a disciplined, well-structured review process that integrates diverse professional expertise and promotes institutional learning. Timely reviews, thorough documentation, and data-driven recommendations enhance prevention efforts and strengthen overall operational safety.</p> <p>By consistently analyzing each reported incident—regardless of substantiation—and applying findings to operational practice, the facility demonstrates a strong commitment to accountability, transparency, and the ongoing refinement of sexual abuse prevention strategies within ADOC’s correctional system.</p>
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.87 – Data Collection, the Auditor conducted a comprehensive and in-depth review of documentation submitted by the Alabama Department of Corrections (ADOC). The review was intended to verify that the agency has established a reliable, standardized system for capturing, organizing, and reporting information related to allegations of sexual abuse and sexual harassment across all of its facilities, including those operated under contracts.</p> <p>The Auditor examined the completed Pre-Audit Questionnaire (PAQ) and its supporting materials, along with key policy documents, including ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment, effective May 29, 2025. The review also included the most recent Survey of Sexual Victimization (SSV-2) and the most recent Annual PREA Data Report. In addition, the Auditor analyzed information posted on the public ADOC PREA webpage at http://www.doc.state.al.us/PREA to confirm consistency between internal documentation and externally reported data.</p> <p>Collectively, these materials describe ADOC’s formal procedures for collecting, maintaining, analyzing, and reporting data on sexual abuse and sexual harassment. The agency’s approach employs standardized definitions, uniform data collection tools, and structured review methods, ensuring that the information gathered is both accurate and meaningful for administrative decision-making, performance evaluation, and PREA-related accountability. The documentation reflects a structured and methodical model of data management that supports transparency, continuous improvement, and alignment with U.S. Department of Justice expectations.</p>

INTERVIEWS

Agency Contract Administrator

The Agency Contract Administrator provided a detailed description of how ADOC ensures that all housing arrangements involving the confinement of inmates are fully aligned with PREA requirements. The Administrator confirmed that every contract—whether with a private provider or a community-based facility—includes explicit language mandating compliance with PREA standards, including the obligation to report incidents of sexual abuse and sexual harassment.

The Administrator explained that contracted facilities are required to submit both incident-based and aggregated data on a regular schedule. This information flows into ADOC's central data systems, where it is reviewed and compared with data from agency-operated facilities. The agency uses this combined dataset for oversight, performance evaluation, and the development of corrective action plans, ensuring that contracted partners are held to the same standards as state-run institutions.

These practices demonstrate a deliberate and proactive approach to data-driven supervision, reinforcing ADOC's commitment to consistent, PREA-aligned reporting across all custody arrangements.

PROVISIONS

Provision (a) - Policies and Procedures for Data Collection and Maintenance

ADOC policy establishes comprehensive procedures for the collection and retention of sexual abuse and harassment data. The agency requires the use of standardized forms, definitions, and reporting methodologies to promote consistency across all facilities. Data is drawn from a range of sources, including direct reports from inmates, investigative and incident files, grievance records, security logs, announced and unannounced rounds, and Sexual Abuse Incident Review (SAIR) reports.

The policy further outlines expectations for trend analysis, periodic quality checks, and verification of completeness and accuracy. The Auditor's review of documentation and discussions with agency staff confirmed that these procedures are fully implemented and consistently applied, providing a dependable foundation for reporting and oversight.

Relevant Policy: ADOC AR #454, IV.M, 1-6, p. 31

Provision (b) - Annual Aggregation of Agency-Wide Data

The Alabama Department of Corrections aggregates sexual abuse and sexual harassment data annually from all facilities under its jurisdiction. This process is conducted in line with U.S. Department of Justice guidelines and uses the Survey of Sexual Victimization (SSV-2) form for submission to the Bureau of Justice Statistics. The Auditor reviewed the most recent SSV-2 and confirmed that the report was submitted on time and contained all required data elements. The annual aggregation process promotes transparency, facilitates the identification of trends, and

underscores ADOC's adherence to federal reporting expectations.

Relevant Policy: ADOC AR #454, IV.M, 1-6, p. 31

Provision (c) - Data System Sufficiency and Public Reporting

PREA policy requires that ADOC maintain a data collection system capable of fully answering all questions included in the most current version of the Survey of Sexual Victimization. The Auditor confirmed that the agency's current system satisfies this requirement and that all necessary information can be captured and stored in an accessible format. The Annual PREA Data Report, which summarizes all reported allegations, was reviewed and found to include incident outcomes, institutional and demographic details, and descriptions of agency response and corrective actions. This report is publicly posted on the ADOC PREA webpage, ensuring that key information is available to the public and that the agency's accountability remains visible.

Relevant Policy: ADOC AR #454, IV.M, 1-6, p. 31

Provision (d) - Ongoing Data Review and Trend Analysis

ADOC policy mandates that incident-based data from investigative reports, incident logs, and SAIR documentation be collected, maintained, and reviewed on an ongoing basis. The Auditor examined the most recent Annual PREA Data Report and confirmed that it not only compiles the required information but also highlights key trends, recurring issues, and priority areas for improvement. The review process informs the development of corrective actions, updates to policy and training, and refinements to operational procedures, all grounded in objective, data-driven findings.

Provision (e) - Contractual Requirements for PREA Compliance

The agency requires that all contracts for the confinement of inmates include provisions mandating full compliance with PREA standards. Oversight of these obligations is assigned to the General Counsel's Office. The Auditor reviewed Contract C210052136 with GEO Reentry, Inc., a confinement services agreement renewed on December 1, 2025, and confirmed that the contract incorporates yearly, DOJ-certified PREA audits, full access for the PREA Contract Monitor, and clear expectations for staff training and reporting. The Agency Contract Administrator confirmed that these requirements are standard across all ADOC contracts and are subject to ongoing review.

Relevant Policy: ADOC AR #454, IV.M, 1-6, p. 31

Provision (f) - Timely Submission of the SSV-2 Report

The Auditor verified that ADOC submits the Survey of Sexual Victimization (SSV-2) to the U.S. Department of Justice each year by June 30 for the preceding calendar year. The most recent submission was complete, accurate, and delivered within the required timeframe. This consistent adherence to federal deadlines reflects the agency's disciplined approach to reporting and underscores its overall compliance with PREA data-collection requirements.

	<p>CONCLUSION</p> <p>Based on a comprehensive review of agency policies, data reports, contractual documentation, and interviews with the Agency Contract Administrator, the Auditor concludes that the Alabama Department of Corrections is fully compliant with PREA Standard §115.87 – Data Collection.</p> <p>The agency maintains a systematic and transparent framework for capturing, aggregating, analyzing, and reporting sexual abuse and sexual harassment data from both agency-operated and contracted facilities. Robust quality controls, standardized procedures, and thorough contractual oversight contribute to the integrity and consistency of the data. By aligning internal practices with federal expectations and providing public access to key reports, ADOC demonstrates a clear, ongoing commitment to accountability, transparency, and continuous improvement in its PREA-related data management.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.88 – Data Review for Corrective Action, the Auditor conducted a comprehensive review of documentation submitted by both the facility and the Alabama Department of Corrections (ADOC). The purpose of this review was to confirm that the agency regularly analyzes PREA-related data and uses the findings to identify and implement corrective actions that enhance sexual abuse prevention, detection, and response.</p> <p>The materials examined included the completed Pre-Audit Questionnaire (PAQ), ADOC Administrative Regulation (AR) #454, the 2024 Survey of Sexual Victimization (SSV-2), and the 2024 Annual PREA Data Report. The Auditor also reviewed the ADOC PREA webpage at http://www.doc.state.al.us/PREA, verifying that required annual reports and data summaries are timely posted and readily accessible. Collectively, these documents illustrate a structured, agency-wide framework for interpreting data, evaluating performance, and translating findings into operational improvements. The documentation reflects a consistent, methodical approach that aligns with PREA expectations and supports transparent, informed decision-making.</p> <p>INTERVIEWS</p> <p>Agency Head or Designee</p> <p>The Agency Head’s designee described the central role of the annual PREA report in agency oversight. The designee confirmed that the report provides a comparative</p>

analysis of data across consecutive years, along with an evaluation of corrective actions taken. Leadership uses this information to identify emerging issues, gauge the effectiveness of responses, and guide future prevention and training efforts. The designee emphasized that the report is not merely a compliance document but a management tool that informs strategic direction. The publicly released version is posted on the ADOC website, reinforcing the agency's commitment to transparency and public accountability.

PREA Director

The PREA Director outlined the agency's systematic process for reviewing and interpreting data collected under PREA obligations. The Director explained that facility-level information is aggregated and analyzed to assess the performance of prevention, detection, and response measures. The review examines trends, measures the impact of prior corrective actions, and identifies areas needing further attention. The annual PREA report is developed from this analysis and includes comparative year-to-year data to track progress. The Director noted that the public version of the report is carefully reviewed to ensure that only personally identifiable information is redacted, striking a balance between openness and the need to protect individual safety and privacy.

Facility Head or Designee

The Facility Head explained that each facility maintains an internal PREA Committee responsible for reviewing every allegation of sexual abuse. The Committee's findings, including observed patterns and identified vulnerabilities, are compiled and forwarded to the PREA Coordinator for inclusion in the agency's broader data analysis and annual reporting process. This ongoing review enables facilities to detect local trends, evaluate the effectiveness of local interventions, and determine whether additional training, supervision, or procedural adjustments are necessary to strengthen PREA compliance and inmate safety.

PREA Compliance Manager (PCM)

The PREA Compliance Manager confirmed that PREA-related materials—including administrative regulations, annual data reports, and PREA audit summaries—are readily accessible on the ADOC website. The PCM emphasized that providing open access to these documents supports staff awareness of PREA requirements, clarifies agency expectations, and reinforces ADOC's long-standing emphasis on transparency, accountability, and continuous improvement.

PROVISIONS

Provision (a) - Routine Review and Use of PREA Data for Improvement

The PAQ and interview statements confirm that ADOC routinely reviews and aggregates data collected under PREA requirements to evaluate the effectiveness of sexual abuse prevention, detection, and response efforts. The review process includes the identification of agency-wide and facility-specific issues, the implementation of

corrective actions, and the documentation of findings and responses in the annual PREA report. These practices align with agency policy and were affirmed by the PREA Director during the audit.

Relevant Policy: ADOC Administrative Regulation #454, IV.D, dated May 29, 2025; ADOC Administrative Regulation #454, IV.E, dated May 29, 2025

Provision (b) - Comparative Analysis Across Reporting Years

The Agency Head's designee confirmed that the annual PREA report includes a comparative analysis of data and corrective actions across reporting years. The PAQ and documentation substantiate this practice. The Auditor reviewed the most recently published annual report and verified that it presents institutional trends, evaluates the impact of corrective measures, and assesses progress over time, consistent with PREA requirements.

Relevant Policy: ADOC Administrative Regulation #454, IV.D, dated May 29, 2025; ADOC Administrative Regulation #454, IV.E, dated May 29, 2025

Provision (c) - Public Availability of Annual PREA Reports

The PAQ indicates that ADOC makes its annual PREA reports publicly available. The Auditor verified this practice by examining the ADOC PREA webpage, which maintains an extensive archive of annual reports beginning in 2013. This level of accessibility reinforces public accountability and demonstrates ADOC's steady commitment to transparent, ongoing evaluation and improvement.

Relevant Policy: ADOC Administrative Regulation #454, IV.D, dated May 29, 2025; ADOC Administrative Regulation #454, IV.E, dated May 29, 2025

Provision (d) - Limited and Focused Redactions in Public Reports

The PREA Director explained that any redactions made to the annual PREA report are narrowly tailored to protect safety and security. In practice, redactions are restricted to personally identifiable information, ensuring that the public reports remain informative, usable, and meaningful while safeguarding sensitive details.

Relevant Policy: ADOC Administrative Regulation #454, IV.D, dated May 29, 2025; ADOC Administrative Regulation #454, IV.E, dated May 29, 2025

CONCLUSION

Based on an extensive review of the Pre-Audit Questionnaire, supporting documentation, annual PREA reports, and interviews with agency and facility leadership, the Auditor concludes that the Alabama Department of Corrections meets all requirements of PREA Standard §115.88 - Data Review for Corrective Action.

ADOC demonstrates a consistent and intentional approach to analyzing PREA-related data, using findings to implement targeted corrective actions, and sharing results in a transparent and responsible manner. The agency's structured review processes, coupled with broad public access to reports, reflect a strong commitment to

	accountability, continuous improvement, and the ongoing enhancement of sexual abuse prevention and response practices across all facilities.
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.89 – Data Storage, Publication, and Destruction, the Auditor conducted a comprehensive review of materials submitted by the Alabama Department of Corrections (ADOC). The purpose of the review was to evaluate how the agency handles the secure storage, public availability, retention, and eventual disposal of PREA-related information.</p> <p>The documentation examined included the completed Pre-Audit Questionnaire (PAQ) and its supporting materials, ADOC Administrative Regulation (AR) #454 – Operations & Legal: Inmate Sexual Abuse and Harassment, dated May 29, 2025, and information accessible on the public ADOC PREA webpage at http://www.doc.state.al.us/PREA. Together, these materials describe ADOC’s policies and procedures governing the secure handling of sexual abuse and harassment data, including expectations for storage, accessibility, privacy protections, and long-term retention. The documentation reflects a clear, structured framework for balancing transparency with the need to protect the privacy and safety of individuals involved in reported incidents.</p> <p>INTERVIEWS</p> <p>PREA Director (PD)</p> <p>During the interview, the PREA Director provided a detailed overview of how PREA-related data is stored, managed, and made available for reporting and public review. The Director explained that data is retained at multiple levels within the agency, with appropriate security and access controls at each stage. At the facility level, PREA data is stored in a Risk Management System, with access restricted to authorized personnel on a strict need-to-know basis.</p> <p>At the agency level, data is maintained to support federal reporting requirements, including the annual Survey of Sexual Victimization (SSV-2), as well as public dissemination through the ADOC PREA webpage. The PREA Director confirmed that ADOC routinely reviews data collected under PREA obligations and that any redactions made prior to publication are limited to personally identifying information, ensuring that reports remain informative and transparent while safeguarding the privacy and security of individuals.</p>

PROVISIONS

Provision (a) - Secure Retention and Publication of PREA Data

Information contained in the PAQ and supported by ADOC policy confirms that the agency securely retains both incident-based and aggregated sexual abuse data. Agency policy requires that aggregate data from all facilities under ADOC's direct control, as well as data from contracted private facilities, be published annually on the agency's PREA webpage. The Auditor verified that this requirement is met by reviewing the information publicly available at <http://www.doc.state.al.us/PREA>, which includes clearly organized reports containing agency-wide and facility-specific data.

Provision (b) - Annual Public Access to Aggregated Data

The PAQ indicates that ADOC ensures aggregated sexual abuse data is made publicly accessible at least once per year. The PREA webpage includes multiple reports that align with PREA standards, offering comprehensive summaries of facility-level and agency-wide sexual abuse information. These reports provide the public with meaningful insight into trends, reporting patterns, and response outcomes, supporting transparency and informed oversight.

Provision (c) - Privacy Protections and Long-Term Retention

The PAQ further confirms that ADOC removes all personally identifying information from aggregated data prior to publication to protect the privacy and safety of individuals. The agency also retains PREA-related data collected under PREA requirements for a minimum of ten years, unless a longer retention period is mandated by federal, state, or local law. These practices ensure that data is both safeguarded and available for historical review, while respecting confidentiality and regulatory expectations.

Provision (d) - Minimum Retention Periods and Secure Recordkeeping

Agency policy specifies that all PREA-related data must be securely retained for at least ten years. The policy also requires that records related to criminal and administrative investigations be preserved for the duration of the alleged abuser's incarceration or employment with ADOC, plus an additional five years. The Auditor verified adherence to this requirement through review of historical data maintained by the agency, including records dating back to August 20, 2012, which are consistent with PREA expectations.

Relevant Policy: ADOC AR #454, IV.E.9, p. 8

CONCLUSION

Based on a thorough review of agency policy, the Pre-Audit Questionnaire, interview information, and the agency's historical data retention practices, the Auditor concludes that the Alabama Department of Corrections fully meets all provisions of PREA Standard §115.89 - Data Storage, Publication, and Destruction.

	<p>The agency demonstrates a deliberate and secure approach to retaining PREA-related information, ensuring that incident-based and aggregated data are protected and appropriately stored. ADOC provides timely public access to summarized sexual abuse data through its PREA webpage, safeguards individual privacy by redacting personally identifying information, and maintains records in accordance with established retention requirements. These practices reflect a strong commitment to transparency, accountability, and the responsible stewardship of sensitive information.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.401, the Auditor conducted an extensive review of materials provided by the Alabama Department of Corrections (ADOC). The review focused on the agency’s approach to transparency, access to audit information, and cooperation with the audit process.</p> <p>Central to the review was ADOC’s publicly accessible PREA webpage at http://www-.doc.state.al.us/PREA, which serves as a centralized repository for stakeholders, oversight entities, and the general public. The page includes completed facility PREA audit reports, agency-wide aggregated data on incidents of sexual abuse and sexual harassment, and supplemental materials summarizing ADOC’s PREA policies, procedures, and overall compliance framework. The organization of the site—including clear navigation, readable report formats, and chronological archives—demonstrates a deliberate effort to make information both accessible and usable.</p> <p>The documentation collectively shows that ADOC maintains a structured approach to scheduling, conducting, and reporting audits. The materials illustrate that the agency tracks audit cycles, records findings, and posts corrected plans in a timely manner, thereby supporting accountability and continuous improvement. The ease of access to these reports helps external stakeholders verify compliance and understand how ADOC addresses identified issues across its facilities.</p> <p>INTERVIEWS</p> <p>PREA Director</p> <p>The PREA Director described ADOC’s comprehensive audit and compliance structure. The current audit cycle is the second year of ADOC’s fourth three-year PREA audit cycle, reflecting a long-standing commitment to systematic review. The Director explained that each facility undergoes a PREA audit within the federally</p>

mandated three-year period, with the agency's internal planning and scheduling process ensuring that no facility exceeds the allowed timeframe.

The Director further emphasized that audit findings are not treated as one-time snapshots but as tools for sustained improvement. After each audit, ADOC uses the results to refine policies, enhance training curricula, and adjust operational practices across all facilities. The Director underscored that the agency views audits as a core component of its accountability structure, rather than a separate compliance activity.

Agency Head or Designee

The Agency Head's designee confirmed that every ADOC facility has completed a PREA audit within the most recent three-year compliance cycle. The designee also noted that all audit reports, along with summarized sexual abuse and harassment data, are posted on the ADOC PREA webpage. This public availability allows stakeholders, policymakers, advocacy groups, and the general public to independently review the agency's status and track progress over time. The designee described this transparency as a fundamental part of ADOC's assurance that facilities are safe, accountable, and aligned with PREA expectations.

PROVISIONS

Provision (a) - Completion of PREA Audits Within Required Cycle

The review of documentation and interviews with the PREA Director and Agency Head's designee confirmed that all ADOC facilities have completed PREA audits within the federally required three-year cycle. Audit reports are prepared, finalized, and made publicly accessible in a timely manner. The placement of each report alongside relevant aggregated data provides clear, verifiable evidence of compliance and reflects ADOC's ongoing commitment to transparency and adherence to the audit schedule.

Provision (b) - Public Access to Audit and Data Reports

The ADOC PREA webpage contains detailed facility-level audit reports and agency-wide summaries that document the number and nature of reported incidents, investigation outcomes, and corrective actions taken. These resources provide a transparent account of ADOC's data collection, analysis, and reporting practices and enable stakeholders to monitor trends, assess compliance, and engage in meaningful oversight.

Provisions (c)-(g) - Non-Applicability of Certain Provisions

The provisions labeled (c) through (g) were not applicable to the current scope of the audit. They did not pertain to the specific operational context of ADOC facilities under review and therefore did not affect the determination of compliance under this standard.

Provision (h) - Unrestricted Access During On-Site Audit

During the on-site component of the audit, the Auditor was granted full and unrestricted access to all areas of the facility, including housing units, program areas, medical and mental health spaces, and administrative offices. The Institutional PREA Compliance Manager (IPCM) was consistently available to facilitate access to staff, documentation, and physical plant areas, allowing for a smooth, efficient, and thorough review.

Provision (i) - Staff Cooperation

ADOC and facility personnel demonstrated consistent and cooperative engagement throughout the audit. All requested documentation and supplementary materials were provided promptly, in complete form, and in a manner that supported the Auditor's ability to assess policies, procedures, and on-the-ground practices. This level of cooperation reflects an organizational culture that views audits as a constructive mechanism for ensuring compliance and improving correctional operations.

Provisions (j)-(l) - Non-Applicability of Remaining Provisions

The provisions labeled (j) through (l) did not apply to this audit. The facilities and population under review did not involve the circumstances or conditions that trigger the requirements of these provisions, and therefore they had no bearing on the compliance evaluation.

Provision (m) - Private and Secure Interview Spaces

The facility arranged a secure and private setting for interviews with both staff and incarcerated individuals. The location ensured confidentiality, minimized background distractions, and allowed participants to speak openly without concern about being overheard. This environment supported candid discussion and professional engagement, thereby enhancing the reliability of the information obtained during the audit.

Provision (n) - Confidential Communication with the Auditor

Interviews with incarcerated individuals confirmed that they had access to confidential correspondence with the Auditor. The process closely mirrored the protections afforded to legal mail, ensuring that messages to the Auditor remained confidential and were not subject to review or retaliation. Participants reported feeling that they could communicate honestly, which strengthened the integrity of the audit process.

Provision (o) - Non-Applicability of Final Provision

The provision labeled (o) did not apply to this audit and therefore did not influence the determination of compliance.

CONCLUSION

Based on a thorough review of documentation, interviews with the PREA Director,

	<p>Agency Head designee, facility leadership, and PREA personnel, as well as direct observations during the on-site audit, the Auditor concludes that the Alabama Department of Corrections is in full compliance with all applicable elements of PREA Standard §115.401.</p> <p>The agency demonstrates consistent adherence to the federally required three-year audit cycle, maintains transparency through the public posting of audit reports and aggregated data, and provides full cooperation and unrestricted access during the audit process. The facility’s provision of secure interview spaces and confidential correspondence channels further reinforces the integrity of the audit and the agency’s respect for privacy and due process.</p> <p>These practices collectively reflect ADOC’s ongoing commitment to maintaining safe, accountable, and PREA-compliant correctional environments and underscore a culture of openness, continuous improvement, and institutional accountability.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>The Auditor conducted an in-depth review of the Alabama Department of Corrections’ (ADOC) publicly accessible PREA webpage (http://www.doc.state.al.us/PREA). This site functions as a centralized and authoritative resource for information on the agency’s compliance with the Prison Rape Elimination Act (PREA) across all correctional and community-based facilities.</p> <p>The webpage is structured to provide clear, consistent, and user-friendly access to PREA-related content, enabling the public, oversight bodies, and other stakeholders to evaluate ADOC’s prevention, detection, and response efforts regarding sexual abuse and sexual harassment. The platform includes annual statistical summaries, agency-wide data analyses, and prior PREA audit reports for each facility. These materials outline incident trends, policy responses, and corrective actions, offering a comprehensive view of the agency’s compliance posture. The organization of the site—complete with labeled sections, searchable archives, and regular updates—demonstrates ADOC’s ongoing commitment to transparency, accountability, and adherence to federal PREA expectations.</p> <p>PROVISIONS</p> <p>Provisions (a)-(e) - Non-Applicability to ADOC’s Current Reporting Obligations</p> <p>The requirements set out in provisions (a) through (e) of this standard do not apply</p>

to the responsibilities and operating context of the Alabama Department of Corrections. As a result, these provisions were not active considerations in the current review and did not factor into the determination of compliance.

Provision (f) - Accessibility and Public Accountability

The ADOC PREA webpage is intentionally designed to promote openness and support public oversight. The site provides detailed reports containing sexual abuse and sexual harassment data from agency-operated facilities, along with annual summaries of incidents, aggregated agency-level analyses, and facility-specific PREA audit findings. The information is presented in a logical, navigable format that allows users to locate relevant documents and reports efficiently.

ADOC maintains the site by routinely updating reports and ensuring that all required materials remain publicly accessible. This practice not only fulfills the letter of PREA obligations but also reinforces public confidence in the agency's commitment to transparency and accountability. The consistent availability of current and historical PREA information allows stakeholders to monitor progress, understand trends, and independently assess the effectiveness of ADOC's prevention and response strategies.

CONCLUSION

Based on a thorough review of the ADOC PREA webpage and supporting documentation, the Auditor concludes that the Alabama Department of Corrections fully satisfies the requirements of PREA Standard §115.403 - Agency Reporting and Public Accessibility of PREA Information.

The agency effectively posts audit reports, data summaries, and corrective action findings in a clear, accessible, and well-organized format. By maintaining a comprehensive, up-to-date public record of its PREA activities, ADOC demonstrates a strong and sustained commitment to transparency, public accountability, and ongoing compliance across all correctional and community-based facilities.

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.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to	yes

	consent or refuse?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b) Hiring and promotion decisions		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c) Hiring and promotion decisions		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d) Hiring and promotion decisions		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e) Hiring and promotion decisions		
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f) Hiring and promotion decisions		
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have	yes

	contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the	yes

	agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na

	Has the agency documented its efforts to secure services from rape crisis centers?	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.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with	yes

	inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	

	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	

	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental	yes

	health care practitioners who work regularly in its facilities.)	
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Education Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation	yes

	can be arranged?	
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision,	yes

	does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days?	yes

	(N/A if agency is exempt from this standard.)	
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of	yes

	confidentiality, at the initiation of services?	
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report	yes

	required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate	yes

	with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	

	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has	yes

	committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d) Reporting to inmates		
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e) Reporting to inmates		
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a) Disciplinary sanctions for staff		
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b) Disciplinary sanctions for staff		
	Is termination the presumptive disciplinary sanction for staff who	yes

	have engaged in sexual abuse?	
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	

	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	

	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph §	na

	115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	

	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports,	yes

	investigation files, and sexual abuse incident reviews?	
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted	yes

	where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by	na

	the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes