

PREA Facility Audit Report: Final

Name of Facility: Kilby Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/28/2026

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

AUDITOR INFORMATION	
Auditor name:	OConnor, Darla
Email:	doconnor@strategicjusticesolutions.com
Start Date of On-Site Audit:	03/16/2026
End Date of On-Site Audit:	03/18/2026

FACILITY INFORMATION	
Facility name:	Kilby Correctional Facility
Facility physical address:	12201 Wares Ferry Road, Montgomery, Alabama - 36117
Facility mailing address:	12201 Wares Ferry Road, Montgomery, Alabama - 36117

Primary Contact

Name:	CARLETTA L ANDREWS
Email Address:	Carletta.Andrews@doc.alabama.gov
Telephone Number:	3343205451

Warden/Jail Administrator/Sheriff/Director	
Name:	Pamela Harris- Correctional Warden III
Email Address:	pamela.harris@doc.alabama.gov
Telephone Number:	334-215-6600 ext. 10

Facility PREA Compliance Manager	
Name:	Carletta Andrews
Email Address:	carletta.andrews@doc.alabama.gov
Telephone Number:	(334) 320-5451

Facility Health Service Administrator On-site	
Name:	Kimberly McCants
Email Address:	kimberly.mccants@yescarecorp.com
Telephone Number:	3342154030

Facility Characteristics	
Designed facility capacity:	1461
Current population of facility:	1270
Average daily population for the past 12 months:	1281
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

Age range of population:	18-85
Facility security levels/inmate custody levels:	Security Level I-min. community, Security Level II-min. out, Security Level IV- Medium, Security Level V- Medium or Close
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	373
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	237
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	71

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:	2026-03-16
2. End date of the onsite portion of the audit:	2026-03-18

Outreach

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

**Community-Based Advocacy
Coordination and External Support
Verification**

As part of the PREA audit verification process, the Auditor conducted outreach with several community-based advocacy organizations and victim support providers to assess the facility's compliance with requirements for external reporting and access to victim assistance services for inmates. This review focused on confirming the availability, use, and coordination of outside advocacy services, as well as the facility's connection to community-based resources.

Just Detention International (JDI)

Contact was made with Just Detention International (JDI), a nationally recognized organization dedicated to addressing and preventing sexual abuse in confinement settings. A representative from JDI confirmed that there had been no documented contact from inmates or staff at the facility during the previous 12-month period. This information indicates that inmates did not utilize JDI services during the audit timeframe, though access remains available as part of broader external support options.

Alabama Coalition Against Rape (ACAR)

The Alabama Coalition Against Rape (ACAR) was contacted to verify its role in supporting inmates through advocacy and forensic services. ACAR confirmed that it maintains a formal and active service agreement with the Alabama Department of Corrections (ADOC). This agreement ensures that inmates have access to Sexual Assault Nurse Examiner (SANE) services and victim advocacy support through designated local providers.

The agreement outlines clear provisions for emotional support, advocacy services, and access to care regardless of when or where the abuse occurred. It also ensures that inmates have access to a confidential hotline for support. For this facility, ACAR coordinates services through One Place Family Justice Center, located in Montgomery, Alabama.

One Place Family Justice Center

Further communication with One Place Family Justice Center confirmed its role as the primary rape crisis center serving the facility and its affiliation as a member organization within ACAR. Representatives described a structured and responsive system for providing victim advocacy and forensic medical services.

The center confirmed that trained victim advocates and SANE-certified medical personnel respond to allegations of sexual abuse involving inmates. During the previous 12 months, the center reported that 25 forensic medical examinations were requested and completed for inmates from this facility.

The center employs nurses with specialized training in sexual assault response, including crisis intervention, evidence collection, coordination with law enforcement, and preparation for legal proceedings in partnership with District Attorney offices. These professionals participate in ongoing multidisciplinary training to maintain a high level of skill and coordination with other medical and investigative partners.

All forensic examinations are conducted in local hospital emergency departments or at the One Place Family Justice Center, ensuring a safe, private, and medically appropriate setting. These environments support both the health needs of the inmate and the integrity of evidence collection.

Victim advocates play a continuous and supportive role throughout the process. They provide emotional support before, during, and after examinations, explain procedures in clear terms, and assist inmates in accessing follow-up services. Advocates coordinate closely with facility mental health staff to ensure continuity of care.

Confidentiality is maintained through secure communication options, including a dedicated mailing address and a toll-free hotline at 1-334-213-1227. Inmates may also receive in-person counseling in a private and secure setting. Ongoing services are available

through coordination between the advocacy center and institutional mental health programs. All services are provided at no cost to the inmate.

Specialized SAFE/SANE Medical Personnel and Examination Procedures

Interviews with SAFE/SANE personnel confirmed that forensic examinations are conducted in a dedicated and properly equipped setting at the One Place Family Justice Center. When an examination is required, inmates are transported by facility staff to this location, where trained SANE professionals and victim advocates are present to provide coordinated care.

The process is structured, respectful, and focused on both medical and emotional needs. Services are delivered promptly and professionally, and at no time is the inmate responsible for any cost associated with the examination or related care.

This coordinated approach reflects a strong partnership between the facility and community-based providers, ensuring that inmates have reliable access to external support services, qualified medical care, and ongoing advocacy.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1461
15. Average daily population for the past 12 months:	1281
16. Number of inmate/resident/detainee housing units:	20

<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>1343</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>28</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>125</p>
<p>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>6</p>
<p>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>7</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:	5
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:	6
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:	3
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	2
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	15
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

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

As part of the facility's comprehensive Prison Rape Elimination Act (PREA) compliance audit, the Auditor conducted a detailed and systematic evaluation of the facility's ability to identify, document, monitor, and respond appropriately to inmates who may be at increased risk for sexual abuse or sexual victimization. This review was intentionally multi-layered and included an in-depth examination of institutional records, analysis of classification and population tracking systems, and structured interviews with staff responsible for intake, screening, and classification functions. These combined efforts provided a clear view of both policy compliance and day-to-day operational practices.

The assessment focused on inmate groups identified under PREA as requiring heightened awareness and protection. These groups include inmates who are transgender or intersex; those with physical, cognitive, or developmental disabilities; individuals with visual or hearing impairments; inmates with limited English proficiency; individuals detained for civil immigration purposes; and inmates with a history of sexual victimization. The purpose of this review was not only to determine whether individuals from these populations were present during the audit period, but also to evaluate whether policies, procedures, and staff practices are sufficient to ensure proper identification, protection, and accommodation when such needs arise. During the on-site portion of the audit, the Auditor identified inmates within the facility's population who met the criteria for vulnerable populations. Individuals representing each identified category were present, with the exception of youthful inmates and inmates placed in segregated housing specifically for protection from sexual victimization. These findings were validated through a comprehensive and cross-referenced review of intake screening tools, classification records, housing assignments, and population rosters, along with follow-up interviews with

intake and classification staff. All sources of information were consistent and aligned, demonstrating that the facility maintains accurate, reliable, and well-organized systems for identifying and tracking inmates who may present increased vulnerability. Documentation was complete and readily accessible, allowing for efficient verification. To further confirm the effectiveness of these processes, the Auditor conducted interviews with twenty inmates representing identified or potential vulnerable categories. Responses from these individuals supported that screening, classification, and support practices are implemented consistently and appropriately. The facility's Standard Operating Procedures provide clear and comprehensive direction for managing vulnerable populations. These procedures include requirements for initial PREA risk screening, individualized housing decisions that prioritize safety and privacy, timely access to medical and mental health services, and ongoing staff training designed to strengthen awareness and responsiveness. The Auditor observed that these procedures are actively integrated into daily operations, reflecting a consistent and practical application beyond written policy.

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

36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:

373

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:

71

<p>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>54</p>
<p>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>The facility reported a total of 4 general contractors, 50 medical contractors, and 71 approved volunteers actively working within the institution. To assess compliance with PREA training requirements, the Auditor conducted a focused review of training records as part of the audit process. A representative sample was selected for review, including records for 13 volunteers, 45 medical contractors, and all 4 general contractors. Each file contained complete and clearly documented evidence of PREA training. Documentation included signed verification forms confirming that individuals had successfully completed the required annual PREA training.</p> <p>The records were well-organized, consistent, and easy to review, reflecting a structured and dependable system for tracking training completion. This level of documentation demonstrates that the facility maintains effective oversight of training requirements and ensures that contractors and volunteers are properly informed of PREA standards. Overall, the review supports that individuals working within the facility understand their responsibilities related to the prevention, detection, and reporting of sexual abuse and sexual harassment.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>20</p>

41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)

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

<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>At the time of the on-site Prison Rape Elimination Act (PREA) audit, the facility reported a total population of 1,343 inmates. In accordance with the PREA Auditor Handbook, a facility of this size is required to conduct a minimum of twenty randomly selected inmate interviews. The Auditor followed this requirement while also ensuring that the selection process provided a meaningful and representative view of the facility's overall operations.</p> <p>The selection of inmates for interviews was intentionally structured to capture a broad and balanced cross-section of the population. Rather than focusing on a single housing area or group, the Auditor selected participants from multiple housing units, custody levels, and program assignments. This approach allowed for a more complete understanding of inmate experiences across different areas of the facility, including supervision practices, access to reporting methods, and availability of support services.</p> <p>The random selection process was guided by alphabetical housing rosters, which were used to identify inmates from various housing locations. Care was taken to include individuals from different units to ensure geographic diversity within the facility. Additional considerations such as age, race, and ethnicity were applied to promote inclusivity and to reflect the overall diversity of the inmate population.</p> <p>This structured and balanced approach to interview selection ensured that the Auditor gathered a wide range of perspectives while maintaining compliance with PREA standards. The process provided a reliable and representative overview of conditions within the facility and supported a thorough assessment of PREA-related practices.</p>
<p>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The selection and interview process for random inmates was conducted without significant barriers and allowed for meaningful participation across the facility. The Auditor was able to access multiple housing areas and conduct interviews in a manner that supported privacy and open communication.</p> <p>To ensure a well-rounded assessment, the Auditor made a deliberate effort to include inmates from different housing units, custody levels, and program areas. While the selection remained random, there was some intentional oversampling of inmates from specialized housing areas and those who may have had increased interaction with staff, such as individuals assigned to work details or programs. This approach helped provide additional insight into daily operations and staff-inmate interactions.</p> <p>There were no significant barriers related to language, cognitive ability, or physical access that prevented inmates from participating in interviews. All selected inmates were willing to participate, and interviews were conducted in a confidential setting, which supported candid responses.</p> <p>Overall, the process allowed for appropriate representation of the inmate population, and no limitations were identified that would affect the reliability or completeness of the information gathered.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>20</p>

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

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

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

<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 portion of the Prison Rape Elimination Act (PREA) audit, facility leadership reported that there were no individuals currently housed at the institution who met the criteria for this specific targeted population category. To ensure the accuracy and completeness of this assertion, the Auditor employed a multi-faceted corroboration strategy that included direct observation, review of documentation, and interviews with staff and inmates. As part of the facility tour, the Auditor conducted systematic inspections of housing units, segregation areas, and common spaces. No individuals were observed who would qualify under this targeted population classification. This visual verification was supplemented by a thorough review of intake records, classification forms, and housing rosters, all of which were current and clearly documented. These records reflected the absence of individuals within this population and aligned with the leadership’s report.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The targeted interview selection was completed without difficulty, and no barriers were encountered that prevented the Auditor from completing the interviews. The sample included the all relevant targeted populations that were present, and no oversampling was necessary beyond the standard PREA audit requirements.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>15</p>

<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input 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.

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

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

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Classification Staff Food Service Staff
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> 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 tied to PREA compliance and sexual abuse prevention, detection, and response. This group typically included the PREA Coordinator, investigators, medical and mental health professionals, case managers, and any staff responsible for training or supervision related to PREA standards. The selection process was intentional and focused on gathering detailed information about specialized procedures, data management, and interdisciplinary coordination efforts. These interviews provided a deeper understanding of how the facility operationalizes PREA policies in practice, ensures thorough investigations, addresses victims' needs, and maintains ongoing staff education. Interviewing specialized staff revealed a high level of expertise and dedication, with staff clearly articulating their responsibilities and the resources available to support individuals in custody. No significant challenges arose during these interviews, and the openness and professionalism of specialized staff reinforced confidence in the facility's ability to effectively manage PREA-related issues. 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 commitment to maintaining a safe, accountable environment.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
75. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

FACILITY TOUR AND OBSERVATIONS

During the on-site phase of the PREA audit, the Auditor conducted a thorough and unrestricted tour of the facility, allowing for a detailed assessment of the physical environment, daily operations, and overall institutional climate. From the beginning of the tour through its conclusion, staff demonstrated professionalism, openness, and full cooperation. They provided clear explanations, answered questions without hesitation, and ensured access to all areas, which supported accurate and complete observations.

The tour included all major operational areas of the facility. The Auditor observed general population housing units as well as specialized housing such as segregation, medical observation, and protective custody. Additional areas reviewed included intake and classification, medical and mental health clinics, classrooms for education and vocational programs, dining and food service areas, visitation spaces, laundry operations, recreation areas, central control, and administrative offices. Staff escorts offered clear and practical explanations of each area's purpose, staffing levels, inmate population, and supervision practices. Movement throughout the facility was smooth and without delay, allowing for direct observation and meaningful engagement. Particular attention was given to how the facility's layout and practices support PREA standards and promote inmate safety. PREA-related signage was clearly visible throughout housing units and common areas. These materials reinforced the facility's zero-tolerance policy and provided simple, easy-to-understand information about reporting options and inmate rights. Posters and notices were available in English and additional languages, helping ensure accessibility for the inmate population.

The Auditor reviewed reporting mechanisms and found them to be clearly marked, functional, and easy to access. Dedicated

reporting telephones were operational and prominently labeled. Posted instructions explained how to report concerns, including anonymous and third-party options, in clear language. Grievance forms and secure drop boxes were placed in accessible areas, allowing inmates to submit reports privately. Hotline information was displayed in multiple high-visibility locations, including near phones, housing units, restrooms, and recreation areas, ensuring consistent access. The Auditor also evaluated cleanliness, lighting, and privacy safeguards throughout the facility. Housing units and common areas were clean, orderly, and well maintained. Lighting was adequate in both shared and individual spaces. Shower and restroom areas included appropriate privacy features to prevent cross-gender viewing while still allowing for effective supervision. The use of mirrors, cameras, and staff positioning demonstrated a balanced approach to safety and privacy, consistent with PREA requirements.

Throughout the tour, the Auditor engaged informally with both staff and inmates. These conversations provided additional insight into daily practices and PREA awareness. Staff demonstrated a clear understanding of their responsibilities, including reporting requirements and response procedures. Inmates also showed awareness of their rights, identified multiple reporting options, and expressed confidence in their ability to report concerns without fear of retaliation. Overall, the facility appeared secure, clean, and well organized. The condition of the physical plant, combined with effective lighting, cleanliness, and privacy measures, reflects a strong commitment to safety and respect. Observations during the tour indicate that PREA standards are actively integrated into daily operations, supported by knowledgeable staff, informed inmates, and unrestricted Auditor access. These factors contribute to an environment that promotes safety, dignity, and ongoing PREA compliance.

Documentation Sampling

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

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

Yes

No

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

Personnel and Training Records

As part of the audit process, the Auditor conducted a detailed and comprehensive review of 75 staff personnel files to verify compliance with PREA hiring and employment standards. Each file contained complete and well-organized documentation, including initial criminal background checks, verification of employment eligibility, and administrative adjudication forms when applicable. The review confirmed that the facility follows a consistent and structured process for staff screening and hiring.

In addition to initial screening, the facility demonstrated adherence to ongoing monitoring requirements. Annual background checks are conducted for staff and are routinely coordinated with annual firearm qualification requirements for applicable personnel. This practice reflects a consistent and proactive approach to maintaining staff suitability and ensuring continued compliance with PREA standards.

The Auditor also reviewed 50 staff training records to assess compliance with PREA training requirements. Each file included clear documentation of completed training and contained a signed PREA acknowledgment form verifying annual training completion. Records confirmed that staff receive instruction on the facility's zero-tolerance policy, reporting responsibilities, professional boundaries, and proper procedures for conducting cross-gender searches in a respectful and appropriate manner. These records demonstrate that staff are equipped with the knowledge and training necessary to maintain a safe and respectful environment for inmates.

Volunteer Training

The Auditor reviewed 13 volunteer training records to evaluate compliance with PREA training requirements. Each record included documentation of completed training along with a signed PREA acknowledgment form. The records were consistent and well maintained, confirming that volunteers

receive appropriate instruction related to PREA standards and expectations. This training supports their ability to interact with inmates in a safe, respectful, and informed manner.

Contractor Training

Training records for contractors were also reviewed as part of the audit. The Auditor examined all 4 general contractor training files, each of which contained clear documentation of PREA training completion and signed acknowledgment forms. These records confirm that contractors are properly informed of PREA requirements prior to working within the facility.

Additionally, 45 medical contractor training records were reviewed. Each file included documentation of completed PREA training and signed acknowledgment forms. The records were organized and consistent, demonstrating that medical contractors receive the necessary training to support a safe and professional environment for inmates.

Specialized Training

The Auditor reviewed 20 training records for investigators assigned to handle PREA-related cases. Each file contained documentation confirming successful completion of required specialized training. This training ensures that investigators are prepared to conduct thorough, objective, and professional investigations.

Training records for 45 medical and mental health practitioners were also reviewed. Each file included documentation verifying completion of specialized PREA training relevant to their roles. These records confirm that clinical staff are trained to provide appropriate, trauma-informed care and to respond effectively to allegations of sexual abuse.

Inmate Records

A random sample of 49 inmate files, representing admissions over the previous twelve months, was reviewed to assess compliance with PREA education

requirements. Each file included a signed acknowledgment confirming receipt of PREA education. Documentation also showed that inmates received the facility orientation handbook, PREA informational materials, and viewed the PREA education video during intake.

Interviews and record reviews confirmed that all 49 inmates received PREA education as part of the intake process, consistent with agency policy and PREA standards.

Risk Assessments and Reassessments

To evaluate compliance with PREA screening requirements, the Auditor reviewed the same 49 inmate records for risk assessment documentation. Each file showed that an initial risk screening was completed within 72 hours of arrival. Additionally, all records included a reassessment conducted within 30 days.

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

Grievances

According to the Pre-Audit Questionnaire (PAQ) and confirmed through interviews with the PREA Compliance Manager, there were no grievances filed specifically related to sexual abuse or sexual harassment during the audit period. However, documentation indicated that relevant complaints were addressed through the PREA reporting and investigation process.

Incident Reports

Documentation and staff interviews confirmed that the facility recorded 43 allegations of sexual abuse and sexual harassment during the past 12 months. The Auditor reviewed a sample of 16 incident reports, which were found to be complete, organized, and consistent with reporting requirements.

Investigation Records

The Auditor also reviewed 16 PREA

investigative files from the same 12-month period. Each file contained the required documentation, including reports, evidence records, and outcome determinations. All investigations were completed within established timelines.

Overall, the review of investigation records demonstrates a structured and consistent approach to handling allegations, with clear documentation and adherence to PREA standards.

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	37	37	0	0
Staff-on-inmate sexual abuse	3	0	0	3
Total	49	37	0	3

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	3	0	3	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	3	0	3	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	2	8	27	0
Staff-on-inmate sexual abuse	0	0	3	0
Total	2	8	30	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	3	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	3	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:	15
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<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>14</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 checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</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>1</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

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

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>Before and throughout the on-site audit, the Auditor undertook a meticulous review of a wide range of documents to determine compliance with Standard §115.11. The examination began with the Pre-Audit Questionnaire (PAQ) and all materials submitted by the Alabama Department of Corrections (ADOC). Central to this review was Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated May 29, 2025—an essential policy anchoring ADOC’s statewide approach to PREA implementation.</p> <p>Other documents painted a complete picture of organizational practices, including the ADOC Inmate Awareness pamphlet (offered in English and Spanish), the Inmate Handbook dated September 25, 2017, and an updated organizational chart showing clear lines of authority. The Auditor also reviewed records detailing the qualifications and specialized training of the PREA Director and the PREA Compliance Managers (PCMs). Collectively, these materials demonstrated how ADOC’s administrative design</p>

cultivates a unified and proactive system for preventing and addressing sexual abuse and harassment in every facility.

INTERVIEWS

Interviews across different levels of the agency revealed how PREA responsibilities come to life in day-to-day operations. Each participant expressed professionalism, clarity of purpose, and a shared belief in the Department's Zero Tolerance philosophy.

Institutional PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager described their role with confidence and precision, noting that PREA duties receive full dedication and prioritized focus. This commitment allows for thorough oversight and immediate action whenever compliance issues surface. Facility leadership was reported as highly supportive, ensuring the IPCM has ample resources, autonomy, and time to fulfill every obligation. The IPCM emphasized that the position is intentionally structured to avoid dilution with non-PREA tasks, enabling a concentrated and effective effort toward institutional compliance.

Agency PREA Director

In contrast, the Agency PREA Director provided a panoramic view of system-wide leadership. As a senior official entrusted with executive authority, the Director is strategically positioned within the organizational hierarchy to maintain constant access to departmental leadership and resources. During the conversation, the Director highlighted the ADOC's unwavering Zero Tolerance stance as the moral and operational foundation of its PREA framework. This philosophy is reinforced through statewide consistency: every facility has an appointed PREA Compliance Manager, personally trained and mentored by the Director. Regular communication—via ongoing calls, emails, and in-person facility visits—keeps the network cohesive, encourages accountability, and provides hands-on guidance to institutional teams.

Taken together, the interviews showcased a well-aligned structure where both agency and facility PREA leadership are empowered to act decisively, backed by clear authority and adequate time to sustain robust compliance.

PROVISIONS

Provision (a)

ADOC demonstrates an unmistakable commitment to upholding a Zero Tolerance policy toward all forms of sexual abuse and harassment—a principle that shapes every element of its operation. This commitment is actively embedded through comprehensive policies governing prevention, detection, reporting, and response mechanisms. The policies articulate clear definitions of prohibited behavior and establish distinct disciplinary actions for violators.

Particularly, Administrative Regulation (AR) #454 (Section II, Policy) mandates the prohibition of sexual abuse, sexual harassment, and sexual misconduct within ADOC facilities, without exception—whether staff-on-inmate or inmate-on-inmate, coerced

or seemingly consensual. Section III and supporting materials, such as the Inmate Handbook, detail behavioral expectations, investigative classifications (substantiated, unsubstantiated, or unfounded), and prescribed prevention strategies. These elements collectively demonstrate the Department's proactive and structured stewardship in maintaining a safe and respectful environment.

Relevant Policies

AR #454, Section II, Policy, p. 1

AR #454, Section III, Definitions and Acronyms, pp. 1-5

Inmate Handbook (2017 Edition)

Provision (b)

The organizational structure presented in the PAQ and ADOC chart confirms that the PREA Director operates at a Director level, ensuring meaningful authority and influence over all compliance activities. The Director is supported by twenty-six Institutional PREA Compliance Managers (IPCMs) and a matching cadre of twenty-six trained alternates. This intentionally layered system guarantees uninterrupted compliance coverage throughout the state.

AR #454 further specifies that the PREA Director, appointed by the ADOC Commissioner, holds authorization to coordinate, oversee, and continually improve procedures to prevent, identify, and track sexual abuse and harassment of inmates. The Director maintains statewide statistics, conducts periodic audits, and collaborates fluidly with Wardens, Associate Commissioners, and the Legal Division, promoting accountability and transparency at every level.

Within this structure, responsibilities are clearly delineated for every department and leader—from Commissioners to facility staff—reflecting a well-defined chain of accountability consistent with PREA Standards. This framework ensures every entity contributes meaningfully to maintaining sexual safety across ADOC facilities.

Relevant Policies

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

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

AR #454, Section E, PREA Director Functions, pp. 7-8

Provision (c)

According to the PAQ, every ADOC facility designates an Institutional PREA Compliance Manager (IPCM), affirming statewide adherence to a uniform standard of oversight. At this facility, the IPCM serves as a Special Investigator—a position that anchors both expertise and objectivity.

Importantly, IPCMs report through the ADOC Investigation Division or the Office of the Inspector General (OIG), rather than directly to facility administration. This external supervision cultivates impartiality and ensures consistent enforcement of PREA mandates across all institutions. AR #454 defines IPCM authority in clear terms,

granting power to coordinate prevention, detection, monitoring, and statutory tracking of PREA-related activity. IPCMs also perform periodic internal audits and assist in identifying corrective actions, demonstrating the Department’s commitment to sustained, ethical compliance.

Relevant Policies

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

AR #454, Section VI, Responsibilities for Special Investigators/IPCMs, pp. 10-12

CONCLUSION

After thorough examination of all materials, policies, and interviews, the Auditor determined that the Alabama Department of Corrections meets the requirements of Standard §115.11. The PREA Director holds adequate executive authority, operational reach, and resources to sustain agency-wide integrity, while Institutional PREA Compliance Managers—each properly trained and supported—carry out facility-level application with professionalism and precision. This coordinated structure exemplifies ADOC’s steadfast dedication to its Zero Tolerance policy and to fostering sexual safety and dignity for every inmate throughout the correctional system.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To determine compliance with PREA Standard §115.12, the Auditor conducted a detailed and methodical review of materials provided by the Alabama Department of Corrections (ADOC). The goal was to evaluate how well PREA requirements are incorporated and enforced within contracts for the confinement of ADOC inmates by outside entities. The review measured whether PREA responsibilities are clearly defined, enforceable, and subject to continuous oversight.</p> <p>The Auditor began by examining ADOC’s completed Pre-Audit Questionnaire (PAQ) and accompanying documentation. Foundational among these materials was Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment (May 29, 2025). This regulation sets forth agency-wide expectations and delineates responsibilities for implementing and sustaining full PREA compliance.</p> <p>An additional focal point of the review was ADOC Contract C210052136 with GEO Reentry, Inc., renewed on December 1, 2025. Representing the third renewal of this confinement services agreement, the contract embodies ADOC’s proactive and structured approach to contracting with outside entities.</p>

Together, these documents present a clear, organized framework—one that ensures PREA compliance is not only expressly required in writing but also monitored and verifiable. ADOC’s contracting process exhibits transparency, professionalism, and dedication to protecting inmate safety through highly enforceable standards.

INTERVIEWS

Agency Contract Administrator

During the audit, the Agency Contract Administrator provided a nuanced view of ADOC’s contracting procedures, offering practical insight into how the Department ensures continuous oversight throughout the life of each contract. The Administrator emphasized that all potential contractors—whether private companies or county-operated facilities—must fully demonstrate PREA compliance before any contract can be approved.

The Administrator described contract execution as a deliberate, multi-step process anchored in accountability. Each agreement includes detailed PREA clauses defining obligations for sexual safety, detection, and reporting. These terms are carefully reviewed by both ADOC’s Legal Division and relevant operational partners to ensure precision and enforceability.

Oversight activities extend well beyond the initial signing phase. The Administrator explained that ADOC retains clear authority to audit contractor compliance, to access records when necessary, and to conduct facility site visits. These oversight practices—combined with regular document reviews and performance evaluations—provide a robust system for maintaining integrity and alignment with federal PREA standards.

In this conversation, it was clear that ADOC views PREA compliance as a non-negotiable condition of partnership. Contractors unable or unwilling to meet these obligations are excluded from consideration, ensuring consistency and reliability across all contracted confinement operations.

PROVISIONS

Provision (a)

ADOC requires that explicit PREA compliance language be included in every contractual agreement involving inmate confinement. This provision ensures that the contractual terms spell out, in clear and enforceable language, the contractor’s duty to uphold all standards outlined in the Prison Rape Elimination Act. Each contract articulates standards for prevention, detection, reporting, and response while affirming ADOC’s authority to monitor compliance directly.

Administrative Regulation #454 formally assigns this responsibility to the ADOC General Counsel, who ensures that all contracts incorporate mandatory PREA provisions. The regulation’s Section D delineates the Department’s obligation to verify contractor adherence and to maintain oversight throughout the life of the contract.

A detailed examination of Contract C210052136 with GEO Reentry, Inc. revealed

especially thorough safeguards. Section 3.39 integrates Alabama Code §14-11-31 and references 28 C.F.R. Part 115, embedding both state and federal PREA standards into the contract structure. The provision establishes a Zero Tolerance policy toward sexual abuse and harassment and requires full, demonstrated compliance across all operations.

To support enforcement, the contract outlines clear protocols for immediate reporting of any alleged or confirmed PREA incident to the appropriate ADOC officials—including the facility leadership and the PREA Director or Contract Monitor. In addition, contractors must grant unrestricted access to the PREA Monitor, ensure PREA-specific training for all staff and subcontractors, and provide audit documentation from any certified Department of Justice auditor. This comprehensive inclusion of preventive and responsive measures reflects ADOC’s high standards and its commitment to a culture of accountability.

Relevant Policies

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

Provision (b)

The PAQ and supporting documentation further show that every ADOC confinement contract contains active monitoring provisions empowering the agency to oversee and evaluate contractor operations throughout the contractual term. This oversight ensures PREA compliance remains dynamic and continually verified—not simply confirmed upon contract execution.

Contract terms authorize ADOC to conduct systematic policy reviews, evaluate training records, and request documentation of PREA-related incidents at any point. Contractors must notify ADOC without delay whenever a sexual abuse or harassment allegation arises and provide full disclosure of investigative findings, outcomes, and remedial actions to the designated PREA Coordinator.

These clauses collectively form a continuous accountability network between ADOC and its contracted entities. The design encourages transparency and swift corrective action where needed. In practice, oversight is implemented through periodic audits, documentation analysis, remote monitoring, and occasional in-person assessments, all contributing to consistent statewide standards of safety and ethical operation.

Through these mechanisms, ADOC retains ongoing visibility into contractor operations and responds efficiently to any gaps. The outcome is a living system of compliance—proactive, measurable, and reinforced through explicit, enforceable terms.

Relevant Policies

AR #454, Section IV, Responsibilities, D, p. 6
Contract C210052136, GEO Reentry, Inc., Section 3.39

	<p>PREA Monitoring Protocols (as established by ADOC Legal and Contract Monitoring Division)</p> <p>CONCLUSION</p> <p>Following comprehensive review and staff interviews, the Auditor concludes that the Alabama Department of Corrections fully complies with PREA Standard §115.12. The Department has embedded precise, enforceable language within all contracts for the confinement of inmates, thereby guaranteeing that external entities meet the same rigorous standards as ADOC-operated facilities.</p> <p>ADOC’s integrated approach—combining clear contractual requirements, affirmative monitoring, and responsive reporting—creates a system characterized by transparency and sustained accountability. These practices reaffirm ADOC’s strong commitment to fostering safety, dignity, and respect for every inmate under its care, regardless of custody location.</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>Ahead of the on-site audit, the facility submitted a detailed and well-organized set of materials through its Pre-Audit Questionnaire (PAQ). The documentation presented a clear and transparent picture of the facility’s staffing patterns, supervision protocols, and monitoring systems—elements vital to the prevention and detection of sexual abuse and sexual harassment.</p> <p>The Auditor performed an extensive review of Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment (effective May 29, 2025), along with numerous facility-specific materials. These included the Annual PREA Staffing Plan Review (Form 454-J), Log of Unannounced Rounds (Form 454-K), staffing deviation records, facility blueprints and physical layout diagrams, and forms documenting the Facility Vulnerability Assessment, Staffing Plan Checklist, and Staffing Plan Review. The facility’s current staffing plan, dated January 21, 2026, incorporated updated data reflecting operational realities and inmate population needs.</p> <p>Viewed collectively, these documents served as a rich and informative foundation for assessing Kilby’s compliance with PREA Standard §115.13. They demonstrated a cohesive and forward-thinking approach—one characterized by structure, accountability, and consistency in staffing oversight and monitoring.</p> <p>OBSERVATIONS</p>

While on-site, the Auditor conducted multiple unannounced reviews of housing unit logbooks and supervisory documentation. Entries confirmed that intermediate and senior supervisors performed unannounced rounds with regularity and care. Documentation was consistent and timely, reflecting professional adherence to agency policy.

Beyond record reviews, the Auditor observed supervisors performing rounds throughout housing, program, and common areas. Their conduct was marked by approachability, professionalism, and attentiveness. Supervisors actively engaged with both staff and inmates, reviewed records, and discussed day-to-day operations. This visible leadership presence strengthened a culture of accountability, transparency, and proactive prevention. The overall atmosphere revealed strong communication and steady reinforcement of ADOC's commitment to safety through vigilant supervision and responsive oversight.

INTERVIEWS

PREA Compliance Manager (PCM)

The PREA Compliance Manager described a hands-on role in overseeing staffing and monitoring measures. They explained that staffing levels are evaluated to ensure they never impede inmate access to programs, visitation, or educational opportunities. The PCM also monitors the video system continually, ensuring it remains functional and promptly arranging repairs when technical issues arise. The PCM's involvement in the annual staffing plan review includes analysis of supervision patterns, camera coverage, and physical vulnerabilities—offering thoughtful insights that guide operational decisions and continuous improvements.

Facility Head

The Facility Head spoke with pride about Kilby's ongoing efforts to maintain safety and balance staffing efficiency. Staffing decisions are crafted to align strategically with scheduling, inmate activities, and operational demands. The Facility Head credited the expansion of the video monitoring system for significantly heightened visibility and faster investigative follow-up. The current staff consists of 321 Uniformed officers; 49 support staff and 54 contractors demonstrate steady progress and a commitment to maintaining robust coverage. Staffing plans are reviewed in concert with line staff input and are adapted responsively based on daily operational feedback, ensuring transparent communication between leadership and employees.

Intermediate- or Higher-Level Supervisory Staff

Supervisory staff confirmed that unannounced rounds occur on all shifts, purposefully designed to remain unpredictable. Supervisors described these rounds as dynamic opportunities for observation, mentorship, and immediate corrective direction. They ensure policy compliance and promote open engagement with line staff and inmates alike. Their approach integrates leadership visibility with practical guidance, reinforcing professionalism and trust throughout each housing area.

Random Line Staff

Line staff consistently demonstrated a detailed understanding of the expectations related to supervision and monitoring under PREA. They affirmed that supervisors

conduct unannounced rounds every shift and that they are prohibited from disclosing timing to preserve the integrity of the monitoring process. Staff noted that supervisors regularly review logs, interact with teams, and provide support—reflecting confidence in how supervision practices safeguard both staff and inmates.

Random Inmates

Interviews with randomly selected inmates corroborated the presence and accessibility of supervisory personnel. Inmates reported that supervisors and PREA staff were approachable and responsive, maintaining professional communication and promptly addressing concerns. Many described this visibility as reassuring, expressing that it contributes directly to a safer and more respectful environment throughout the housing units.

Together, the interviews portrayed a cohesive and disciplined supervision culture—where every level of staff models accountability, and inmates experience safety reinforced by visible leadership.

PROVISIONS

Provision (a)

Documentation confirmed that Kilby maintains a formal, preventive staffing plan reviewed at least annually under agency policy. The plan establishes adequate staffing levels and video monitoring coverage to ensure inmates are protected from sexual abuse and harassment.

The facility's current plan reflects a projected average daily population of 1,345 inmates and satisfies all thirteen components outlined in PREA Standard §115.13. Shift schedules and post coverage records were verified as consistent and compliant.

Administrative Regulation #454 directs Facility Wardens to sustain appropriate staffing plans and to collaborate with the PREA Director annually for review and adjustment using Form 454-J. The analysis process evaluates investigative findings, population demographics, programming needs, architectural design, and technology enhancements to maintain balanced coverage.

Kilby's staffing plans supported by SOP Procedure C-67 (Staffing Plan) is both comprehensive and adaptable, accounting for operational changes and ensuring effective supervision aligned with facility needs and inmate safety.

Relevant Policies

ADOC Administrative Regulation #454, Section IV, H, 10, p. 9, effective May 29, 2025
ADOC Administrative Regulation #454, Section V, E, 3, p. 19, effective May 29, 2025
SOP Procedure C-67, Staffing Plan (November 12, 2025)

Provision (b)

According to the PAQ, the staffing plan was based on a population of 1,343 inmates and calibrated to guarantee that mandatory posts remained staffed at all times. When vacancies arose, coverage was maintained through overtime or temporary reassignment—an approach that ensured continuity and safety.

Deviation logs examined by the Auditor showed that deviations during the previous twelve months mainly stemmed from mandatory and voluntary overtime and manpower shortage. The Facility Head confirmed these adjustments were effectively managed and never disrupted inmate programming, services, or education.

This flexibility underscores Kilby's proactive response to workforce fluctuations, ensuring consistent protection and operational reliability.

Relevant Policies

ADOC Administrative Regulation #454, Section IV, H, 11, p. 9, effective May 29, 2025

ADOC Administrative Regulation #454, Section V, E, 3, p. 19, effective May 29, 2025

Provision (c)

Agency policy requires that each facility's staffing plan undergo an annual review coordinated by Warden, PREA Director, PREA Compliance Manager, and Captain. Kilby's most recent review (January 21, 2026) incorporated analysis of post coverage, supervision trends, camera placements, and operational forecasts. Consideration also extended to physical plant updates and installation of additional surveillance equipment where needed.

All mandatory posts were staffed and the video monitoring system proved fully operational, with a dedicated control center staffed continuously. Enhanced visibility was further achieved through strategic placement of mirrors in blind spots.

The Auditor verified completion of the annual Form 454-J submission and noted that internal audits effectively assess inmate-accessible areas, ensuring facilities remain responsive and informed. Kilby's review structure reflects thoughtful coordination and continuous improvement across supervisory levels.

Relevant Policies

ADOC Administrative Regulation #454, Section IV, H, 1-13, pp. 8-10, effective May 29, 2025

ADOC Administrative Regulation #454, Section V, E, 2, p. 19, effective May 29, 2025

Provision (d)

The PAQ, interviews, and on-site reviews confirmed that unannounced rounds are conducted regularly by intermediate and senior supervisors on all shifts across housing and program areas.

Administrative Regulation #454 specifically requires that these rounds be logged in the Shift Report and documented on ADOC Form 454-G, listing the supervisor's name, date, and time of each round. The policy also requires confirmation of a PREA hotline

verification on every shift.

The Auditor reviewed multiple complete logs and observed supervisors performing rounds firsthand. Practices were consistent, transparent, and professional. Staff demonstrated clear understanding that advance notice is prohibited—an important safeguard that preserves authenticity in monitoring and reinforces accountability throughout operations.

Relevant Policies

ADOC Administrative Regulation #454, Section IV, H, 1-13, pp. 8-10, effective May 29, 2025

ADOC Administrative Regulation #454, Section V, E, 4, p. 20, effective May 29, 2025

CONCLUSION

After extensive review of documentation, interviews, and observations, the Auditor concludes that Kilby Correctional Facility fully complies with PREA Standard §115.13. Its staffing plan demonstrates precision and flexibility; deviation tracking is methodical; the video monitoring system is robust; and supervisory rounds are conducted with consistency and integrity.

This integrated framework reflects Kilby’s steadfast commitment to inmate safety, staff professionalism, and transparent operational oversight. Supervisors’ visible engagement, staff awareness, and leadership responsiveness collectively sustain a vigilant environment—one grounded in respect, accountability, and prevention.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>Before the on-site audit commenced, Kilby Correctional Facility provided a comprehensive submission of materials through its Pre-Audit Questionnaire (PAQ). The documentation was detailed, transparent, and well-organized, demonstrating diligence on the part of facility staff.</p> <p>Among the reviewed materials, the Auditor examined Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations & Legal: Inmate Sexual Abuse and Harassment (effective May 29, 2025). This regulation establishes ADOC’s clear Zero Tolerance policy toward sexual abuse and sexual harassment and describes the procedural framework for implementing PREA standards statewide. It further defines agency obligations regarding classification, safety procedures, and population management—all of which were relevant for assessing compliance under PREA Standard §115.14.</p>

The collective documentation confirmed a consistent operational model designed exclusively for adult inmates. It also illustrated a system of checks and verifications that ensures the facility does not house youthful inmates at any stage of intake or custody.

OBSERVATIONS

During the on-site tour, the Auditor personally verified that no youthful inmates were housed at Kilby. This confirmation was obtained through inspection of housing units, intake and classification areas, and a review of daily population records. Facility rosters and official inmate listings were carefully examined to confirm ages, and no individuals born after 2007 were identified.

The Auditor's walkthrough revealed a structured adult correctional environment. Each housing unit, dayroom, and operational space reflected configuration consistent with adult custody standards. There were no physical modifications—such as segregated youthful housing areas—or any operational indicators suggesting accommodation for younger inmates.

The observation results aligned seamlessly with documentation and staff testimony, reinforcing that Kilby Correctional Facility operates as a fully adult institution with effective safeguards ensuring proper classification and adherence to PREA standards.

INTERVIEWS

Facility Head

In a detailed interview, the Facility Head emphasized that Kilby is designated solely as an adult correctional facility. Intake and transfer protocols strictly prohibit the housing of youthful inmates. Every intake process includes verification of an individual's date of birth and classification against age-based eligibility criteria. The Facility Head elaborated that administrative and classification systems are structured to detect any potential misassignment immediately, allowing swift coordination with ADOC's central office to rectify such errors.

The Facility Head also underscored that adherence to ADOC AR #454 ensures full prevention of youthful inmates being placed in contact with adults, supporting the department's overarching commitment to safety, dignity, and compliance.

Institutional PREA Compliance Manager (IPCM)

The IPCM corroborated the Facility Head's statements, providing documentation of the facility's memorandum of non-occurrence—an official record affirming that youthful inmates are not housed at Kilby. The IPCM described how classification and intake data are regularly monitored across system platforms to ensure ongoing compliance. Should a youthful inmate ever be mistakenly received, immediate notification would be sent to ADOC central office for rapid reassignment to an appropriate setting.

The IPCM articulated a keen awareness of the intersection between classification accuracy and PREA standards, emphasizing proactive monitoring and

interdepartmental collaboration to prevent noncompliance.

Youthful Inmates

As confirmed by both the on-site tour and documentation, no youthful inmates were present at the facility; therefore, interviews with this population were not applicable.

Together, the interviews highlighted a facility culture rooted in vigilance, procedural precision, and complete compliance with PREA guidelines related to youthful inmates.

PROVISIONS

Provision (a)

The PAQ and supporting documentation verified that Kilby Correctional Facility does not house youthful inmates. This information was reaffirmed during the on-site audit and verified through inmate rosters, classification records, and direct observation.

The Facility Head and IPCM jointly confirmed that systems ensuring accurate age classification are fully active and regularly maintained. Facility logs and intake documents demonstrated consistent validation that no inmate under the age of 18 is admitted or housed at Kilby.

These findings reflect effective communication between intake officers, classification personnel, and leadership teams, guaranteeing continued compliance and systemic accuracy.

Relevant Policies

ADOC Administrative Regulation #454, Section V, D, 2, p. 19, effective May 29, 2025

Provision (b)

This provision is not applicable. Kilby Correctional Facility does not house youthful inmates, making requirements related to sight and sound separation non-relevant to its operational environment. Nonetheless, staff interviews and documentation demonstrated awareness of the standard and readiness to comply should circumstances ever necessitate sight and sound arrangements.

Relevant Policies

ADOC Administrative Regulation #454, Section V, D, 2, p. 19, effective May 29, 2025

Provision (c)

Likewise, Provision (c) is not applicable at Kilby, given that no youthful inmates are incarcerated at the facility. The requirements for specialized supervision or separate housing applicable to youthful populations do not apply.

Even so, the Auditor noted that established intake procedures include verification points that would allow immediate corrective action if a youthful inmate were inadvertently received. These proactive safeguards ensure that compliance with PREA

	<p>Standard §115.14 would be immediately achievable should circumstances ever change.</p> <p>Relevant Policies</p> <p>ADOC Administrative Regulation #454, Section V, D, 2, p. 19, effective May 29, 2025</p> <p>CONCLUSION</p> <p>After reviewing documentation, conducting interviews, and observing facility conditions, the Auditor concludes that Kilby Correctional Facility fully complies with PREA Standard §115.14. The facility does not house youthful inmates, and robust verification systems confirm this status at every operational level.</p> <p>The Facility Head and IPCM demonstrated thoughtful understanding of policies and procedures designed to prevent misclassification, showcasing ADOC’s excellence in institutional oversight. Intake and classification reviews, roster verification, and daily population monitoring reflect ongoing commitment to accuracy and safety.</p> <p>This facility’s operations exemplify consistent compliance, ensuring that youthful inmates are never placed in circumstances involving adult contact. Kilby’s documentation, practices, and staff vigilance collectively affirm its dedication to a secure, professional, and ethically sound correctional environment.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.15, Kilby Correctional Facility submitted a well-organized and comprehensive set of documents through its Pre-Audit Questionnaire (PAQ). The materials illustrated a thoughtful institutional commitment to ensuring that all searches and observations are conducted with professionalism, respect, and full adherence to PREA requirements.</p> <p>The Auditor reviewed Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment (effective May 29, 2025), and Administrative Regulation #336, Searches (effective February 8, 2016), along with Kilby’s Standard Operating Procedure (SOP) C-2, Searches (effective February 9, 2022). Together, these documents clearly state that cross-gender strip and visual body cavity searches are strictly prohibited except under narrowly defined, exigent circumstances.</p> <p>The review also included ADOC Form 302-A (Incident Report) and staff training records verifying instruction in cross-gender, transgender, and intersex search</p>

procedures. The training curriculum reflects trauma-informed and gender-sensitive guidance, emphasizing respect for privacy and safety during every search. Collectively, these materials exemplify ADOC's unwavering expectation that all searches preserve dignity and demonstrate humanity.

OBSERVATIONS

During the on-site audit, the Auditor observed multiple facility operations, confirming consistent alignment with departmental policy and PREA standards. Staff of the opposite gender were observed announcing their presence before entering housing areas, restrooms, or shower facilities—ensuring inmates could protect their personal privacy.

The facility population primarily consisted of cisgender male inmates, with a small but visible group of transgender individuals. Staff interactions were professional and attentive, reflecting genuine respect toward all inmates. Observation of shower schedules, privacy partitioning, and staff conduct evidenced an operational culture grounded in discretion and accountability.

INTERVIEWS

Facility Leadership and Specialized Staff

The Facility Head and senior leadership emphasized that cross-gender strip and visual body cavity searches are prohibited except in emergencies or when performed by qualified medical professionals. Leadership described rigorous authorization procedures: any exception must be approved beforehand by the Facility Head and documented fully using ADOC Form 302-A. This level of oversight reflects consistent administrative engagement and accountability.

Supervisory and specialized staff also confirmed active enforcement of these standards. They highlighted routine briefings, clear communication protocols, and frequent review of search documentation to ensure facility-wide continuity in compliance.

Security Staff

Security staff demonstrated thorough understanding of departmental search limitations. They reiterated that cross-gender strip or visual body cavity searches are not conducted except under exigent conditions, where qualified medical personnel would intervene. These procedures were described as rare and carefully supervised. Staff consistently emphasized professionalism, awareness, and empathy when performing allowable searches.

Random Line Staff

Seventeen staff members participated in formal interviews during the audit and additional informal conversations throughout the visit. Responses were strikingly consistent: staff reported detailed knowledge of PREA's intent, daily implementation of privacy safeguards, and confidence in their training. They confirmed that same-gender staff are always available to perform searches, removing the need for cross-gender scenarios. Staff demonstrated understanding of policies addressing

transgender and intersex inmates, explaining privacy accommodations such as separate shower times or alternative use of facilities based on identified gender.

All staff reported that they had not conducted or witnessed any cross-gender strip or visual body cavity searches, which matched documentation and operational observation.

Transgender Inmate

At the time of the audit, transgender inmates were housed at Kilby. These individuals described positive experiences with search procedures and staff interactions. They confirmed that searches are respectful and never conducted to determine genital status. Transgender inmates also shared that the facility accommodates shower times and privacy one-on-one to ensure comfort and dignity. Their feedback reflected trust in the professionalism of staff and satisfaction with safety and personal privacy measures.

Random Inmates

Interviews with randomly selected inmates further confirmed that none had been subjected to cross-gender strip or visual body cavity searches. Inmates consistently described showering, dressing, and restroom use as private, with opposite-gender staff announcing their entry as required. Both documentation and direct testimony illustrated widespread awareness and positive perception of the facility's practices for gender-sensitive privacy protection.

Together, these interviews portrayed a unified culture of respect at Kilby—where staff are trained, consistent, and caring, and inmates experience privacy safeguarded by practice, not merely policy.

PROVISIONS

Provision (a)

Documentation and interviews demonstrated that Kilby Correctional Facility does not conduct cross-gender strip or visual body cavity searches. This practice was uniformly confirmed across leadership, staff, and inmates. Policies mandate that such searches occur only under exigent circumstances or when conducted by qualified medical personnel.

Administrative Regulations and the facility SOP collectively create strict procedural boundaries, ensuring accountability and oversight whenever such rare circumstances arise.

Relevant Policies

ADOC Administrative Regulation #454, Section V.F., p. 20, effective May 29, 2025

ADOC Administrative Regulation #336, Sections F.3 and F.4, p. 20, effective February 8, 2016

SOP C-2, Section V.F., pp. 5-6, effective February 9, 2022

Provision (b)

The audit confirmed that no female inmates are housed at Kilby Correctional Facility. Therefore, provisions specific to cross-gender searches involving female inmates do not apply to the facility's operations.

Nonetheless, leadership and staff demonstrated knowledge of these standards and expressed readiness to comply should the inmate population ever change.

Relevant Policies

ADOC Administrative Regulation #454, Section V.F., p. 20, effective May 29, 2025

Provision (c)

In rare exigent circumstances, policy requires that any cross-gender strip or visual body cavity search be performed only by medical personnel, following explicit authorization from the Facility Head. Each incident must be meticulously documented on ADOC Form 302-A (Incident Report).

Administrative Regulation #336 establishes transparent reporting expectations to maintain accountability and oversight. During the audit, staff demonstrated clear familiarity with this required process, ensuring preparedness and compliance should an emergency situation occur.

Relevant Policies

ADOC Administrative Regulation #336, p. 5, No. 4, and p. 6, No. 11, effective February 8, 2016

Provision (d)

Facility operations visibly protect inmate privacy. Inmates are able to shower, change clothing, and use restrooms without being viewed by staff of the opposite gender, except in emergencies or incidental contact during routine security patrols. The Auditor observed that opposite-gender staff consistently announce their presence before entering areas where inmates may be undressed, allowing time for privacy preservation.

Administrative Regulation #454 prescribes these respectful protocols, and audit observation verified their continuous practice. Kilby's adherence reflects mindful professionalism and a consistent concern for dignity throughout daily operations.

Relevant Policies

ADOC Administrative Regulation #454, Section V.F., p. 20, effective May 29, 2025

Provision (e)

This provision is no longer applicable to current PREA compliance operations.

Provision (f)

This provision is no longer applicable to current PREA compliance operations.

	<p>CONCLUSION</p> <p>Following a thorough review of documentation, extensive interviews with staff and inmates, and careful on-site observation, the Auditor concludes that Kilby Correctional Facility is fully compliant with PREA Standard §115.15 – Limits to Cross-Gender Viewing and Searches.</p> <p>Policies, training programs, and daily operations collectively demonstrate a proactive approach to protecting privacy and upholding human dignity. Staff knowledge and conduct reflected professionalism, empathy, and accountability at every level. Both inmates and leadership expressed confidence in the procedures that govern searches and supervision, indicating that compliance is well established and consistently practiced.</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>Prior to the on-site audit, Kilby Correctional Facility submitted a comprehensive and well-prepared documentation package through the Pre-Audit Questionnaire (PAQ). The materials showcased a thoughtful and organized approach to fulfilling the requirements of PREA Standard §115.16, ensuring all inmates—regardless of disability or language ability—receive equitable access to sexual safety information and reporting procedures.</p> <p>Central to the review was ADOC Administrative Regulation (AR) #454, Operations & Legal: Inmate Sexual Abuse and Harassment (effective May 29, 2025). This regulation outlines ADOC’s zero-tolerance policy and clarifies expectations surrounding communication inclusivity and accessibility in all facilities.</p> <p>Other key documents reflected adaptive and technology-based approaches that expand accessibility. These included a Memorandum of Understanding (MOU) with the Alabama Institute for the Deaf and Blind for certified interpreter services; customized PREA acknowledgment forms designed for visual, hearing, or cognitive impairments; simplified educational materials for inmates with reduced literacy or intellectual functioning; and structured use of Google Translate at facility control points for emergent communication with individuals who are limited English proficient (LEP).</p> <p>Together, these materials demonstrated Kilby’s systematic and compassionate commitment to bridging communication gaps—ensuring that every inmate understands their rights, reporting options, and PREA protections through inclusive and adaptive methods.</p>

OBSERVATIONS

During the on-site audit, the Auditor observed numerous visual displays and communication tools promoting access to PREA information across the facility. Notices were prominently posted in both English and Spanish throughout housing areas, corridors, program spaces, visitation rooms, and work environments. Each sign clearly outlined reporting pathways and hotline access.

The Institutional PREA Compliance Manager (IPCM) maintains dedicated PREA bulletin boards positioned strategically in high-traffic locations. These boards contained hotline numbers, reporting instructions, zero-tolerance statements, and safety messages in multiple formats and languages—ensuring clear visibility and universal comprehension.

In addition, bilingual handouts, training aids, and visual posters were readily available and regularly updated. The overall effect was a facility environment rich with accessible, inclusive communication—a tangible reflection of ADOC’s values around transparency and fairness for all inmates.

INTERVIEWS

Facility Head

In interview, the Facility Head described the facility’s robust communication protocols ensuring that PREA education and reporting resources are fully accessible to inmates with disabilities or limited English proficiency. Intake and classification screenings identify any individual requiring accommodations, activating support plans that may include certified interpreters, adaptive devices, or visual aids. Staff receive dedicated training to recognize and address accessibility needs promptly and professionally.

Inmates with Disabilities

Inmates with sensory or cognitive impairments reported confidence and satisfaction in their understanding of PREA protections. They described staff as attentive and encouraging, affirming that materials were adapted to formats they could understand—whether through visual symbols, simplified text, or verbal explanation. Interviewed inmates expressed feeling respected and equally protected and did not identify unmet accessibility needs.

Random Staff

Staff interviews emphasized a collective understanding of communication inclusivity. All staff confirmed that inmate interpreters, readers, or aides are strictly prohibited for any PREA-related discussions, reports, or investigations. They explained that professional interpretation services or translation tools are immediately accessed when needed and highlighted ongoing training designed to strengthen sensitivity to both disability and language barriers.

LEP Inmates

Limited English Proficient inmates confirmed that PREA information, as well as facility rules and regulations are available in languages other than English. They were each offered information in Spanish and/or the use of a language line for interpretation.

Inmates confirmed there are established procedures to ensure equal access to communication and essential PREA materials. The referred to certified interpreters and translation technology already integrated into facility operations.

These interviews collectively reflected a supportive and informed culture—a facility where inclusion, respect, and professionalism guide both policy and daily practice.

PROVISIONS

Provision (a) - Equal PREA Access for All Inmates

Kilby Correctional Facility maintains a clear commitment to ensuring equitable and barrier-free access to all PREA information, education, and reporting mechanisms. Documentation and interviews confirmed strong, consistent implementation of protocols that provide full protection for inmates with disabilities or those with limited English proficiency.

The facility's Memorandum of Understanding with the Alabama Institute for the Deaf and Blind guarantees access to qualified interpreters and adaptive devices for hearing and visually impaired inmates. In addition, Google Translate stations are available to watch commanders and designated staff support real-time translation during communication emergencies. Bilingual materials and simplified visual handouts extend reach to inmates with varying comprehension levels.

Administrative Regulation #454 reinforces these practices, mandating inclusive delivery through multiple modalities—verbal, written, visual, or adaptive—to meet the diverse needs of facility populations.

Relevant Policies

ADOC Administrative Regulation #454, Section V.5.a-e, pp. 14-15, effective May 29, 2025

Provision (b) - Effective Communication Methods

The facility employs multiple communication formats to ensure PREA understanding across different needs and learning styles. Bilingual English/Spanish written materials, closed-caption video content for hearing impairments, and large-print/visual resources for limited vision reflect proactive communication design. Simplified audio recordings, illustrated outlines, and interactive educational sessions are available for inmates with cognitive or literacy challenges.

Implementation of these resources is supervised by the ADA Coordinator, who oversees staff training and monitors ongoing accessibility improvements. Records confirmed that these adjustments are fully integrated and actively used in daily operations.

Administrative Regulation #454 requires that delivery methods effectively convey essential PREA information—including prevention, protection, reporting, and response procedures—to all individuals regardless of functional ability.

Relevant Policies

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

ADOC Administrative Regulation #454, Section V.A.5.b.1–6, p. 15, effective May 29, 2025

Provision (c) - Prohibition on Inmate Interpreters

ADOC policy clearly and strictly prohibits the use of inmate interpreters, readers, or aides for any PREA-related purpose to preserve confidentiality and minimize potential coercion or influence.

Documentation and staff interviews confirmed full compliance—no instances were reported in the past year. Staff emphasized immediate recourse to professional interpretation services and validated that appropriate protocols are consistently upheld.

This provision underscores the facility’s commitment to ethical communication, professionalism, and protection of all parties involved.

Relevant Policies

ADOC Administrative Regulation #454, Section V.L.1–2, p. 31, effective May 29, 2025

CONCLUSION

After a thorough review of documentation, on-site observations, and interviews, the Auditor concludes that Kilby Correctional Facility is fully compliant with PREA Standard §115.16.

The facility demonstrates a commendable and proactive approach to inclusion—ensuring that every inmate, regardless of disability or language proficiency, receives equal access to PREA education, reporting channels, and protective services. Adapted materials, professional interpretation partnerships, and responsive technology showcase a dynamic system built on accessibility and respect.

Staff understanding and inmate feedback consistently reflected satisfaction, trust, and confidence in these accommodations. Through these measures, Kilby maintains a transparent, inclusive environment in which communication barriers are thoughtfully removed, allowing the values of safety, dignity, and equality to thrive.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>

To evaluate the facility's compliance with PREA Standard §115.17, the Auditor conducted a comprehensive review of documentation submitted by the facility and the Alabama Department of Corrections (ADOC). Central to this review was the Pre-Audit Questionnaire (PAQ), which outlined staffing levels, hiring practices, and background screening procedures relevant to PREA compliance.

The Auditor closely examined Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes agency-wide expectations governing hiring, promotion, contracting, and ongoing employment decisions as they relate to the prevention of sexual abuse and sexual harassment. This regulation clearly defines disqualifying criteria and reinforces the Department's zero-tolerance posture toward sexual misconduct.

Additional governing authority reviewed included Administrative Regulation (AR) #216 – Background Checks (dated January 31, 2025). This policy details the scope, frequency, and documentation requirements for criminal background investigations for employees, contractors, and volunteers.

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

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

INTERVIEWS

Human Resources Administrative Staff

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

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

Interviewees further explained that personnel files are thoroughly reviewed before any hiring or promotional action occurs. Mandatory disclosure statements addressing

prior sexual misconduct, criminal convictions, and disciplinary history are required and permanently maintained in the employee's official personnel record. Human Resources staff confirmed that no employment offer or promotion may be extended unless documentation confirms the absence of disqualifying conduct.

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

PROVISIONS

Provision (a):

According to the PAQ, the facility employs a total of 321 uniformed officers; 49 support staff and 54 contractors. In addition, 71 volunteers have direct or routine contact with inmates. This information was verified through Human Resources records and interviews.

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

Relevant Policy:

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

Provision (b):

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

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

Relevant Policy:

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

Provision (c):

Prior to extending any offer of employment, the facility conducts a comprehensive

criminal background investigation and makes documented efforts to contact previous institutional employers. These inquiries are intended to determine whether an applicant resigned during an active investigation or was the subject of substantiated allegations of sexual abuse.

The Auditor verified that all 27 individuals hired within the past 12 months completed the required background checks before beginning employment. Corresponding documentation was present in each reviewed personnel file, and this practice was confirmed during interviews with Human Resources staff.

Relevant Policy:

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

Provision (d):

During the previous 12-month period, four service contracts were active at the facility. All contractors whose duties involved inmate contact were required to complete criminal background investigations prior to the commencement of services. These background checks are subject to renewal every five years.

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

Relevant Policy:

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

Provision (e):

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

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

Relevant Policy:

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

Provision (f):

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

The Auditor reviewed multiple completed ADOC Form 216-B questionnaires, each of which included direct inquiries regarding past sexual abuse, criminal convictions, or civil and administrative findings. All reviewed forms were properly signed and securely maintained within personnel files. Human Resources staff confirmed that

these disclosure requirements are revisited on an ongoing basis to reinforce accountability.

Provision (g):

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

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

Relevant Policy:

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

Provision (h):

ADOC maintains transparency and accountability when responding to employment-related inquiries from other institutional employers. When permitted by law, the Department provides information concerning substantiated allegations of sexual abuse or sexual harassment involving former employees.

Human Resources staff confirmed that such requests are handled routinely and in accordance with legal requirements, reinforcing interagency cooperation and helping to prevent the rehiring of individuals who have violated PREA standards.

Relevant Policy:

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

CONCLUSION

Based on a thorough review of documentation, personnel records, and detailed interviews with Human Resources staff, the Auditor finds the facility to be in full compliance with PREA Standard §115.17 – Hiring and Promotion Decisions.

The facility’s screening, hiring, promotion, and contracting practices reflect a strong institutional commitment to integrity, accountability, and the prevention of sexual abuse and sexual harassment. Policies are comprehensive, clearly articulated, and consistently implemented. Human Resources staff demonstrated a strong working knowledge of PREA requirements and described procedures that effectively safeguard against the placement of unqualified or disqualified individuals in positions of inmate contact.

No deviations from policy or deficiencies in documentation were identified. The Auditor concludes that the facility’s employment practices fully align with both the intent and the explicit requirements of PREA Standard §115.17.

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.18, Kilby Correctional Facility provided a detailed and neatly organized submission through its Pre-Audit Questionnaire (PAQ). These materials illustrated the facility's approach to ensuring that physical design and technology are utilized effectively to safeguard inmates from sexual abuse and sexual harassment.

At the core of the review was Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454 - Operations & Legal: Inmate Sexual Abuse and Harassment (effective January 4, 2016). This regulation establishes ADOC's system-wide framework for preventing, detecting, and responding to incidents of sexual abuse and harassment within correctional environments.

Supporting documentation included a detailed facility schematic showing housing configurations, surveillance camera placements, and sight lines throughout critical operational areas. The Auditor reviewed these diagrams to assess the adequacy of camera coverage and identify any potential blind spots that could influence inmate safety.

Together, these documents provided a clear basis for determining how ADOC considers physical design and technical systems when maintaining or upgrading facility infrastructure. They also reflected the agency's proactive awareness that safety measures must evolve alongside facility needs and technological advancements.

OBSERVATIONS

During the on-site audit, the Auditor toured every major area of Kilby Correctional Facility, including housing units, program spaces, corridors, recreational areas, and intake points. Observations revealed that the facility has not undergone significant renovations, structural expansions, or new construction since the previous PREA audit cycle.

Despite the lack of recent structural changes, the existing environment demonstrates strong and consistent attention to inmate safety. The Facility Head described the facility's thoughtful integration of surveillance technology to enhance awareness and staff supervision. Cameras are strategically placed to maximize coverage while respecting privacy guidelines, particularly those related to shower and restroom areas.

The Auditor noted that convex mirrors have been installed in passageways and transitional spaces to reduce blind spots and support clear visibility. These simple additions broaden the field of vision for supervisors, allowing for continuous monitoring of inmate movement. The overall arrangement of surveillance and mirrors

reflects intentional design — practical, well-maintained, and effective in providing oversight.

Kilby's current technological posture, though stable, underscores a steady commitment to maintaining facilities that are efficient, safe, and responsive to operational needs.

INTERVIEWS

Agency Head or Designee

The Agency Head's designee outlined ADOC's broader approach to facility design and technological considerations across all institutions. They explained that when any Alabama correctional facility undergoes modification or construction, plans deliberately incorporate PREA-related factors such as line-of-sight visibility, avoidance of blind spots, and privacy-preserving camera placement. The designee emphasized that surveillance coverage should never compromise inmate dignity while still supporting effective supervision.

This philosophy applies even in facilities—like Kilby—that have not recently upgraded technology or infrastructure. ADOC leadership maintains a forward-looking perspective, continuously evaluating opportunities to integrate emerging surveillance technologies and structural strategies that promote safety and prevention.

Facility Head

The Facility Head expanded upon this vision from a local standpoint, describing the commitment to keeping monitoring systems reliable and comprehensive. While Kilby has experienced no recent upgrades, the Facility Head confirmed that security cameras are actively maintained and monitored by authorized staff with access to both live and archived footage. This capability allows real-time awareness of activity and supports investigative review in the event of reported misconduct.

Leadership conducts periodic assessments to identify any area that could benefit from enhanced visibility. Evaluations consider inmate movement patterns, staff workflows, and privacy needs. Both technical and structural components are viewed as essential instruments to prevent, detect, and document allegations of sexual misconduct, underscoring the practicality and accountability of the facility's oversight philosophy.

PROVISIONS

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

Documentation confirmed that Kilby Correctional Facility has not experienced any major structural modifications, expansions, or new acquisitions since the prior PREA audit. Both agency and facility leadership verified this during interviews.

Although no renovations were made during the audit period, leadership demonstrated strong foresight regarding future facility improvements. They described how potential construction or remodeling projects would integrate sexual safety considerations from

planning to completion — including examination of blind spots, supervision patterns, privacy zones, and physical safeguards.

The Auditor observed a shared understanding among both facility and agency officials that every physical change must strengthen inmate safety, foster visibility, and uphold the Department’s zero-tolerance stance on sexual abuse and harassment.

Relevant Policies

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

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

Kilby Correctional Facility and ADOC continue to prioritize functional and well-maintained surveillance systems as an integral part of safety operations. The PAQ confirmed that no new video monitoring upgrades occurred during the audit period. However, both leadership interviews and on-site observations highlighted ongoing evaluation of technological efficacy.

The existing camera network provides widespread coverage throughout critical facility zones, supporting a safe environment. Authorized staff continuously review footage when investigating incidents or verifying reports, ensuring transparency and evidence integrity.

Leadership described a structured process to assess the placement, clarity, and maintenance of equipment. These evaluations confirm operational readiness and help inform future plans for technological improvement. Even without additions, the system’s reliability demonstrates Kilby’s attention to safety through consistent monitoring routines and preventive oversight.

Relevant Policies

ADOC Administrative Regulation #454, Section V.D., Technology Use and Oversight, pp. 16-17, effective January 4, 2016

ADOC Information Technology Division Procedures, Surveillance System Operations Guidelines, 2024 Edition

CONCLUSION

Following a careful review of documentation, facility schematics, leadership interviews, and on-site observations, the Auditor concludes that Kilby Correctional Facility fully complies with PREA Standard §115.18 - Upgrades to Facilities and Technologies.

While no structural or technological upgrades occurred during the audit period, both agency and facility leadership exhibited a clear and proactive understanding of the standard’s intent. The facility’s existing security infrastructure — including reliable camera networks and strategically positioned mirrors — effectively promotes

	<p>visibility, supervision, and inmate safety.</p> <p>Kilby’s forward-thinking leadership and adherence to established standards reflect a sustained, practical commitment to ensuring that facility design and technology work in harmony to protect every inmate, reduce risk, and maintain a secure, professional atmosphere.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.21, the Auditor carefully reviewed a thorough set of materials submitted by Kilby Correctional Facility and the Alabama Department of Corrections (ADOC). The documentation demonstrated a coordinated, victim-centered approach rooted in medical, advocacy, and best investigative practices.</p> <p>Central to the review was the Pre-Audit Questionnaire (PAQ), which outlined clear procedures for responding to allegations of sexual abuse, including evidence preservation, trauma-informed care, and access to qualified forensic medical professionals. The Auditor also examined ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which defines the agency’s evidence protocol, medical responsibilities, and collaboration with external support networks.</p> <p>In addition, ADOC Administrative Regulation #300 was reviewed. This regulation specifies investigative standards, procedures for handling evidence, and critical protections to uphold confidentiality and constitutional rights. The Auditor also reviewed the Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR), which ensures statewide access to Sexual Assault Nurse Examiner (SANE) services and victim advocacy through a network of rape crisis centers.</p> <p>Additional materials included:</p> <ul style="list-style-type: none"> • The National Protocol for Sexual Assault Medical Forensic Examinations, outlining evidence collection standards and trauma-responsive care. • Specialized investigator training certifications confirming staff competence. • A regional directory of SANE hospitals and rape crisis centers. • An Agreement for SANE Services with One Place Family Justice (dated December 1, 2025), guaranteeing timely forensic examinations and supportive advocacy services.

Collectively, these documents illustrate how ADOC has established a comprehensive and compassionate response system that prioritizes timely medical care, professional evidence handling, and consistent victim support fully aligned with PREA requirements.

INTERVIEWS

Institutional PREA Compliance Manager (IPCM)

The IPCM provided a detailed explanation of the facility's coordinated response once a report of sexual abuse is received. They confirmed that advocacy services are immediately accessible through trained staff and community partners. ADOC's formal MOU with ACAR extends coverage statewide, connecting facilities to 28 certified rape crisis centers. Kilby specifically partners with One Place Family Justice to ensure forensic examinations are completed by specialized SANE professionals.

The IPCM noted that all forensic examinations are conducted at One Place Family Justice, a dedicated and accredited SANE site located at 530 S. Lawrence Street, Montgomery, AL 36104. Over the previous 12 months, twenty-five forensic medical exams were completed. Each was performed by certified SANE professionals, ensuring prompt and qualified care.

Agency PREA Director (PD)

The Agency PREA Director confirmed that ADOC employs a uniform evidence protocol modeled on the National Forensic Medical Protocol. The Director underscored that every allegation—whether inmate-on-inmate or staff-on-inmate—triggers both an administrative and, when appropriate, a criminal investigation. This consistency ensures accountability, encourages transparency, and supports a thorough fact-finding process. The Director also stressed that ADOC's procedures apply to all facility populations and are developmentally appropriate for youthful individuals should they ever be housed within the system.

SAFE/SANE Medical Personnel

Interviews with SANE personnel verified that forensic examinations are conducted at One Place Family Justice. Certified SANE responders are activated through an on-call list to provide immediate attention. Inmates are transported safely to the hospital, where services are delivered at no cost to the individual. Medical care and advocacy are integrated, and victims never assume financial responsibility for any related forensic examination or treatment.

Inmates Who Reported Sexual Abuse

Inmates who reported sexual abuse described responsive and supportive staff conduct. They confirmed being referred promptly for forensic medical examinations, receiving access to victim advocates, and being treated with compassion throughout the process. Each reported that medical and advocacy services were provided without charge, that they were not polygraphed, and that they received written notification of investigative outcomes. Their statements reflected trust in the system and satisfaction with the care received.

Random Staff

Staff interviews consistently demonstrated strong comprehension of their responsibilities following a sexual abuse report. Employees clearly outlined the required steps for evidence preservation, victim safety, and timely notification to supervisory and investigative bodies. They expressed confidence in the protocol and appreciation for the training provided.

Rape Crisis Center Personnel

Representatives from partner rape crisis centers, including ACAR affiliates, confirmed that their alliance with ADOC ensures statewide access to advocacy and SANE services. They described emotional support, 24-hour crisis intervention, and confidential hotline assistance offered to all individuals who experience sexual abuse, regardless of the time or location of the incident.

Together, these interviews established a clear picture of an agency and facility unified in their mission: ensuring integrity, compassion, and safety in every aspect of forensic response.

PROVISIONS

Provision (a): Dual Administrative and Criminal Investigations

ADOC conducts both administrative and criminal investigations into all credible allegations of sexual abuse, including inmate-on-inmate incidents and staff misconduct. Thirty-six trained investigators across the state carry out these processes in adherence with formalized PREA procedures.

Administrative Regulation #300 and AR #454 detail strict guidelines for evidence preservation, chain of custody, and impartiality. These regulations also emphasize consistency, professionalism, and respect for an inmate's constitutional rights during investigations. Interviews confirmed that this balanced system supports fairness and full accountability.

Relevant Policies

ADOC Administrative Regulation #454, Section V.G. d-e, i, pp. 21-22, effective May 29, 2025

ADOC Administrative Regulation #300, Investigative Procedures and Evidence Handling Standards

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

Although Kilby houses no youthful inmates, ADOC's evidence protocol remains developmentally appropriate for younger populations should the need arise. Forensic medical examinations are performed exclusively by SANE professionals through partnerships with One Place Family Justice and ACAR.

Funding is provided through the Alabama Crime Victims Compensation Fund, ensuring that all examinations are delivered free of charge. Victim advocates accompany individuals during examinations to provide emotional support and guidance. In the

past year, twenty-five forensic medical exams were conducted at One Place Family Justice , all meeting national clinical and ethical standards.

Relevant Policies

ADOC Administrative Regulation #454, Section V.G.1.a-i, pp. 20-22, effective May 29, 2025

Provision (c): Free and Timely Forensic Medical Examinations

All inmates who experience sexual abuse receive timely access to forensic medical examinations conducted at no personal cost. Services are provided confidentially by SANE-certified professionals at One Place Family Justice.

ADOC policy guarantees that medical and treatment services are offered regardless of the inmate’s decision to participate in an investigation. Advocacy support is integrated throughout the process, ensuring emotional and psychological assistance alongside clinical care.

Relevant Policies

ADOC Administrative Regulation #454, Section V.G.1.a-i, pp. 20-22, effective May 29, 2025

ADOC Administrative Regulation #454, Section G, c, p. 28

Provision (d): Victim Advocacy During Forensic Response

Victim advocates are a standard component of the evidence-gathering and medical examination process. In the previous year, ADOC documented seventy-nine allegations of sexual abuse and seven of sexual harassment, with twenty-five forensic medical examinations—all supported by advocacy personnel. These services are embedded in every forensic response, ensuring trauma-informed interaction and comprehensive emotional care.

Relevant Policies

ADOC Administrative Regulation #454, Section V.G.1.a-i, pp. 20-22, effective May 29, 2025

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

Upon request, inmates may access professional advocacy through trained ADOC staff or community-based organizations such as ACAR affiliates. Services include crisis intervention, emotional support, and referrals for additional assistance. Each partnership sustains an accessible and compassionate network of victim-centered care.

Relevant Policies

ADOC Administrative Regulation #454, Section V.G.1.a-i, pp. 20-22, effective May 29, 2025

Provision (f): Investigative Accountability

ADOC maintains sole responsibility for executing both administrative and criminal investigations, ensuring full accountability and transparency for every allegation of sexual abuse or misconduct. The process is comprehensive, fair, and thoroughly documented at each stage.

Relevant Policies

ADOC Administrative Regulation #454, Section V. G. d-e, pp. 21-22, effective May 29, 2025

Provision (g): Auditor Exemption

Consistent with PREA auditing standards, this provision does not require assessment during the site audit process.

Provision (h): Integration of Advocacy Services

Advocacy resources are fully integrated into the forensic medical response through both the statewide MOU with ACAR and the direct agreement with One Place Family Justice. These collaborations ensure seamless access to professional support from first report through post-examination recovery, creating a compassionate and coordinated framework of care.

Relevant Policies

ADOC Administrative Regulation #454, Section V.G.1.a-i, pp. 20-22, effective May 29, 2025

CONCLUSION

After reviewing policy documents, on-site operations, and a wide range of interviews with agency staff, forensic specialists, advocacy partners, and inmates, the Auditor concludes that Kilby Correctional Facility is in full compliance with PREA Standard §115.21 - Evidence Protocol and Forensic Medical Examinations.

ADOC’s system reflects a balanced and humane approach that integrates investigative precision, medical expertise, and emotional advocacy. Each component—from evidence handling to SANE service delivery—reflects professionalism and care, ensuring that all victims receive timely treatment, supportive advocacy, and full protection of their rights.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To determine compliance with PREA Standard §115.22, the Auditor conducted a detailed review of the facility's Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by both Kilby Correctional Facility and the Alabama Department of Corrections (ADOC). This documentation outlined the agency's methods for referring, tracking, and investigating allegations of sexual abuse and sexual harassment with precision and uniformity.

The primary document examined was ADOC Administrative Regulation (AR) #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025). This regulation clearly establishes responsibilities for initiating investigations, ensuring referrals, and maintaining transparency throughout each investigative stage. Additional policies reviewed included the ADOC Standard Operating Procedure - Investigations & Intelligence #454 and Administrative Regulation #300 - Operations, both of which specify investigative authority, chain-of-custody requirements, and documentation standards.

Supporting files such as ADOC Duty Officer Reports (DORs) demonstrated how alleged incidents are formally documented and referred for prompt investigative action. Investigator training records—including certificates from the National Institute of Corrections (NIC) Investigations Course—confirmed that assigned investigators possess specialized training for handling PREA-related cases ethically and effectively.

Together, these materials revealed that ADOC has built a centralized and structured investigative framework that ensures every allegation is received, documented, and referred to qualified personnel with official investigative authority. The system emphasizes accuracy, accountability, and the protection of all inmates throughout the process.

INTERVIEWS

Agency Head or Designee

The Agency Head's designee explained ADOC's commitment to treating every allegation of sexual abuse or harassment with urgency and seriousness. The Department does not outsource investigations; instead, all inquiries are handled internally by trained professionals within the Law Enforcement Services Division (LESD). Each allegation is formally logged through the Duty Officer Report process, ensuring prompt referral and consistent documentation.

The designee also highlighted that criminal referrals are formally recorded and tracked through completion. They emphasized ADOC's dedication to transparency—stating that policies outlining investigation procedures are published publicly on the agency's website so that expectations remain visible and accessible.

Investigative Staff

Investigators with the LESD described their structured approach to case management. The team is composed of sworn peace officers trained in both criminal and administrative investigations, ensuring compliance with legal and procedural

standards. They explained that investigators respond immediately upon referral, preserving evidence, interviewing involved individuals, and preparing thorough reports for administrative review or prosecutorial consideration where warranted.

Procedures for evidence preservation are aligned with formal departmental directives, and investigators regularly coordinate with district attorneys when criminal activity is confirmed. The investigative staff emphasized professionalism and objectivity as core values guiding their daily work—every case is approached impartially and documented comprehensively.

PROVISIONS

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

All allegations of sexual abuse and sexual harassment are automatically referred to ADOC's Law Enforcement Services Division (LESD) for investigation. The PAQ confirmed this consistent practice, noting that LESD currently employs forty-one trained investigators, each credentialed through specialized NIC investigative training.

Over the past year, there were 43 allegations of sexual abuse. Forty of these allegations were inmate on inmate allegations. The facility reviewed these administratively and then initiated a criminal investigation in accordance with agency policy and PREA requirements. After investigation, eight were determined to be unfounded; thirty were unsubstantiated and two remained open.

The remaining three allegations were staff-on-inmate allegations. The facility reviewed these administratively and then initiated a criminal investigation in accordance with agency policy and PREA requirements. After investigation, all three were determined to be unsubstantiated.

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

A total of twenty-five forensic examinations were conducted during the past twelve months, consistent with the circumstances of the case. Forensic medical examinations associated with these allegations were performed by SAFE/SANE-certified professionals at One Place Family Justice in Montgomery, AL. Following the investigative process, prosecution was declined by the appropriate authorities in all cases.

Upon completion of the investigation, the inmate was formally notified of the outcome, ensuring transparency and adherence to PREA protocols. Furthermore, a sexual abuse incident review was conducted within 30 days following the closure of

the investigation and receipt of the report, as required by policy, to evaluate the circumstances surrounding the allegation, identify potential system or policy improvements, and implement any recommended corrective actions.

Administrative Regulation #454 clearly defines LESD's duties—requiring prompt, objective, and thorough investigations of all allegations, regardless of the employment status of the accused or any concurrent criminal proceedings. Verified criminal acts are submitted to the District Attorney's Office for review and prosecution.

Relevant Policies

ADOC Administrative Regulation #454, Section IV.C, p. 5, effective May 29, 2025

ADOC Administrative Regulation #454, Section G. d, p. 21, effective May 29, 2025

Provision (b): Referral and Notification Procedures

ADOC policy and practice ensure that all allegations are referred to personnel legally authorized to conduct investigations. Each case is logged in the Duty Officer Report (DOR) system, creating an immediate record that triggers LESD involvement.

All of the sexual abuse claims reported during the audit period were handled through formal criminal investigation channels. LESD investigators, as sworn peace officers, oversee the full process from referral to conclusion.

According to Administrative Regulation #454, LESD must notify every alleged victim in writing regarding the outcome of the investigation—whether the allegation was substantiated, unsubstantiated, or unfounded. Interviews and document reviews confirmed that this notification procedure is consistently followed, providing closure and information to all affected individuals.

Relevant Policies

ADOC Administrative Regulation #454, Section IV.H.1.b, p. 23, effective May 29, 2025

ADOC Administrative Regulation #454, Section V.G.1.h, p. 26, effective May 29, 2025

Provision (c): Internal Investigative Authority

All PREA-related investigations are conducted exclusively by the ADOC Law Enforcement Services Division. The Department does not delegate investigative responsibility to external agencies, ensuring consistent application of ADOC policy and uniform investigative standards. This centralized model enhances accountability, continuity, and confidentiality across all facilities.

Relevant Policy

ADOC Administrative Regulation #454, Section IV.C, p. 5, effective May 29, 2025

Provisions (d) and (e): Not Applicable

These provisions were not applicable to the audit process and were therefore not

evaluated.

CONCLUSION

After a complete review of documentation, policy, and operational evidence—and following interviews with leadership and investigative personnel—the Auditor concludes that Kilby Correctional Facility and the Alabama Department of Corrections fully meet PREA Standard §115.22 - Referral of Allegations for Investigations.

ADOC demonstrates a clear and consistent process for managing and referring all allegations of sexual abuse or harassment. Investigators are properly trained, legally authorized, and operate within well-defined regulatory structures that promote professionalism, objectivity, and timeliness. Referral procedures are transparent, records are consistently maintained, and victims receive written notification of investigation outcomes.

Kilby’s investigation approach reflects a structured and ethical system—one guided by diligence, fairness, and respect for every inmate’s safety and rights.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To evaluate compliance with PREA Standard §115.31, the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility. The review focused on the structure, delivery, and documentation of employee training related to the prevention, detection, reporting, and response to sexual abuse and sexual harassment.</p> <p>The Auditor reviewed Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes required training for all employees with inmate contact. The PREA training curriculum developed by The Moss Group was also reviewed and serves as the foundation of the facility’s training program.</p> <p>Additional materials reviewed included staff educational pamphlets, training assessments, IPCM training resources, and documentation from staff meetings and shift briefings used to reinforce PREA concepts. A total of 50 staff training files were examined to verify completion, acknowledgment, and timeliness of training.</p> <p><u>OBSERVATIONS</u></p>

During the on-site facility tour, the Auditor observed several PREA Information Boards displayed in locations accessible to both staff and inmates. The boards were clearly organized and presented information in a simple and direct manner.

The content included definitions of sexual abuse and sexual harassment, the agency's zero-tolerance policy, and instructions for reporting. The internal reporting number (*661) was prominently displayed, along with information affirming the right of inmates to be free from sexual abuse and sexual harassment.

The visibility and clarity of the board support ongoing awareness and reinforce PREA information outside of formal training settings.

INTERVIEWS

Random Staff

The Auditor conducted interviews with randomly selected staff across multiple shifts and assignments. Staff consistently reported completing PREA training prior to having contact with inmates and participating in annual refresher training.

Staff stated that PREA topics are regularly reviewed during shift briefings and staff meetings. When questioned, staff were able to clearly describe key training elements, including zero tolerance, reporting responsibilities, professional boundaries, and appropriate response procedures.

Responses demonstrated consistent understanding and practical application of PREA requirements.

PROVISIONS

Provision (a)

Documentation confirms that all employees with inmate contact receive comprehensive PREA training covering all required elements of the standard. Training topics include zero tolerance, prevention, detection, reporting responsibilities, and response procedures, as well as the rights of inmates to be free from sexual abuse and sexual harassment.

The training also addresses protection from retaliation, basic dynamics of sexual abuse in confinement, common victim responses, recognition of warning signs, professional boundaries, and appropriate communication with LGBTI and gender-nonconforming individuals. Legal reporting obligations are also included.

The Moss Group curriculum presents information using clear language and practical examples to support understanding. Review of 50 staff files confirmed completion of required training, with signed acknowledgments and attendance records properly maintained.

Relevant Policies:

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

Provision (b)

Training is adapted to reflect facility operations while remaining consistent with PREA requirements. Required gender-based topics are presented in a neutral and professional manner appropriate to the facility setting.

Training records, including attendance documentation, confirm staff participation in required sessions.

Relevant Policies:

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

Provision (c)

Review of staff training records confirmed that all 50 staff members completed PREA training within the past 12 months. This reflects full compliance with annual training requirements.

Staff are provided with supplemental materials, including the pamphlet "PREA: What Staff Should Know About Sexual Misconduct with Inmates," which outlines key concepts in a simple format. Staff also receive a compact reference guide, "Prison Rape Elimination Act (PREA): A Trauma-Informed Guide for First Responders," which serves as a practical tool for daily use.

Relevant Policies:

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

Provision (d)

PREA training is consistently documented. Staff are required to sign attendance sheets or acknowledgment forms upon completion of training.

The Auditor verified that documentation was complete and properly maintained in all reviewed files. Training logs and signed records demonstrate a consistent and reliable tracking process.

Relevant Policies:

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

CONCLUSION

Based on the review of documentation, on-site observations, and staff interviews, the Auditor finds the facility is in compliance with PREA Standard §115.31.

The facility maintains a structured training program with clear documentation and consistent reinforcement. Staff demonstrate an understanding of PREA responsibilities, supporting effective prevention, detection, reporting, and response practices.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.32, the Auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ) along with all supporting materials submitted by the facility. The review centered on how the facility delivers, tracks, and maintains required PREA training for volunteers and contractors who may have contact with inmates.</p> <p>As part of this process, the Auditor examined Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines training expectations for individuals who are not direct employees, as well as Administrative Regulation #216 - Background Checks (effective January 31, 2025), which supports screening and approval procedures.</p> <p>The Auditor also reviewed training curricula developed specifically for volunteers and contractors, along with training rosters, signed acknowledgment forms, and documentation confirming completion of PREA instruction prior to facility access. Records for both medical and non-medical contractors were included in the review to ensure that training practices were consistent and aligned with PREA requirements across different roles.</p> <p>INTERVIEWS</p> <p>Contractor</p> <p>The Auditor first interviewed a contractor who confirmed that PREA training was completed before any interaction with inmates occurred. The contractor described the training as straightforward and easy to understand, with a clear focus on job-specific responsibilities. The contractor explained the requirement to immediately report any knowledge, suspicion, or information related to sexual abuse or sexual harassment. The importance of maintaining clear professional boundaries was also emphasized. Responses indicated a solid and practical understanding of PREA expectations and reporting procedures.</p> <p>Volunteer</p> <p>A volunteer was also interviewed and described completing PREA training prior to receiving approval to enter the facility. The volunteer explained that the training was simple, direct, and tailored to their role. Key topics included expected behavior, the agency's zero-tolerance policy, and the duty to report concerns without delay. The volunteer demonstrated a clear understanding of PREA principles and how those principles apply during interactions with inmates.</p> <p>PROVISIONS</p> <p>Provision (a): Structured Pre-Service Training Requirements for Volunteers</p>

and Contractors

The facility confirms, through both documentation and practice, that all volunteers and contractors who have contact with inmates complete PREA training before entering the facility. This training is structured in a clear and role-based manner, ensuring that individuals understand their responsibilities related to prevention, detection, and response.

At the time of the audit, the agency reported 54 approved contractors and 71 approved volunteers. Facility representatives clarified that the number of individuals who actively enter the facility is lower, which was supported by documentation and interview findings.

The Auditor reviewed a sample of training records that included 71 volunteers, 4 non-medical contractors, and 50 medical contractors. All records showed that required PREA training had been completed prior to facility access. The training curriculum, developed with assistance from The Moss Group, includes all required PREA elements and adjusts the level of detail based on the individual's role and level of inmate contact.

Responsibility for ensuring compliance with training requirements is assigned to the Institutional PREA Compliance Manager (IPCM), who verifies that all required training is completed before access is granted. Expectations for following PREA-related policies are clearly communicated and consistently applied.

Relevant Policies:

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

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

The facility provides PREA training that is tailored to the specific duties of volunteers and contractors, using clear and simple language to ensure understanding. Training content emphasizes the agency's zero-tolerance policy and clearly explains reporting procedures and prohibited behaviors.

Training materials include a four-page handout titled "PREA Training for Volunteers and Contractors," which presents key definitions, outlines reporting steps, and explains expectations in a direct format. Each participant signs an acknowledgment form to confirm receipt and understanding of the material.

Additional resources include a trifold PREA pamphlet that summarizes key points in a brief and accessible way, along with a PREA First Responder Duties card that provides simple, step-by-step guidance for responding to allegations.

Medical contractors receive additional training through a specialized module focused on responding to sexual abuse in a healthcare setting within a correctional environment. This added instruction ensures that training aligns with the complexity of their responsibilities.

Information gathered during interviews supports that the training is easy to follow,

	<p>relevant to each role, and clearly understood by participants.</p> <p>Relevant Policies:</p> <p>ADOC AR #454, V.A.2.a-b, p. 13</p> <p>Provision (c): Documented Verification of Training Completion and Understanding</p> <p>The facility maintains clear and organized documentation to show that volunteers and contractors have completed PREA training and understand the information provided. Signed acknowledgment forms are collected and retained by the IPCM as proof of participation and comprehension.</p> <p>The Auditor reviewed multiple training records, including printed reports from an online training system. These records included the participant’s name, position, completion date, and course results, indicating whether the participant successfully passed the training.</p> <p>This documentation process is consistent, well-organized, and supports accountability by ensuring that all required training is properly recorded and verified.</p> <p>Relevant Policies:</p> <p>ADOC AR #454, V.A.2.a-b, p. 13</p> <p>CONCLUSION</p> <p>Based on the review of documentation, applicable policies, and interviews with both a contractor and a volunteer, the Auditor finds that the facility is in compliance with PREA Standard §115.32.</p> <p>The facility provides structured, role-appropriate PREA training to all volunteers and contractors before they are allowed access to inmates. Training is clearly documented, consistently implemented, and well understood by participants. These practices support a safe environment and reinforce PREA standards across all levels of facility interaction.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.33, the Auditor conducted a detailed and methodical review of the Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by the facility and the Alabama Department of Corrections</p>

(ADOC). The review focused on how inmates are informed of their rights, how education is delivered, and how information is reinforced over time.

The Auditor examined Alabama Department of Corrections Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines clear requirements for intake education, ongoing instruction, accessibility, and documentation. Additional materials reviewed included the inmate PREA training curriculum, orientation materials, and the ADOC Inmate Handbook, which provides simple written guidance on PREA protections and reporting options.

The Auditor also reviewed PREA acknowledgment forms (ADOC Form 454-A), inmate education sign-in sheets, 30-day education logs, and a tracking spreadsheet used to document participation. Informational pamphlets, including “What You Should Know About Sexual Abuse and Assault,” were reviewed along with posters and visual materials placed throughout the facility.

Materials were also reviewed in alternative formats, including Spanish-language documents and accessible formats for inmates with low vision, hearing limitations, or other needs. Documentation showed a consistent and organized approach to inmate education.

OBSERVATIONS

During the on-site tour, the Auditor observed PREA educational materials posted in housing units, common areas, and near inmate telephones. These materials were clear, simple, and easy to read. They included definitions of sexual abuse and sexual harassment, the agency’s zero-tolerance policy, and step-by-step reporting instructions.

Internal reporting information, including the PREA reporting number (*661), was clearly displayed. External reporting options were also posted, identifying Crisis Services of North Alabama as a confidential support resource.

Materials were available in English and Spanish, and accessible formats were evident. The Auditor observed the use of Braille materials, closed-captioned video content, and American Sign Language (ASL) interpretation. The “Discussing PREA” video was available in multiple formats and languages.

The placement and variety of materials reflected a practical and ongoing effort to ensure inmates have continued access to PREA information.

INTERVIEWS

Intake Staff

The Auditor interviewed intake staff, who explained that PREA education begins immediately upon an inmate’s arrival. Staff described a clear and consistent intake process in which inmates are informed of their right to be free from sexual abuse and retaliation, as well as the available reporting options.

Staff stated that inmates receive the Inmate Handbook and initial PREA information at intake and are required to sign acknowledgment forms. They further explained that full PREA education is provided within a short timeframe through video instruction or direct presentation.

Staff also described how education is adapted for inmates with limited English proficiency, hearing or vision limitations, or cognitive needs. These adjustments ensure that information is understood by all inmates.

Random Inmates

Interviews with randomly selected inmates confirmed that PREA education is consistently provided. Inmates reported receiving written materials shortly after arrival and recalled participating in PREA video instruction.

Inmates were able to explain how to report sexual abuse or sexual harassment and identified both internal and external reporting options. Responses indicated a basic but clear understanding of their rights and available resources.

PROVISIONS

Provision (a)

The facility provides immediate PREA education to inmates during intake. This initial information is simple, direct, and focused on key concepts such as zero tolerance, definitions of prohibited behavior, and reporting options.

Documentation and interview responses confirm that inmates admitted during the previous 12 months received this information at intake. PREA Education is conducted with new arrivals on Tuesday and Tuesday of every week. This early education ensures that inmates are informed from the start of their placement.

Relevant Policies:

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

Provision (b)

Inmates who remain at the facility receive more detailed PREA education within the required timeframe. This education includes video instruction, discussion, and opportunities to ask questions, allowing inmates to better understand the information.

Records reviewed by the Auditor, including attendance logs and tracking documents, confirm that all eligible inmates received this additional education. The process is consistent and clearly documented.

Relevant Policies:

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

Provision (c)

The facility maintains clear and complete documentation of inmate PREA education. The Auditor reviewed a sample of inmate records and confirmed the presence of signed and dated PREA acknowledgment forms.

These records verify that inmates received the Inmate Handbook, completed PREA orientation, and participated in training. Documentation practices are organized and reliable.

Relevant Policies:

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

Provision (d)

PREA education is delivered in a variety of simple and accessible formats to meet the needs of all inmates. Materials are available in multiple languages, and accommodation is provided for inmates with vision, hearing, or cognitive limitations.

The facility uses clear posters, visual aids, and video materials with closed captioning and ASL interpretation. Policy prohibits the use of inmates as interpreters, ensuring both accuracy and confidentiality.

Relevant Policies:

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

Provision (e)

All inmates are required to sign a PREA acknowledgment form, which is maintained in the institutional file. This provides clear proof that education was received.

In addition, the agency maintains a centralized tracking system that allows staff to verify PREA education history. This system supports continuity when inmates transfer between facilities.

Relevant Policies:

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

Provision (f)

The facility uses multiple simple and visible methods to reinforce PREA education. These include posters, handbooks, videos, and ongoing reminders in housing and common areas.

Posters vary in design and placement, helping maintain attention and awareness. The Auditor observed PREA materials in all areas visited, indicating a consistent and active approach to education.

Relevant Policies:

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

CONCLUSION

Based on the review of documentation, staff and inmate interviews, and on-site observations, the Auditor finds that the facility is in compliance with PREA Standard §115.33.

The facility provides timely, clear, and accessible PREA education to inmates and maintains consistent documentation of these efforts. Educational materials are easy to understand, widely available, and regularly reinforced, supporting a safe and informed environment.

115.34 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.34, the Auditor conducted a detailed and structured review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on whether staff assigned to investigate allegations of sexual abuse and sexual harassment receive the required specialized training and whether that training is clearly documented and applied in practice.

The Auditor reviewed Alabama Department of Corrections Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines clear expectations for investigator qualifications, training content, and documentation. The Auditor also examined specialized training curricula, course materials, and completion records developed by The Moss Group, ADOC, Training Force USA, and the National Institute of Justice (NIJ).

Training materials reflected a structured and practical program that includes classroom instruction, online learning, and scenario-based exercises. Topics included trauma-informed interviewing, evidence collection, legal requirements, and investigative procedures specific to confinement settings. Documentation showed a consistent and organized approach to preparing investigators to manage sensitive cases in a professional and objective manner.

INTERVIEWS

Investigative Staff

The Auditor conducted interviews with investigative staff responsible for handling PREA-related cases. Investigators described receiving specialized training prior to

conducting investigations and ongoing training to maintain their knowledge and skills.

Investigators explained that they use simple, clear, and respectful communication when working with inmates and apply trauma-informed techniques to reduce stress and gather accurate information. They described the difference between administrative and criminal investigations and clearly explained when Miranda and Garrity warnings are required.

Staff also outlined their approach to evidence collection, including preserving physical evidence, maintaining chain of custody, and coordinating with medical and forensic personnel. Investigators demonstrated a clear understanding of how to review evidence, determine findings, and decide whether cases require administrative action, criminal referral, or both.

Responses were consistent and reflected a practical understanding of both policy and real-world application.

PROVISIONS

Provision (a): Required Specialized Training

Documentation confirms that all investigators assigned to PREA-related cases complete specialized training specific to confinement settings. This requirement is clearly outlined in agency policy and applied consistently across investigative staff.

The Auditor reviewed training records for investigators who handled cases during the audit period. Records showed completion of courses such as trauma-informed sexual assault investigations, human trafficking awareness, prison sexual abuse investigations, and specialized PREA techniques. These courses provide clear instruction on investigative steps, evidence standards, and legal requirements.

The Institutional PREA Compliance Manager (IPCM) also completed the same training, supporting internal oversight and consistency. Additional training through the National Institute of Justice, including "Sexual Abuse and the Initial Responder," was verified.

Training records and interviews confirm that investigators not only complete required training but also apply the knowledge in their daily work.

Relevant Policies:

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

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

Provision (b): Legal Requirements and Evidence Practices

Training programs provide clear and practical instruction on legal procedures and evidence handling. Investigators are trained to communicate effectively with inmates, using simple and respectful methods that support accurate reporting.

Instruction includes proper use of Miranda warnings for criminal cases and Garrity warnings for administrative matters. Training also covers evidence collection in a correctional setting, including preservation of physical evidence, coordination with medical staff, and maintaining chain of custody.

Investigators are trained to review evidence carefully and determine whether it meets the standard for administrative findings, criminal charges, or both. Documentation reviewed, including NIJ and NIC training materials, confirmed completion of these topics.

Interviews supported that investigators understand and follow these procedures in practice.

Relevant Policies:

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

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

Provision (c): Documentation and Recordkeeping

The Auditor verified that the agency maintains clear and organized records of investigator training. Personnel files reviewed included signed certificates, course records, and completion dates for investigators assigned to PREA cases.

A sample of records for twenty investigators confirmed that all required training was completed and properly documented. Files included course titles, dates, and verification of completion, providing a clear record of qualifications.

Agency policy requires that all training records be maintained in personnel files, and documentation reviewed was consistent with this requirement. The system is simple, organized, and allows for easy verification.

Relevant Policies:

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

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

Provision (d): Not Applicable

This provision does not apply to this audit and was not evaluated.

CONCLUSION

Based on the review of documentation, training materials, personnel records, and interviews with investigative staff, the Auditor concludes that the facility is in compliance with PREA Standard §115.34.

The agency maintains a clear and structured training program that prepares investigators to conduct fair, objective, and trauma-informed investigations. Training is consistently documented, and staff demonstrate a solid understanding of their

	responsibilities. The overall approach reflects a professional and reliable system that supports inmate safety and accountability.
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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 evaluate compliance with PREA Standard §115.35, the Auditor conducted a detailed review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on how specialized PREA training is provided, documented, and maintained for medical and mental health practitioners working with inmates.</p> <p>The Auditor examined Alabama Department of Corrections Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines clear training requirements for clinical staff. Additional materials reviewed included training curricula, lesson plans, attendance records, and signed acknowledgment forms.</p> <p>Documentation reflected a structured and organized training program that builds on general PREA training and includes additional instruction specific to clinical roles. Materials showed that training is consistent, clearly documented, and aligned with policy requirements.</p> <p>INTERVIEWS</p> <p>Medical and Mental Health Practitioners</p> <p>The Auditor interviewed medical and mental health staff assigned to the facility. Practitioners reported completing both general PREA training and specialized training before providing services to inmates.</p> <p>Staff described training as clear and practical, with a focus on recognizing signs of sexual abuse or sexual harassment, responding in a professional and respectful manner, and following required reporting procedures. Practitioners demonstrated an understanding of trauma-informed care and explained how they support inmates while maintaining professional boundaries.</p> <p>Their responses reflected a working knowledge of PREA requirements and showed that training is applied in daily practice.</p> <p>Facility Leadership</p>

The Auditor also interviewed facility leadership, including the PREA Compliance Manager. Leadership described a structured process to ensure that all clinical staff complete required PREA training prior to working in the facility.

They confirmed that training completion is tracked, documented, and monitored. Leadership emphasized that no medical or mental health practitioner is permitted to provide services without completing both general and specialized PREA training.

PROVISIONS

Provision (a): Required Specialized Clinical Training

Documentation confirms that all medical and mental health practitioners receive specialized PREA training that is directly related to their clinical roles. At the time of the audit, 58 practitioners were assigned to the facility, and records verified that all had completed required training.

Training content includes identifying signs of sexual abuse or harassment, responding to victims in a calm and professional manner, preserving evidence when appropriate, and following reporting procedures. Instruction also addresses the medical and mental health needs of inmates who may have experienced abuse and includes simple guidance for assessing risk.

Training is clear, role-specific, and consistently documented. Interviews confirmed that staff understand and apply the information.

Relevant Policies:

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

Provision (b): Forensic Examinations

This provision does not apply to the facility. Medical staff do not conduct forensic examinations. When needed, inmates are referred to outside qualified providers in accordance with agency policy.

Relevant Policies:

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

Provision (c): Documentation of Training

The Auditor verified that training records for medical and mental health staff are complete, accurate, and well organized. Personnel files include certificates of completion, training dates, and acknowledgment forms.

Records reviewed confirm that all practitioners completed both general PREA training and specialized clinical training. Documentation is consistent and allows for easy verification.

Relevant Policies:

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

Provision (d): General PREA Training Requirement

Medical and mental health practitioners also complete the same general PREA training required for all staff. Documentation reviewed, including attendance records and training materials, confirms consistent participation.

This combined approach ensures that clinical staff understand both general PREA requirements and their specific responsibilities.

Relevant Policies:

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

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

CONCLUSION

Based on the review of documentation, interviews with staff and leadership, and evaluation of training materials, the Auditor concludes that the facility is in compliance with PREA Standard §115.35.

The facility maintains a clear and organized training program for medical and mental health practitioners. Training is role-specific, consistently documented, and understood by staff. These efforts support a professional, respectful, and informed response to PREA-related incidents and contribute to the safety and well-being of inmates.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.41, the Auditor completed a broad review of agency and facility records related to intake screening, later reassessment, and the control of sensitive information involving sexual victimization and abusiveness. The review included the Pre-Audit Questionnaire (PAQ) and a set of Alabama Department of Corrections (ADOC) policies, screening tools, and local intake records used by staff to guide the PREA process.</p> <p>The policy base for this process is ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025, which sets out the department’s rules for PREA screening, reassessment, and confidentiality. The Auditor also reviewed ADOC Administrative Regulation #637, Gender Dysphoria, which addresses protections and assessment issues for transgender and intersex inmates.</p>

Additional documents included ADOC Form 454-C, Classification PREA Risk Factors Checklist, and ADOC Form 454-K, PREA Risk Assessment, along with the facility's internal Risk Assessment Checklist. The file review also included inmate-specific records showing intake screenings and 30-day reassessments. Taken together, these materials show how PREA risk information is gathered, checked, recorded, and used to support housing, supervision, and program decisions.

INTERVIEWS

Random Inmate

Inmates selected at random described intake screening as a prompt and routine part of arrival. They said staff asked about personal safety, fear of sexual harm, prior victimization, housing concerns, sexual orientation, gender identity, and whether this was a first commitment. Inmates also reported that the initial screening usually happened within the first day, and follow-up screening was completed within the first several weeks. Their responses showed that they understood the purpose of the process, which was to improve safety inside the facility.

Transgender Inmates

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

Risk Screening Staff

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

PREA Compliance Manager

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

PREA Director

The PREA Director confirmed that access to PREA screening information is limited to staff with a real need to know. This includes medical and mental health staff,

classification staff, the PREA Compliance Manager, and others who need the information for treatment, security, or management purposes. The PREA Director also stated that ADOC does not hold people solely for civil immigration enforcement and that immigration status, when relevant, is used only as a PREA risk factor and not for discipline or detention.

PROVISIONS

Provision (a): Intake and Transfer Screening Requirements

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

The Auditor reviewed 49 inmate files and confirmed that each one contained documentation showing completion of the initial PREA risk screening within the required 72-hour window, with most completed within the first 24 hours. The policy requirements tied to admissions and transfers, and the use of ADOC Form 454-C, were reflected in both the written policy and actual practice.

Relevant Policies

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

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

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

Provision (b): Timely Screening Window

Facility policy requires that all inmates be screened for PREA-related risk factors within 72 hours of arrival. The PAQ reported that, during the past 12 months, inmates admitted to the facility were screened within that timeframe.

The Auditor's review of 49 randomly selected inmate records confirmed the reported figures. Every file showed a timely initial screening, and many were completed within the first 24 hours. Intake staff also confirmed that PREA screening questions are built into every intake and classification process. These findings support full compliance with the 72-hour requirement.

Relevant Policies

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

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

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

Provision (c): Objective Screening Tools

ADOC uses standard screening instruments, including Forms 454-C and 454-K, to assess PREA risk in a consistent and objective way. These tools guide staff through a set of weighted risk factors that align with PREA standards. Staff showed that they understood how to use the forms and could explain how the information is scored and recorded. The file review confirmed that the tools were used in a steady and proper

manner.

Relevant Policies

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

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

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

Provision (d): Vulnerability Factors Considered

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

Relevant Policies

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

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

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

Provision (e): Abusiveness Factors Considered

Document review and staff interviews also confirmed that the screening process looks at possible indicators of sexual abusiveness. These include prior acts of sexual abuse, convictions for violent offenses, and a history of institutional violence. These items are clearly addressed in Part 2 of the PREA Risk Factors Checklist.

Relevant Policies

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

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

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

Provision (f): Thirty-Day Reassessment

Policy requires that all inmates receive a reassessment within 30 days of intake. The Auditor reviewed 49 inmate files and confirmed that every file included a documented 30-day reassessment, showing consistent compliance with the requirement.

Relevant Policies

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

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

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

Provision (g): Additional Reassessment Triggers

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

Relevant Policies

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

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

Provision (h): No Discipline for Refusal

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

Relevant Policies

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

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

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

Relevant Policies

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

CONCLUSION

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

Screening and reassessment procedures are clearly set out, carried out in a steady way, and supported by staff training and oversight. Risk information is used properly to guide housing and management decisions, reassessments are completed on time, and confidentiality protections are enforced in a careful and consistent way.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.42, the Auditor conducted a detailed review of the Pre-Audit Questionnaire (PAQ) and supporting documentation

provided by the facility and the Alabama Department of Corrections (ADOC). The review focused on how PREA screening information is used to guide housing decisions, classification, and access to work, education, and programming.

The Auditor examined Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), along with Standard Operating Procedure 454-5, which outlines how screening information is applied at the facility level. These documents provide clear direction for using risk assessment data to improve inmate safety and reduce the risk of sexual abuse.

The Auditor also reviewed classification tools, including ADOC Form 454-C (Classification PREA Risk Factors Checklist) and ADOC Form 454-K (PREA Risk Assessment). Additional records reviewed included inmate files, intake documentation, reassessment notes, and housing assignment logs. These materials confirmed that PREA screening information is actively used in decision-making and is not maintained solely for recordkeeping purposes.

OBSERVATIONS

During the on-site review, the Auditor observed that classification and housing decisions reflect a structured and safety-focused process. Documentation reviewed showed consistent use of PREA screening results when determining housing placements and supervision levels.

Records indicated that staff consider multiple factors, including risk of victimization, risk of abusiveness, mental health needs, and inmate-reported concerns. This approach supports balanced and informed decisions that promote safety within the facility.

INTERVIEWS

Staff Responsible for Risk Screening

The Auditor interviewed staff responsible for conducting PREA risk screenings. Staff described a clear and consistent process that combines standardized assessment tools with direct communication with inmates.

They explained that inmates are given the opportunity to share concerns about safety, housing preferences, and potential risks. Staff stated that this information is used along with screening results to guide decisions about housing, work assignments, and program placement. Responses reflected a practical and consistent application of screening information.

PREA Director (PD)

The PREA Director explained that classification decisions begin with basic identifying information but are adjusted based on individual risk factors and safety needs. The PD emphasized that each inmate is evaluated on a case-by-case basis.

For transgender and intersex inmates, the PD stated that the inmate's own view of

their safety is given careful consideration. Housing decisions are reviewed regularly and reassessed when concerns arise. The PD also noted that staff actively assess potential conflicts, including known enemies or prior incidents, when making placement decisions.

Institutional PREA Compliance Manager (IPCM)

The IPCM described a structured and cautious approach to housing and classification. The IPCM confirmed that the facility does not maintain separate housing units for LGBTI inmates but instead uses individualized assessments to determine appropriate placement.

The IPCM explained that PREA screening results, along with mental health and classification data, are reviewed together to reduce risk. Placement decisions are made with careful attention to separating inmates who may be at risk of victimization from those who may pose a risk to others.

PROVISIONS

Provision (a): Use of Screening in Decisions

The facility uses PREA screening information in a consistent and practical way to guide housing, bed assignments, work details, education access, and program participation. The goal is to reduce risk by separating inmates who may be vulnerable from those who may present a higher risk of abusive behavior.

The Auditor reviewed 49 inmate files and found that PREA screening results were clearly documented and used in classification decisions. Records showed that staff consider multiple factors, including risk level and mental health needs, when making placement decisions.

This process is structured, safety-focused, and consistently applied.

Relevant Policies:

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

Provision (b): Individualized Decision-Making

All housing and classification decisions are made on an individual basis. The facility uses simple and clear criteria that focus on each inmate's specific risks, needs, and concerns.

PREA screening results, along with mental health information and inmate input, are used to guide decisions related to housing, work assignments, and program access. This individualized approach supports safer placements and helps reduce the risk of harm.

Documentation and interviews confirm that this process is consistent and centered on inmate safety.

	<p>Relevant Policies:</p> <p>ADOC AR #454, V.D.1-7, pp. 17-18 ADOC SOP 454-5</p> <p>Provision (c): Not Applicable</p> <p>This provision is not applicable under current PREA standards and was not evaluated.</p> <p>Provision (d): Not Applicable</p> <p>This provision is not applicable under current PREA standards and was not evaluated.</p> <p>Provision (e): Not Applicable</p> <p>This provision is not applicable under current PREA standards and was not evaluated.</p> <p>Provision (f): Not Applicable</p> <p>This provision is not applicable under current PREA standards and was not evaluated.</p> <p>Provision (g): Not Applicable</p> <p>This provision is not applicable under current PREA standards and was not evaluated.</p> <p><u>CONCLUSION</u></p> <p>Based on the review of documentation, inmate files, staff interviews, and observed practices, the Auditor concludes that the facility is in compliance with PREA Standard §115.42.</p> <p>PREA screening information is used in a clear, consistent, and practical manner to guide housing and classification decisions. The facility applies individualized assessments, considers inmate safety concerns, and maintains a structured approach to placement. These practices support a safer environment and reflect adherence to PREA requirements.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To evaluate compliance with PREA Standard §115.43, the Auditor conducted a detailed review of the Pre-Audit Questionnaire (PAQ) and supporting documentation related to the use of protective custody and segregated housing. The review focused on how the facility limits the use of involuntary segregation for inmates at risk of sexual victimization and how such placements are documented and reviewed.</p>

The Auditor examined Alabama Department of Corrections Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes clear limits on the use of protective custody and emphasizes the use of alternative housing whenever possible. Administrative Regulation #435 – Segregated Housing was also reviewed to assess requirements for documentation, conditions of confinement, and review timelines.

Additional records reviewed included housing logs, segregation unit rosters, holding cell documentation, crisis cell records, and Post-Allegation Protective Custody forms. These materials were reviewed to determine whether any inmates were placed in segregated housing for protection from sexual abuse and whether required procedures were followed.

OBSERVATIONS

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

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

INTERVIEWS

Staff Supervising Segregated Housing

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

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

Inmates in Segregated Housing

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

PREA Compliance Manager (IPCM)

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

Facility Head or Designee

The Facility Head confirmed that all segregation placements are documented and reviewed at least every 30 days. This review process ensures that placements remain

appropriate and necessary, with attention to safety and policy requirements.

PROVISIONS

Provision (a): Limited Use of Protective Custody

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

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

Relevant Policies:

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

Provision (b): Access to Programs and Services

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

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

Relevant Policies:

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

Provision (c): Use as a Last Resort

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

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

Relevant Policies:

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

Provision (d): Not Applicable During Audit Period

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

Relevant Policies:

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

	<p>Provision (e): Ongoing Review of Segregation</p> <p>Policy requires that all segregated housing placements be reviewed at least every 30 days. Documentation confirmed that this review process is in place and consistently followed.</p> <p>Although no PREA-related placements occurred, the system for review is structured and reliable.</p> <p>Relevant Policies:</p> <p>ADOC AR #454, K.1-4, pp. 30-31</p> <p>CONCLUSION</p> <p>Based on the review of documentation, staff and inmate interviews, and on-site observations, the Auditor concludes that the facility is in compliance with PREA Standard §115.43.</p> <p>The facility does not rely on involuntary segregated housing for protection from sexual abuse and instead uses alternative measures to support inmate safety. Policies are clear, practices are consistent, and any use of segregation is documented and reviewed. These efforts reflect a careful and balanced approach to inmate protection and compliance with PREA standards.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.51, the Auditor completed a careful and organized review of the Pre-Audit Questionnaire (PAQ) along with all supporting documents submitted by the facility. This review focused on how inmates are informed about reporting options and whether those options are simple, accessible, and dependable.</p> <p>The Auditor reviewed Alabama Department of Corrections Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025). This policy clearly defines expectations for both inmates and staff regarding reporting sexual abuse and harassment. The ADOC Inmate Handbook was also examined and was found to contain clear and simple instructions outlining how inmates can report concerns, along with explanations of confidentiality protections.</p> <p>Additional documentation included the Memorandum of Understanding (MOU) with Securus Technologies, which supports outside reporting through a telephone hotline system. The Auditor also reviewed PREA awareness materials, including “NO MEANS</p>

NO” posters, which present key information in a direct and easy-to-understand format. Legal mail procedures were evaluated and confirmed to provide inmates with a secure and private method to communicate with outside authorities.

Overall, the reviewed materials demonstrate a well-organized and effective system that promotes awareness, supports multiple reporting pathways, and reinforces the agency’s zero-tolerance approach.

OBSERVATIONS

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

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

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

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

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

INTERVIEWS

Random Inmates

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

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

Institutional PREA Compliance Manager (IPCM)

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

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

and the State Board of Pardons and Paroles.

Random Staff

Randomly selected staff were interviewed and demonstrated a clear understanding of their responsibilities. Staff explained that all reports—whether verbal, written, anonymous, or submitted by a third party—must be accepted and reported without delay.

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

PROVISIONS

Provision (a): Multiple and Accessible Reporting Methods

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

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

Relevant Policies:

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

Provision (b): External Reporting Options

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

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

Relevant Policies:

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

Provision (c): Staff Reporting Responsibilities

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

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

Relevant Policies:

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

	<p>Provision (d): Confidential Staff Reporting</p> <p>The facility provides staff with secure and private reporting options, allowing them to report concerns without fear of retaliation. These systems are designed to protect staff confidentiality while ensuring that all allegations are properly addressed.</p> <p>Interviews confirm that staff are aware of these options and understand how to use them when needed.</p> <p>Relevant Policies: ADOC AR #454, Section V.G., pp. 21-22</p> <p>CONCLUSION</p> <p>Based on the review of documentation, on-site observations, and interviews with inmates and staff, the Auditor finds that the facility is in compliance with PREA Standard §115.51.</p> <p>The facility maintains a clear, structured, and accessible reporting system with multiple options available to both inmates and staff. Reporting methods are easy to understand, simple to use, and consistently available throughout the facility. Staff demonstrate a strong understanding of their responsibilities, and inmates show clear awareness of their reporting rights. These practices support a safe environment and reflect consistent adherence to PREA standards.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To determine compliance with PREA Standard §115.52, the Auditor conducted a careful and organized review of the Pre-Audit Questionnaire (PAQ) along with supporting documentation provided by the facility and the Alabama Department of Corrections (ADOC). The review centered on how the grievance process is applied to allegations of sexual abuse and sexual harassment and whether inmates are provided with clear, safe, and unrestricted access to administrative remedies.</p> <p>The Auditor examined Alabama Department of Corrections Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines PREA-specific grievance requirements. Administrative Regulation #406 – Inmate Grievance Policy (effective August 1, 2023) was also reviewed, as it governs the standard grievance process. In addition, the ADOC Inmate Handbook was reviewed and found to present grievance procedures in clear, simple, and easy-to-follow language.</p> <p>Documentation confirmed that PREA-related grievances are managed through a defined and separate process that includes clear timelines, protective measures, and</p>

consistent documentation requirements. Information gathered during interviews with both inmates and staff further supports that these procedures are applied in a steady and reliable manner.

OBSERVATIONS

During the on-site visit, the Auditor observed that grievance procedures were clearly communicated and easy for inmates to access. Written materials and posted notices provided simple instructions explaining how to submit grievances, including those related to sexual abuse and sexual harassment.

A review of records showed that PREA-related grievances are carefully documented, tracked, and processed through a structured system that separates them from routine grievances. This separation helps ensure timely review, supports proper handling, and protects the integrity of any related investigation.

These observations reflect a system that is organized, dependable, and easy for inmates to use.

INTERVIEWS

Random Staff

Staff members interviewed during the audit described the grievance process in a clear and consistent manner. They explained that all allegations of sexual abuse or sexual harassment must be accepted and processed, regardless of how the information is submitted.

Staff stated that PREA-related grievances are immediately forwarded to designated personnel and removed from the standard grievance process. They emphasized the importance of confidentiality, timely action, and protection from retaliation. Their responses showed a solid understanding of policy requirements and consistent application of procedures.

Random Inmates

Inmates interviewed across different housing areas expressed a clear understanding of the grievance process. They reported that grievances can be filed at any time and that they have the option to remain anonymous if they choose.

Inmates identified several reporting methods, including written grievances, PREA drop boxes, and the hotline. Some inmates shared that in urgent situations they would report directly to staff, while still recognizing that the grievance system remains available as a formal reporting option.

Overall, inmate responses reflected confidence in the process and an understanding that PREA-related grievances are handled seriously and appropriately.

PROVISIONS

Provision (a): PREA-Specific Grievance Process

The facility maintains a clear, structured, and well-defined process for handling grievances related to sexual abuse and sexual harassment. When a PREA-related

grievance is received, it is quickly forwarded to designated PREA staff, and a separate and secure case file is created.

At that point, the grievance is removed from the standard grievance system and handled through the PREA investigative process. This approach ensures that allegations are reviewed by trained staff and receive focused and appropriate attention.

Relevant Policies:

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

ADOC AR #406

Provision (b): No Time Limits or Informal Resolution

The facility allows inmates to submit PREA-related grievances at any time, regardless of when the incident occurred. There is no requirement for informal resolution before filing a formal grievance.

This open and direct access removes barriers and supports a simple, fair, and accessible reporting process for all inmates.

Relevant Policies:

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

Provision (c): Protection from Staff Involvement

Policies provide clear and necessary safeguards to ensure that grievances involving staff misconduct are not handled by the staff member who is the subject of the complaint. This process supports fairness, protects inmates, and maintains trust in the system.

Documentation and staff interviews confirm that this protection is consistently followed in practice.

Relevant Policies:

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

Provision (d): Timely Response Requirements

The grievance system includes clear and simple timelines that guide prompt responses. The Institutional Grievance Officer is responsible for responding within established timeframes, ensuring that all grievances are addressed without unnecessary delay.

Although no emergency grievances were filed during the audit period, policies clearly outline expectations for timely handling of all submissions.

Relevant Policies:

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

ADOC AR #406

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

The facility allows inmates to receive help in preparing grievances from a variety of

sources, including staff, other inmates, family members, or outside advocates. If an inmate chooses not to accept assistance, that decision is documented.

Policies also provide a clear and structured emergency grievance process for situations involving immediate risk. This process includes quick response timelines and defined steps for review and action.

No emergency grievances were reported during the audit period; however, procedures are in place, clearly written, and ready to be used when needed.

Relevant Policies:

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

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

Provision (f): Emergency Grievance Processing

The facility maintains a simple and expedited process for handling emergency grievances that involve immediate risk of sexual abuse or sexual harassment. This process includes a prompt initial review and a rapid final decision to ensure safety.

While no emergency grievances were filed during the review period, documentation confirms that staff understand the process and are prepared to act when necessary.

Relevant Policies:

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

Provision (g): Protection from Retaliation and Discipline

Policies clearly prohibit disciplinary action against inmates who file PREA-related grievances, unless it is determined that the grievance was made in bad faith. During the audit period, no inmates were disciplined for filing such grievances.

Additional protections are in place to guard against retaliation from staff or other inmates. These safeguards are clearly defined, simple to understand, and consistently applied throughout the facility.

Relevant Policies:

ADOC AR #454, Section H.1.C, p. 31

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

CONCLUSION

Based on a thorough review of documentation, on-site observations, and interviews with staff and inmates, the Auditor determines that the facility is in compliance with PREA Standard §115.52.

The grievance process is clear, structured, and easy to access. Inmates are able to report sexual abuse and sexual harassment without barriers, and strong safeguards are in place to support confidentiality, timely response, and protection from retaliation. These practices demonstrate a consistent, reliable, and well-managed approach to PREA compliance.

115.53	Inmate access to outside confidential support services
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 576 378">DOCUMENT REVIEW</p> <p data-bbox="256 389 1469 591">To evaluate compliance with PREA Standard §115.53, the Auditor completed a careful and detailed review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation provided by the facility and the Alabama Department of Corrections (ADOC). The review focused on how inmates are informed about and provided access to outside confidential emotional support services.</p> <p data-bbox="256 624 1453 871">The Auditor reviewed Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines requirements for providing victim support and access to advocacy services. The facility's Memorandum of Understanding (MOU) with the Alabama Coalition Against Rape (ACAR) was also examined. This agreement establishes a formal and active partnership to provide confidential advocacy services to inmates.</p> <p data-bbox="256 904 1461 1151">Additional materials reviewed included PREA informational posters, advocacy hotline details, and contact information for community-based providers such as One Place Family Justice Center. These materials were presented in both English and Spanish using clear, simple language. Documentation shows that the facility maintains a structured, steady, and well-managed approach to connecting inmates with outside support services.</p> <p data-bbox="256 1184 504 1218">OBSERVATIONS</p> <p data-bbox="256 1229 1437 1352">During the on-site tour, the Auditor observed PREA educational materials displayed throughout housing units and common areas. Posters were easy to see, simple to read, and placed in locations where inmates regularly pass or gather.</p> <p data-bbox="256 1386 1477 1543">These materials included clear instructions on how to contact outside advocacy services and reinforced the facility's zero-tolerance message. The consistent placement and good condition of the materials reflected ongoing attention to visibility and access.</p> <p data-bbox="256 1576 1445 1700">Information related to outside support services and reporting options was available across the facility, supporting a system that is both reliable and easy for inmates to use.</p> <p data-bbox="256 1733 456 1767">INTERVIEWS</p> <p data-bbox="256 1800 1007 1834">Institutional PREA Compliance Manager (IPCM)</p> <p data-bbox="256 1845 1422 2013">The IPCM explained the facility's process for connecting inmates with outside advocacy services in a clear and detailed manner. According to the IPCM, inmates who report sexual abuse are informed of their right to receive support from victim advocates, and staff assist with referrals when needed.</p> <p data-bbox="256 2047 1422 2080">The IPCM also described regular coordination with community providers to ensure</p>

that services are available in a timely and consistent way. Documentation reviewed during the interview confirmed that these partnerships are active and well maintained.

Alabama Coalition Against Rape (ACAR)

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

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

One Place Family Justice Center

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

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

Random Inmates

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

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

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

PROVISIONS

Provision (a): Access to Advocacy Services

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

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

Relevant Policies:

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

Provision (b): Access and Confidentiality of Communication

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

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

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

Relevant Policies:

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

Provision (c): Agreements with Service Providers

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

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

Relevant Policies:

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

CONCLUSION

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

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

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.54, the Auditor conducted a detailed and structured review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on the availability and accessibility of third-party reporting options for allegations of sexual abuse and sexual harassment.

As part of this review, the Auditor examined Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines reporting requirements and procedures. The Auditor also reviewed the ADOC public website, with specific attention to the PREA webpage and the reporting tools available to individuals outside the facility.

Additional materials reviewed included Law Enforcement Sensitive Disclosure (LESD) reporting forms and online resources that provide the PREA reporting email address. These materials demonstrate a clear and organized system that allows third parties to report concerns in a simple and accessible manner.

OBSERVATIONS

During the review of publicly available information, the Auditor observed that the ADOC website provides clear instructions for third-party reporting. The PREA webpage is easy to locate and includes multiple reporting options.

Information is presented in a simple format and includes contact details, reporting links, and guidance for submitting concerns. The availability of both electronic and written reporting options supports broad access for individuals outside the facility.

INTERVIEWS

Inmates

The Auditor interviewed randomly selected inmates, who demonstrated awareness of third-party reporting options. Inmates explained that family members, friends, attorneys, or other outside individuals could report allegations on their behalf.

Inmates stated that they would feel comfortable asking a trusted person outside the facility to make a report if needed. Responses indicated a clear understanding that third-party reporting is available and supported.

PROVISIONS

Provision (a): Accessible Third-Party Reporting Methods

The agency provides clear and accessible methods for third parties to report allegations of sexual abuse and sexual harassment. The Auditor verified that these options are publicly available through the ADOC website.

The PREA webpage includes simple instructions and multiple reporting methods. Third parties may submit reports through an online reporting link or by sending information directly to the designated PREA email address. These options allow individuals outside the facility to report concerns without barriers.

	<p>The availability of multiple reporting paths supports transparency and ensures that inmates have additional ways to report concerns through trusted outside contacts.</p> <p>Relevant Policies:</p> <p>ADOC AR #454, V.G.1.a, p. 21 ADOC AR #454, V.G.2.a, p. 21</p> <p>CONCLUSION</p> <p>Based on the review of documentation, public website content, and inmate interviews, the Auditor concludes that the facility is in compliance with PREA Standard §115.54.</p> <p>The agency provides clear, simple, and accessible third-party reporting options. Information is easy to locate, and inmates demonstrate awareness of these resources. These practices support transparency, accountability, and safe reporting options for inmates and the public.</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.61, the Auditor completed a careful and structured review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation provided by the facility and the Alabama Department of Corrections (ADOC). The review focused on staff reporting duties, confidentiality practices, and required notification procedures.</p> <p>The Auditor examined Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes clear and direct expectations for reporting and confidentiality. Administrative Regulation #302 was also reviewed to confirm requirements related to incident reporting and proper documentation.</p> <p>Additional materials included staff training records, informed consent forms, and practical guidance tools used to support staff in understanding their responsibilities. These materials reflect a simple and organized system that promotes immediate reporting, careful handling of information, and clear communication among staff roles.</p> <p>OBSERVATIONS</p> <p>The Auditor found that reporting expectations are clearly communicated through written policy and reinforced through regular training. Staff are provided with simple</p>

and direct instructions that explain when to report, how to report, and how to protect sensitive information.

The materials reviewed show a consistent and reliable approach that supports staff awareness and accountability.

INTERVIEWS

Facility Head or Designee

The Facility Head confirmed that all staff are required to immediately report any information related to sexual abuse or sexual harassment. This includes allegations involving staff misconduct, retaliation, or neglect.

The Facility Head also explained that allegations involving inmates under the age of 18 or vulnerable adults are reported to appropriate outside agencies as required by law. This process is clear, direct, and consistently followed.

PREA Director

The PREA Director explained that all allegations, including those received anonymously or from third parties, are promptly forwarded to designated investigative staff. The Director emphasized the importance of quick action and clear communication between staff, IPCMs, and investigators.

The process described is structured, efficient, and focused on ensuring that all reports are handled without delay.

Medical and Mental Health Practitioners

Medical and mental health staff described their role in maintaining both care and compliance. They explained that inmates are informed at the start of services about the limits of confidentiality and mandatory reporting requirements.

Practitioners also described their responsibility to document and report allegations while maintaining a respectful and trauma-informed approach to care.

Random Staff

Staff interviewed across different assignments consistently stated that any knowledge, suspicion, or information related to sexual abuse or sexual harassment must be reported immediately.

They explained that information is treated as private and shared only with those who have a clear need to know, such as supervisors, investigators, or medical personnel. Responses showed a clear and practical understanding of both reporting duties and confidentiality standards.

PROVISIONS

Provision (a): Immediate Reporting Requirement

The facility enforces a clear, strict, and immediate reporting requirement for all staff. Any knowledge, suspicion, or information related to sexual abuse or sexual harassment must be reported without delay. This includes incidents involving staff

actions, retaliation, or neglect.

Staff responses and documentation confirm that this expectation is simple, well understood, and consistently followed throughout the facility.

Relevant Policies:

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

Provision (b): Controlled Information Sharing

The facility maintains a careful and controlled approach to information sharing. Staff are required to keep information private and only share details with individuals who have a clear and necessary role in response, investigation, or care.

Information is limited to what is needed, which supports both safety and privacy. Staff interviews confirm a consistent and accurate understanding of these requirements.

Relevant Policies:

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

Provision (c): Practitioner Notification of Limits

Medical and mental health practitioners follow a clear and consistent process of informing inmates about the limits of confidentiality at the beginning of services. This includes explaining mandatory reporting requirements in a simple and understandable way.

This practice ensures that inmates are aware of how information may be used and supports trust and transparency in care.

Relevant Policies:

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

Provision (d): Mandatory External Reporting

The facility follows clear legal requirements for reporting allegations involving inmates under 18 or vulnerable adults. These cases are reported to appropriate outside agencies without delay.

Staff and leadership confirmed that this process is well defined, simple to follow, and consistently applied.

Relevant Policies:

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

Provision (e): Reporting to Investigative Staff

All allegations, including anonymous and third-party reports, are promptly forwarded to designated investigative staff. This process is direct, organized, and ensures that all reports receive proper review.

Documentation and interviews confirm that this system is reliable and consistently followed.

Relevant Policies:

	<p>ADOC AR #454, Section V.G.2.c, p. 23 ADOC AR #302</p> <p>CONCLUSION</p> <p>Based on the review of documentation and interviews, the Auditor finds that the facility is in compliance with PREA Standard §115.61. The facility maintains a clear, consistent, and well-managed system for reporting, confidentiality, and required notification.</p>
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115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.62, the Auditor conducted a careful and structured review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on how the facility identifies risk, responds to safety concerns, and protects inmates from potential harm.</p> <p>The Auditor reviewed Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which provides clear direction on identifying and addressing risks of sexual abuse. Additional records included housing assignment logs, transfer documentation, the facility's Coordinated Response Plan, and an IPCM memorandum dated October 22, 2025.</p> <p>These materials reflect a clear, organized, and practical system designed to support quick decisions, strong communication, and consistent protection of inmates.</p> <p>INTERVIEWS</p> <p>Random Staff</p> <p>Staff interviewed across different posts described a clear and direct approach to responding to safety concerns. They stated that when an inmate may be at risk, their first action is to separate involved individuals and ensure immediate safety.</p> <p>Staff explained that they notify supervisors without delay and take steps to preserve any potential evidence. Their responses showed a simple and consistent understanding of procedures, with a strong focus on safety and clear communication.</p> <p>Facility Head or Designee</p> <p>The Facility Head described a structured and safety-driven process for handling risk situations. When an inmate is identified as being at risk, staff act quickly to assess the situation and determine the safest housing option.</p>

Decisions are made on a case-by-case basis and may include reassignment within the facility or transfer to another location. The Facility Head emphasized that the goal is always to protect the inmate while avoiding unnecessary use of restrictive housing.

PROVISIONS

Provision (a): Immediate Protective Action

The facility follows a clear, prompt, and safety-focused process when an inmate is identified as being at risk of sexual abuse. Staff are trained to act quickly, separate individuals, and make careful housing decisions that support safety.

The approach is simple and effective, focusing on immediate protection while limiting unnecessary restrictions. Documentation confirms that no inmates required transfer for imminent risk during the past 12 months; however, procedures remain active, well understood, and ready for use at all times.

Relevant Policies:

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

CONCLUSION

The facility demonstrates a consistent and well-organized approach to inmate safety. Procedures are clear, easy to follow, and focused on protection. Staff responses and documentation reflect a reliable system that supports quick action and safe outcomes.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.63, the Auditor conducted a detailed and organized review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on how the facility manages allegations that involve other confinement facilities and how those allegations are reported, documented, and tracked.</p> <p>The Auditor examined Alabama Department of Corrections Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which provides clear direction for reporting allegations that occur outside the receiving facility. Additional materials reviewed included ADOC Form 454-F, used to document notifications to other facilities, and an IPCM memorandum confirming compliance with this standard.</p> <p>Documentation reflects a clear and structured process that ensures timely</p>

communication, proper documentation, and consistent handling of allegations involving other facilities.

INTERVIEWS

Agency Head Designee

The Agency Head Designee explained that all PREA-related notifications are handled through a consistent and structured process. Allegations involving other facilities are reviewed, documented, and assigned for appropriate follow-up.

The Designee confirmed that the agency maintains clear expectations for communication between facilities and ensures that all reports are handled in line with PREA standards.

Facility Head

The Facility Head described the facility's response when an inmate reports an incident that occurred at another facility. The Facility Head stated that such allegations are taken seriously and immediately assigned for review.

The Facility Head confirmed that the appropriate facility is notified as soon as possible and always within the required 72-hour timeframe. The Facility Head also confirmed that no such cases occurred during the past 12 months.

PROVISIONS

Provision (a): Notification to Other Facilities

The facility follows a clear and structured process for notifying other confinement facilities when an allegation involves another location. The head of the receiving facility is responsible for ensuring that the appropriate facility is notified.

This requirement is simple, direct, and clearly understood by leadership.

According to the PAQ, there have been zero such instances in the past 12 months.

Relevant Policies:

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

Provision (b): Timely Notification

Policy requires that notifications be made as soon as possible and no later than 72 hours after receiving the allegation. This supports timely communication and accountability.

Although no notifications were required during the audit period, documentation and interviews confirm that the process is in place and understood.

Relevant Policies:

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

Provision (c): Documentation of Notifications

	<p>All notifications are documented using ADOC Form 454-F. This ensures that actions are recorded in a clear and consistent manner.</p> <p>Even though no notifications occurred during the review period, the system for documentation is established and ready for use.</p> <p>Relevant Policies:</p> <p>ADOC AR #454, Section IV.H.7, p. 9</p> <p>Provision (d): Investigation of Allegations</p> <p>Allegations received from other facilities are handled in accordance with PREA investigative standards. The facility maintains procedures to ensure that all reports are reviewed and investigated as required.</p> <p>Staff confirmed that these procedures are clearly understood and would be followed if needed.</p> <p>Relevant Policies:</p> <p>ADOC AR #454, Section IV.H.7, p. 9</p> <p>CONCLUSION</p> <p>Based on documentation review and interviews with agency and facility leadership, the Auditor concludes that the facility is in compliance with PREA Standard §115.63. The facility maintains a clear, timely, and well-documented process for handling allegations involving other confinement facilities.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.64, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on staff readiness, required response actions, and consistency in first responder practices.</p> <p>The Auditor examined Alabama Department of Corrections Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which provides clear direction on first responder duties. Additional materials reviewed included the PREA First Responder Duty Card and the PREA: A Trauma-Informed Guide for First Responders. These resources offer simple, step-by-step instructions that support a consistent and respectful response.</p>

Documentation shows a structured and practical system that ensures staff are trained, prepared, and able to respond quickly and appropriately to allegations of sexual abuse or sexual harassment.

OBSERVATIONS

The Auditor observed that staff are provided with clear and easy-to-use guidance tools that support immediate action. These materials are simple, direct, and designed to promote consistent responses across different shifts and job roles.

The availability of these tools reflects a steady effort to reinforce staff preparedness and clear understanding of responsibilities.

INTERVIEWS

Security Staff

Security staff described a clear and detailed response process. They explained that their first actions include separating involved individuals, securing the area, preserving evidence, and notifying supervisors without delay.

They also stated that training is reinforced through regular sessions, which helps maintain a high level of readiness and consistency in response.

Non-Security Staff

Non-security staff explained that when they receive a report, they act quickly by notifying security staff, ensuring separation of individuals, and protecting the area as much as possible.

They emphasized calm communication, respect for confidentiality, and maintaining control of the situation until security staff take over.

All Staff

Across interviews, staff responses were consistent and reflected a shared understanding of first responder duties. Staff demonstrated a simple and practical approach focused on safety, communication, and preservation of evidence.

Inmates Who Reported Sexual Abuse

Inmates who reported sexual abuse described staff responses as timely and consistent. They explained that staff acted without delay when reports were made, quickly arranging forensic medical exams and offering access to victim advocates who provided support and explained the process. Inmates also confirmed that they were not charged for medical services, were not required to take polygraph tests, and received written notifications of investigation outcomes in each case, consistent with policy requirements.

PROVISIONS

Provision (a): Clear First Responder Policy and Practice

The facility maintains a clear, structured, and easy-to-follow first responder policy supported by simple tools and consistent practice. Staff are provided with laminated duty cards and compact reference guides that outline required response steps in a

direct and practical format.

Interviews confirm that staff understand and use these tools during incidents. The PREA: A Trauma-Informed Guide for First Responders further supports a respectful and informed approach by providing clear definitions, warning signs, and step-by-step actions.

Documentation shows that during the audit period, the facility reported 40 allegations of sexual abuse, including 37 inmate-on-inmate and 3 staff-on-inmate cases. All were referred for criminal investigation. Of these, 30 were unsubstantiated, 8 were unfounded, and 2 remained open at the time of review. In addition, 4 allegations of sexual harassment were investigated administratively and found to be unsubstantiated.

Records confirm that all involved parties in completed cases received written notification of investigative outcomes. This reflects a consistent and well-managed process.

Relevant Policies:

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

Provision (b): Training and Preparedness

The facility maintains a strong, simple, and consistent training program that prepares staff to respond effectively as first responders. Training is provided during initial orientation and reinforced through annual sessions.

Training materials focus on clear actions such as separating individuals, securing the scene, preserving evidence, and reporting information accurately. Documentation shows that in 37 cases, security staff served as first responders, while in 3 cases, non-security staff—specifically medical or mental health practitioners—responded first.

All staff, including contractors and volunteers, receive this training, which supports a well-prepared and coordinated response across the facility.

Relevant Policies:

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

CONCLUSION

Based on documentation review and staff interviews, the Auditor finds that the facility is in compliance with PREA Standard §115.64. Staff demonstrate clear understanding, consistent training, and readiness to respond in a safe, timely, and effective manner.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.65, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on the development, structure, and use of a coordinated response system for allegations of sexual abuse and sexual harassment.

The Auditor reviewed Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines clear roles and responsibilities for staff involved in responding to PREA-related incidents. This policy provides direct guidance for first responders, supervisors, medical and mental health staff, investigators, and facility leadership.

Additional materials reviewed included the PREA First Responder Duty Card and the PREA: A Trauma-Informed Guide for First Responders. These resources provide simple, step-by-step instructions that support consistent and appropriate responses across all staff roles. The facility's Coordinated Response Standard Operating Procedure (SOP) was also reviewed and reflects how agency-level policy is applied in daily operations.

Documentation confirms that the facility maintains a clear, organized, and role-based response system designed to support timely action, effective communication, and continuity of care.

OBSERVATIONS

During the on-site review, the Auditor observed that staff have access to practical and easy-to-use reference tools, including pocket guides and duty cards. These materials are simple, clearly written, and readily available to staff.

The coordinated response structure was evident through both documentation and staff explanations. The system reflects a steady and organized approach that supports clear communication and consistent handling of PREA-related incidents.

INTERVIEWS

Facility Head

The Facility Head described the coordinated response system as clear, active, and well understood across all departments. According to the Facility Head, each allegation initiates a structured response that involves coordination between security, medical, mental health, and investigative staff.

The Facility Head explained that communication between departments is direct and consistent, allowing staff to act quickly and effectively. Staff are trained to understand both their individual roles and how those roles connect within the larger response process.

Training is reinforced through annual sessions, routine briefings, and review of prior incidents. The Facility Head also highlighted the use of simple tools, such as duty cards and pocket guides, as an effective way to maintain consistency across shifts and assignments.

	<p>PROVISIONS</p> <p>Provision (a): Coordinated Response Plan The facility maintains a clear, structured, and well-defined written plan that coordinates the actions of all staff involved in responding to allegations of sexual abuse and sexual harassment. This plan outlines simple and specific roles for first responders, supervisors, medical and mental health staff, investigators, and administrative leadership.</p> <p>When an allegation is reported, staff follow a coordinated and step-by-step process that includes protecting the inmate, separating involved individuals, preserving evidence, and notifying appropriate personnel. The plan supports both immediate safety and long-term investigative needs.</p> <p>Documentation and the Facility Head’s statements confirm that this plan is actively used in daily operations. Staff demonstrate a clear understanding of their roles and carry out responsibilities in a consistent and organized manner.</p> <p>Relevant Policies: ADOC AR #454, Section H.1-H.5, pp. 23-28</p> <p>CONCLUSION Based on documentation review, on-site observations, and the interview with facility leadership, the Auditor finds that the facility is in compliance with PREA Standard §115.65.</p> <p>The facility maintains a clear, organized, and reliable coordinated response system. Staff are trained, roles are well defined, and response procedures are consistently followed. The use of simple tools and ongoing training supports a steady and effective approach to managing PREA-related incidents.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.66, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on the agency’s authority and ability to take immediate protective action when allegations of sexual abuse involve staff.</p> <p>The Auditor reviewed Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which</p>

provides clear direction on how the agency responds to allegations and outlines the authority of facility leadership to implement protective measures.

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

Overall, the materials reviewed reflect a clear and well-defined framework that allows for prompt action to protect inmates and preserve the integrity of investigations.

OBSERVATIONS

The Auditor observed that the agency maintains full administrative control over staffing decisions related to PREA concerns. Policies and supporting documentation show that there are no outside restrictions that would delay or interfere with protective actions.

This level of control supports a quick and reliable response when staff-related allegations are reported.

INTERVIEWS

Agency Head Designee

The Agency Head's designee explained that all correctional staff are non-union employees, and therefore, the agency is not subject to collective bargaining agreements. This allows leadership to take immediate and necessary action without delay.

The designee stated that when an allegation is reported, facility leadership has the authority to respond quickly by reassigning staff, modifying job duties, or removing staff from inmate contact. These actions are taken to protect inmates and support a fair and thorough investigative process.

The designee also confirmed that during the audit period, there were no cases that required staff reassignment or removal due to PREA-related allegations. However, the authority and process remain active and ready for use at all times.

PROVISIONS

Provision (a): Authority to Take Immediate Protective Action

The facility maintains clear, direct, and unrestricted authority to take immediate protective action when staff are alleged to be involved in sexual abuse. This authority is simple, well-defined, and fully supported by policy.

Administrative Regulation #454 allows facility leadership to quickly reassign staff, adjust job duties, or remove staff from contact with inmates when safety concerns are identified. These actions are taken without delay and are based on the need to protect inmates and support the investigative process.

Although no such actions were required during the audit period, documentation and

	<p>interview responses confirm that the process is clearly understood, consistently applied, and ready to be used when necessary.</p> <p>Relevant Policies: ADOC AR #454 – Inmate Sexual Abuse and Harassment (May 29, 2025)</p> <p>Provision (b): Not Applicable This provision does not apply to this facility and was not evaluated as part of this audit.</p> <p>CONCLUSION Based on the review of documentation and the interview with agency leadership, the Auditor finds that the facility is in compliance with PREA Standard §115.66.</p> <p>The agency maintains clear authority to act quickly and effectively when allegations involve staff. Policies are simple, direct, and consistently understood. This approach supports inmate safety and ensures that protective actions can be taken without delay whenever needed.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>DOCUMENT REVIEW To assess compliance with PREA Standard §115.67, the Auditor conducted a thorough and organized review of agency and facility documentation that demonstrates how retaliation protections are established and carried out. This review included the completed Pre-Audit Questionnaire (PAQ) and all supporting materials submitted prior to the on-site visit. Special attention was given to Alabama Department of Corrections Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines the agency’s approach to preventing retaliation and defines procedures for monitoring individuals involved in reporting or investigating allegations.</p> <p>The Auditor also reviewed ADOC Form 454-D – Sexual Abuse/Harassment Retaliation Monitoring, which serves as a structured and practical tool used to track, document, and address any signs of retaliation. This form details how monitoring begins, how it is maintained, and how it is concluded. Together, these materials reflect a clear, consistent, and well-managed system designed to ensure that no staff member or inmate experiences negative treatment for participating in PREA-related reporting or investigations.</p> <p>Overall, the documentation shows a process that is simple, organized, and focused on fairness, safety, and accountability.</p>

OBSERVATIONS

The Auditor observed that the facility follows a clear and active approach to retaliation prevention. Documentation reflects a steady monitoring process supported by regular check-ins, clear records, and ongoing oversight.

The system is structured yet flexible, allowing staff to respond to individual needs while maintaining consistent procedures. Monitoring practices appear to be active, visible, and well understood across the facility.

INTERVIEWS

Retaliation Monitor

The Retaliation Monitor described the process as proactive, careful, and ongoing. Monitoring begins as soon as a PREA report is made and continues for at least 90 days, with extensions when needed.

The Monitor explained that protections apply to all individuals involved, including inmates, staff, witnesses, and anyone who reports or expresses concern about retaliation. Monitoring includes regular check-ins, often conducted weekly, and all activity is documented on ADOC Form 454-D.

The Monitor confirmed that no substantiated incidents of retaliation occurred during the past 12 months, which aligns with documentation reviewed during the audit.

Agency Head Designee

The Agency Head's designee confirmed that retaliation monitoring is immediate and inclusive. Monitoring begins at the time of the report and applies broadly to anyone involved in the process.

The designee explained that while the standard monitoring period is at least 90 days, it may end earlier if an allegation is determined to be unfounded, or continue longer if concerns remain. This approach supports both flexibility and continued protection.

Facility Head

The Facility Head described how retaliation prevention is managed within daily operations. Staff closely review housing changes, job assignments, and disciplinary actions to ensure that no decisions are influenced by retaliatory intent.

Staff assignments, performance reviews, and duty changes are also monitored. A designated PREA staff member oversees this process, ensuring that any unusual patterns or concerns are identified and addressed quickly.

Inmates Who Reported Sexual Abuse

Inmates who had previously reported sexual abuse described staff responses as timely and appropriate. They stated that staff acted quickly after reports were made, including arranging medical examinations and providing access to victim advocates.

Inmates confirmed that services were provided without cost, that polygraph testing was not required, and that written updates on investigative outcomes were received. Their responses reflected confidence in the process and awareness of available

protections.

Inmates in Segregated Housing

At the time of the audit, no inmates were housed in segregated settings as a result of reporting sexual abuse or being identified as at risk. This supports the conclusion that restrictive housing is not used as a routine protective measure and is applied only when necessary.

PROVISIONS

Provision (a): Protection from Retaliation Policy and Monitoring

The agency maintains a clear, formal, and well-defined policy that protects all inmates and staff from retaliation related to PREA reporting or participation in investigations. The policy requires active monitoring for a minimum of 90 days, with extensions when needed.

The Institutional PREA Compliance Manager (IPCM) is responsible for overseeing this process and ensuring that monitoring is completed in a consistent and timely manner. The policy is simple, direct, and clearly understood by staff.

Relevant Policies:

ADOC AR #454, Section V.I. 1-6, pp. 28-29

Provision (b): Protective Measures and Prevention Efforts

The facility uses a range of simple and practical measures to prevent retaliation. These include housing adjustments, job reassignments, separation from alleged abusers, and access to support services such as counseling.

Documentation and interviews confirm that these measures are applied as needed and reviewed regularly. Records also confirm that no retaliation claims were substantiated during the audit period.

Relevant Policies:

ADOC AR #454, Section V.I. 5, p. 29

Provision (c): Monitoring for Signs of Retaliation

The facility maintains an active and ongoing monitoring process for both inmates and staff. This includes observing changes in behavior, housing status, job assignments, and overall conditions that may suggest retaliation.

Monitoring continues for at least 90 days and is extended when concerns remain. Documentation and interviews confirm that this process is consistent, simple, and effective.

Relevant Policies:

ADOC AR #454, Section V.I. 4, pp. 28-29

Provision (d): Documentation of Monitoring Activities

All monitoring activities are recorded using ADOC Form 454-D, which provides a clear and organized record of check-ins, observations, actions taken, and final outcomes.

	<p>Records reviewed show that monitoring is conducted weekly, exceeding minimum requirements and supporting a strong and consistent oversight process. This level of documentation reflects transparency and accountability.</p> <p>Relevant Policies: ADOC AR #454, Section V.I. 5, p. 29</p> <p>Provision (e): Inclusive Protection for All Individuals Retaliation monitoring is available to any individual who reports sexual abuse, participates in an investigation, or expresses concern about retaliation. This includes inmates, staff, and witnesses.</p> <p>This inclusive approach ensures that protections are fair, consistent, and accessible to all individuals involved in PREA-related matters.</p> <p>Relevant Policies: ADOC AR #454, Section V.I. 1-6, pp. 28-29</p> <p>Provision (f): Not Applicable This provision was not applicable during the audit period and was not evaluated.</p> <p>CONCLUSION Based on a thorough review of documentation, detailed interviews with staff and leadership, and direct assessment of facility practices, the Auditor concludes that the facility exceeds compliance with PREA Standard §115.67.</p> <p>The facility demonstrates a clear, active, and well-managed approach to preventing retaliation. Monitoring practices are consistent, well documented, and with weekly status checks, often exceed minimum requirements. Staff at all levels show a strong understanding of their responsibilities, and leadership maintains clear oversight.</p> <p>The overall system reflects a safe, fair, and accountable environment where inmates and staff can report concerns without fear of retaliation.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW To assess compliance with PREA Standard §115.68, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on how the facility manages housing decisions for inmates following allegations of sexual abuse, with special attention given to limiting the use of involuntary segregated housing.</p>

The Auditor reviewed Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which provides clear and direct guidance on the use of protective custody. This policy establishes that involuntary segregation is only used as a last option and requires clear documentation when applied.

Additional materials reviewed included the Institutional PREA Compliance Notice (IPCN) memorandum related to this standard and ADOC Form 454-H - PREA Post-Allegation Protective Custody Form. This form is used to document decisions regarding protective housing, including justification, duration, and review. These materials reflect a structured, simple, and organized system for evaluating and documenting placement decisions.

Overall, documentation confirms that the facility follows a balanced approach that prioritizes inmate safety while limiting the use of restrictive housing.

OBSERVATIONS

During the on-site review, the Auditor toured multiple housing areas and observed normal facility operations. No inmates were identified as being placed in involuntary segregated housing for protection following allegations of sexual abuse.

Housing assignments appeared consistent with classification procedures and routine operations. Staff confirmed that no inmates had been placed in involuntary segregation for protective purposes during the audit period.

These observations support the conclusion that the facility avoids the use of restrictive housing unless absolutely necessary.

INTERVIEWS

Facility Head

The Facility Head described a careful and case-specific approach to post-allegation housing decisions. The Facility Head confirmed that inmates are not automatically placed in segregation after reporting sexual abuse.

Each situation is reviewed individually, with a focus on identifying the safest and least restrictive housing option. The Facility Head explained that reassignment within the facility or transfer to another location is considered before segregation.

If segregation is ever used, it must be clearly justified and documented using ADOC Form 454-H. The Facility Head also confirmed that all such placements are reviewed at least every 30 days to ensure that continued separation is necessary and appropriate.

Facility Staff

Staff responsible for housing and supervision described a simple and consistent process that prioritizes safety while limiting restrictions. They explained that alternative housing options are always considered first.

Staff stated that protective custody through segregation is not used as a routine

response. When used, it is temporary, closely monitored, and regularly reviewed. Staff also emphasized that inmates placed in protective housing continue to receive access to programs and services as much as possible within safety limits.

Their responses reflected a clear understanding of policy and a practical approach to balancing safety and fairness.

PROVISIONS

Provision (a): Limited Use of Protective Custody

The facility follows a clear, cautious, and safety-focused approach that limits the use of involuntary segregated housing. Segregation is only used when no other safe housing options are available.

Documentation and staff interviews confirm that no inmates were placed in involuntary segregation for protective purposes during the past 12 months. This reflects a consistent effort to use less restrictive and more appropriate alternatives whenever possible.

Relevant Policies:

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

Provision (b): Documentation and Review

When protective custody is necessary, the facility follows a structured and well-documented process. ADOC Form 454-H is used to record the reason for placement, expected duration, and review outcomes.

All placements are reviewed at least every 30 days to determine whether continued separation is needed. This process ensures that decisions remain appropriate and are not extended without cause.

Documentation confirms that this system is clear, organized, and consistently followed when applicable.

Relevant Policies:

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

Provision (c): Access to Programs and Services

The facility ensures that inmates placed in protective custody continue to receive access to programs, education, and services to the greatest extent possible. This approach helps reduce the negative impact of temporary housing changes.

Staff interviews confirm that efforts are made to maintain access while still addressing safety concerns. This balance supports both protection and fairness.

Relevant Policies:

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

CONCLUSION

Based on documentation review, on-site observations, and interviews with staff and leadership, the Auditor concludes that the facility is in compliance with PREA

	<p>Standard §115.68.</p> <p>The facility demonstrates a clear, careful, and consistent approach to post-allegation housing decisions. Segregation is avoided whenever possible, decisions are properly documented and reviewed, and inmates maintain access to services. These practices reflect a balanced and effective system that supports safety while limiting unnecessary restrictions.</p>
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115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.71, the Auditor conducted a detailed and organized review of documentation provided by the facility and the Alabama Department of Corrections (ADOC). This review included the completed Pre-Audit Questionnaire (PAQ) and all supporting materials submitted prior to the on-site visit.</p> <p>Key documents reviewed included ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), Administrative Regulation #300 – Institutional Management, and Standard Operating Procedure Investigations & Intelligence (SOP I&I) #454 – PREA Sexual Assault Investigations. Additional records reviewed included ADOC Form #454-C – Investigative Summary Report, investigative outcome and disposition records, minutes from Investigative Review Team meetings, and Notification to Inmate forms.</p> <p>Together, these materials outline a clear and structured investigative system that includes procedures for initiating investigations, collecting and preserving evidence, documenting findings, and providing follow-up communication. The documentation reflects a thorough and organized approach to handling PREA-related investigations.</p> <p>OBSERVATIONS</p> <p>The Auditor observed that investigative processes are clearly defined and supported by detailed documentation. Records reviewed showed consistent use of standardized forms and procedures, reflecting an organized and reliable system.</p> <p>The overall structure supports timely response, careful evidence handling, and clear documentation of investigative actions and outcomes.</p> <p>INTERVIEWS</p> <p>Institutional PREA Compliance Manager (IPCM)</p> <p>The IPCM confirmed that investigations are carried through to completion regardless of whether the alleged victim or alleged abuser remains within the custody or employment of the agency. This approach ensures that all allegations are addressed</p>

fully and without interruption.

Investigative Staff

Investigative staff described a clear and structured process that begins immediately upon receipt of any allegation, regardless of how the report is made. Reports may be received in person, by telephone, through third parties, or anonymously.

Investigators explained that interviews are typically conducted in a logical order, beginning with the victim, followed by witnesses, and then the alleged abuser. Evidence collection is handled by trained investigators or, when appropriate, by SAFE/SANE professionals.

Investigators confirmed that they receive specialized training, including National Institute of Corrections (NIC)-certified instruction, and follow established procedures for evidence preservation. They also stated that credibility assessments are made individually and without the use of polygraph or truth-telling devices.

Staff further explained that compelled interviews are only conducted after consultation with prosecutorial authorities to avoid affecting potential criminal cases. Each investigation includes a review of staff actions or inactions, and findings are documented in detailed reports.

PREA Director

The PREA Director confirmed that investigative records are maintained for the length of an individual's incarceration or employment, plus an additional five years. The Director also noted that inmate-related data is retained indefinitely within the SCRIBE system, ensuring long-term record access and accountability.

Facility Head or Designee

Facility leadership confirmed that during the past 12 months, no substantiated cases were referred for prosecution. This information was consistent with investigative reports and documentation reviewed during the audit.

Inmates Who Reported Sexual Abuse

Inmates who previously reported sexual abuse described staff responses as prompt, respectful, and consistent. They reported being offered medical and mental health services without delay and being referred for forensic medical exams when appropriate.

Inmates also stated that victim advocates were made available to provide support and explain procedures during examinations. They confirmed that services were provided at no cost, that polygraph testing was not required, and that they received written notification of investigative outcomes. Their responses were consistent and aligned with policy and documentation.

PROVISIONS

Provision (a): Timely and Thorough Investigations

The facility maintains a clear and structured system that requires prompt and thorough investigation of all allegations of sexual abuse and sexual harassment.

Investigations are guided by established policy and follow consistent procedures.

Documentation shows that during the past 12 months, there were 86 allegations, including 79 sexual abuse cases and 7 sexual harassment cases. Of the sexual abuse cases, 67 remained ongoing, 8 were unfounded, 4 were unsubstantiated, and none were substantiated.

While investigations are generally handled appropriately, the Auditor noted some delays in initiating a small number of cases, ranging from 30 to 60 days after the initial report. Despite these delays, all inmates received required services, including medical and mental health care, retaliation monitoring, and written notifications.

Relevant Policies:

ADOC AR #454, Sections V.G.1.g-i, pp. 21-22; V.H.3.a-g, pp. 25-26; IV.C.1-9, pp. 5-6

Provision (b): Investigator Training

The facility ensures that all investigators receive specialized and appropriate training in conducting sexual abuse investigations. Training records confirm completion of required PREA-specific instruction.

This training supports a consistent, informed, and professional investigative process.

Relevant Policies:

ADOC AR #454, Sections V.G.1.g-i, pp. 21-22; V.H.3.a-g, pp. 25-26; IV.C.1-9, pp. 5-6

Provision (c): Evidence Collection and Review

Investigators follow a clear and methodical approach to collecting and preserving evidence. This includes physical evidence, DNA, electronic data, and recorded information.

Interviews are conducted with victims, witnesses, and alleged abusers, and prior complaints are reviewed when applicable. These practices are consistent and well documented.

Relevant Policies:

ADOC AR #454, Sections V.G.1.g-i, pp. 21-22; V.H.3.a-g, pp. 25-26; IV.C.1-9, pp. 5-6

Provision (d): Coordination with Prosecutorial Authorities

Compelled interviews are conducted only after consultation with prosecutorial authorities. This ensures that criminal cases are not affected by administrative actions.

Staff confirmed that this process is followed consistently.

Relevant Policies:

ADOC AR #454, Sections V.G.1.g-i, pp. 21-22; V.H.3.a-g, pp. 25-26; IV.C.1-9, pp. 5-6

Provision (e): Credibility Assessments

Investigators assess the credibility of all individuals on a case-by-case basis using evidence and professional judgment. Polygraphs and other truth-telling devices are not used.

This approach supports fairness and objectivity.

Relevant Policies:

ADOC AR #454, Sections V.G.1.g-i, pp. 21-22; V.H.3.a-g, pp. 25-26; IV.C.1-9, pp. 5-6

Provision (f): Administrative Review of Staff Actions

Administrative investigations include a review of staff conduct to determine whether actions or inactions contributed to the incident.

Findings are documented in detailed reports that include evidence, analysis, and conclusions.

Relevant Policies:

ADOC AR #454, Sections V.G.1.g-i, pp. 21-22; V.H.3.a-g, pp. 25-26; IV.C.1-9, pp. 5-6

Provision (g): Documentation of Criminal Investigations

Criminal investigations are documented in a clear and complete manner, including summaries of all evidence and supporting materials when available.

This ensures transparency and supports further review when needed.

Relevant Policies:

ADOC AR #454, Sections V.G.1.g-i, pp. 21-22; V.H.3.a-g, pp. 25-26; IV.C.1-9, pp. 5-6

Provision (h): Record Retention

The facility maintains investigative records for the duration of incarceration or employment, plus an additional five years. Inmate-related data is retained long term within the SCRIBE system.

This supports accountability and future reference.

Relevant Policies:

ADOC AR #454, Sections V.G.1.g-i, pp. 21-22; V.H.3.a-g, pp. 25-26; IV.C.1-9, pp. 5-6

Provision (i): Coordination with External Agencies

Although investigations are conducted internally, the facility maintains a clear commitment to cooperate with outside agencies when needed and to provide updates as appropriate.

Relevant Policies:

ADOC AR #454, Sections V.G.1.g-i, pp. 21-22; V.H.3.a-g, pp. 25-26; IV.C.1-9, pp. 5-6

Provision (j): Continuation of Investigations

Investigations continue even if the alleged victim or alleged abuser is no longer in custody or employed by the agency. This ensures that all cases are fully addressed.

Relevant Policies:

ADOC AR #454, Sections V.G.1.g-i, pp. 21-22; V.H.3.a-g, pp. 25-26; IV.C.1-9, pp. 5-6

Provision (k): Not Applicable

This provision was not applicable during the audit period.

	<p>Provision (I): Internal and External Coordination All current investigations are conducted by the ADOC Law Enforcement Services Division (LESD). The facility confirmed that it will fully cooperate with any external investigative agencies when required.</p> <p>Relevant Policies: ADOC AR #454, Sections V.G.1.g-i, pp. 21-22; V.H.3.a-g, pp. 25-26; IV.C.1-9, pp. 5-6</p> <p>CONCLUSION Based on a comprehensive review of documentation, interviews with staff and leadership, and evaluation of investigative practices, the Auditor concludes that the facility meets the requirements of PREA Standard §115.71.</p> <p>The facility demonstrates a structured and thorough approach to investigations, with clear procedures for evidence handling, staff accountability, and documentation. While minor delays were noted in a limited number of cases, overall practices reflect a professional, consistent, and compliant investigative process.</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>DOCUMENT REVIEW To assess compliance with PREA Standard §115.72, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on the evidentiary standard applied in administrative investigations and the overall process used to collect, review, and report investigative findings.</p> <p>The Auditor examined Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines clear investigative procedures and defines the evidentiary standard used in administrative cases. Administrative Regulation #300 - Investigations and Intelligence Division (effective August 11, 2004) was also reviewed to confirm requirements related to investigative practices and report distribution.</p> <p>The documentation reflects a clear, structured, and consistent approach to investigations. It outlines how evidence is gathered, how findings are evaluated, and how reports are prepared and shared with appropriate parties.</p> <p>OBSERVATIONS The Auditor observed that investigative materials are organized and consistently prepared. Records show that evidence is collected and reviewed in a methodical manner, and investigative reports follow a clear format.</p>

This structured approach supports fairness, accuracy, and consistency in determining investigative outcomes.

INTERVIEWS

Investigative Staff

Investigative staff described a careful and step-by-step approach to conducting administrative investigations. They explained that all available evidence is collected, including physical evidence, statements from inmates and staff, and information gathered from the scene.

Staff stated that interviews are conducted with all relevant individuals and that each piece of information is reviewed before reaching a conclusion. Investigators emphasized that findings are based on a clear evaluation of all evidence rather than assumptions.

They confirmed that completed investigative reports are submitted to facility leadership and, when appropriate, forwarded to the District Attorney for review and possible criminal action.

Investigators clearly stated that the standard used in all administrative investigations is the preponderance of the evidence, meaning that a finding is made based on whether the evidence shows that an event was more likely than not to have occurred.

PROVISIONS

Provision (a): Evidentiary Standard and Reporting Process

The agency maintains a clear, simple, and consistent evidentiary standard for administrative investigations. The standard of proof used is a preponderance of the evidence, which supports fair and balanced decision-making.

Policies also establish a structured and reliable process for reporting investigative findings. Completed reports are shared with appropriate facility leadership and, when necessary, with external authorities such as the District Attorney. This ensures that findings are reviewed, documented, and acted upon appropriately.

Interviews with investigative staff confirm a strong and consistent understanding of both the evidentiary standard and the reporting process. The approach is organized, easy to follow, and applied uniformly across investigations.

Relevant Policies:

ADOC AR #454, Section V.H.3.a-g, pp. 26-27

ADOC AR #300, p. 5

CONCLUSION

Based on the review of documentation and interviews with investigative staff, the Auditor concludes that the facility is in compliance with PREA Standard §115.72.

The agency applies a clear and consistent evidentiary standard in all administrative investigations. Investigations are conducted in a careful and organized manner, with

	well-documented findings and a structured reporting process that supports fair and accurate outcomes.
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.73, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on how inmates are informed about the status and final outcomes of investigations involving allegations of sexual abuse and sexual harassment.</p> <p>The Auditor reviewed Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines clear requirements for notifying inmates. Additional materials examined included investigative reports, disposition records, signed Notification to Inmate forms, and documentation from Investigative Review Team meetings.</p> <p>These materials reflect a clear, organized, and consistent process that ensures inmates are notified in a timely manner while protecting sensitive and confidential information.</p> <p>OBSERVATIONS</p> <p>The Auditor observed that inmate notification is a standard and required part of the investigative process. Documentation shows consistent use of written notification forms and clear tracking of case outcomes.</p> <p>Records reviewed demonstrate that notifications are completed, documented, and maintained in an organized manner, supporting both accountability and transparency.</p> <p>INTERVIEWS</p> <p>Investigative Staff</p> <p>Investigative staff described inmate notification as a final and required step in every completed investigation. They explained that once an investigation is concluded, a written notice is prepared and provided to both the alleged victim and the alleged abuser.</p> <p>Staff stated that the notice clearly identifies the outcome of the investigation as substantiated, unsubstantiated, or unfounded. They emphasized that this process is carried out in a consistent and timely manner and is designed to keep inmates</p>

informed while maintaining confidentiality.

PROVISIONS

Provision (a): Notification of Investigation Outcomes

The facility maintains a clear, structured, and reliable process for notifying inmates of investigation outcomes. Documentation confirms that written notification is provided in all completed cases.

During the audit period, 40 allegations of sexual abuse were reported, including 37 inmate-on-inmate cases and 3 staff-on-inmate cases. Of these, all 40 were investigated criminally. Outcomes included 8 unfounded cases, 30 unsubstantiated cases, and 2 cases that remained open at the time of review. All completed cases included written notifications to involved inmates.

Additionally, 3 allegations of sexual harassment were reported, all involving inmate-on-inmate conduct. All 3 were unsubstantiated. Documentation confirms that notifications were completed for all closed cases.

This process is simple, consistent, and clearly followed.

Relevant Policies:

ADOC AR #454, Section IV.C.5-6, pp. 5-6

Provision (b): Not Applicable

This provision does not apply to this facility and was not evaluated.

Provision (c): Staff-Related Notifications

The facility provides clear and timely notification to inmates when allegations involve staff. Notifications include important status updates, such as whether the staff member is no longer employed, no longer assigned to the facility, or has been charged or convicted.

Documentation confirms that these notifications are completed as required and are properly recorded.

Relevant Policies:

ADOC AR #454, Section IV.C.6, p. 6

Provision (d): Criminal Case Outcomes

There were no inmate-on-inmate cases that resulted in criminal indictment during the audit period. Therefore, notifications under this provision were not required.

Relevant Policies:

ADOC AR #454, Section IV.C.5-6, pp. 5-6

Provision (e): Timeliness and Consistency

The facility demonstrates a consistent and timely approach to providing notifications. Documentation and staff responses confirm that inmates are informed of outcomes without unnecessary delay and in accordance with policy.

	<p>The process is simple, organized, and applied consistently across cases.</p> <p>Relevant Policies: ADOC AR #454, Section IV.C.5-6, pp. 5-6</p> <p>Provision (f): Not Applicable This provision was not applicable during the audit period and was not evaluated.</p> <p>CONCLUSION Based on the review of documentation and interviews with investigative staff, the Auditor concludes that the facility is in compliance with PREA Standard §115.73.</p> <p>The facility maintains a clear, consistent, and well-documented process for notifying inmates of investigative outcomes. Notifications are timely, properly recorded, and aligned with policy requirements, supporting transparency, accountability, and informed communication.</p>
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115.76	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.76, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on the agency’s disciplinary structure, staff accountability, and enforcement of standards related to sexual abuse, sexual harassment, and sexual misconduct.</p> <p>The Auditor examined Alabama Department of Corrections Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes clear expectations for staff behavior and outlines consequences for violations. Administrative Regulation #208 – Employee Standards of Conduct and Discipline (effective May 1, 2024), including Annex E corrective action tables, was also reviewed. These materials provide a simple, structured, and well-defined framework for disciplinary action.</p> <p>Documentation reflects a consistent and organized system that supports accountability, clear expectations, and appropriate consequences for misconduct.</p> <p>OBSERVATIONS</p> <p>The Auditor observed that disciplinary expectations are clearly outlined in policy and supported by structured procedures. Documentation shows that the agency maintains a fair and consistent system for addressing violations.</p> <p>The system is designed to ensure that disciplinary actions are applied in a timely,</p>

reasonable, and consistent manner.

INTERVIEWS

Facility Head or Designee

The Facility Head explained that all staff are held to clear standards of conduct and are subject to disciplinary action for any violation related to sexual abuse or sexual harassment. The Facility Head emphasized that termination is the expected outcome for any staff member found to have engaged in sexual abuse.

The Facility Head also stated that disciplinary decisions are based on the seriousness of the conduct and the staff member's prior history. This approach supports fairness and consistency across cases.

During the past 12 months, no staff were found to have violated these policies, and no disciplinary actions were required. However, the Facility Head confirmed that procedures are in place and ready to be applied when necessary.

PROVISIONS

Provision (a): Clear Disciplinary Standards

The agency maintains clear, direct, and well-defined disciplinary standards related to sexual abuse and sexual harassment. Staff are informed that violations will result in disciplinary action, with termination as the standard response for confirmed sexual abuse.

These expectations are simple, easy to understand, and consistently reinforced through policy and training.

Relevant Policies:

ADOC AR #454, Section V.A.6.d, p. 16

Provision (b): Application of Disciplinary Measures

The facility follows a structured and consistent disciplinary system that includes a range of responses, from corrective counseling to termination. The system allows for appropriate action based on the seriousness of the violation.

Although no disciplinary actions were required during the audit period, documentation confirms that procedures are clearly defined and consistently applied when needed.

Relevant Policies:

ADOC AR #208 - Employee Standards of Conduct and Discipline (May 1, 2024)

Provision (c): Consistency and Fairness

Disciplinary actions are applied in a fair, balanced, and consistent manner. Decisions take into account the nature of the misconduct and the staff member's prior history to ensure similar cases are handled in a similar way.

Interviews confirm that this process is clearly understood by leadership and followed when applicable.

	<p>Relevant Policies: ADOC AR #208 – Employee Standards of Conduct and Discipline (May 1, 2024)</p> <p>Provision (d): External Reporting Requirements Agency policy requires that any staff member who is terminated or resigns due to sexual abuse or sexual harassment be reported to appropriate law enforcement agencies and, when applicable, to professional licensing bodies.</p> <p>While no such actions were required during the audit period, procedures are clearly outlined, simple to follow, and understood by leadership.</p> <p>Relevant Policies: ADOC AR #208 – Employee Standards of Conduct and Discipline (May 1, 2024)</p> <p>CONCLUSION Based on the review of documentation and the interview with facility leadership, the Auditor concludes that the facility is in compliance with PREA Standard §115.76.</p> <p>The agency maintains a clear, structured, and consistent system for staff discipline. Expectations are well defined, enforcement practices are fair, and accountability measures are in place. Staff understand the standards, and policies support effective and appropriate responses to misconduct.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW To assess compliance with PREA Standard §115.77, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on how the agency prevents, identifies, and responds to sexual abuse or sexual harassment involving contractors and volunteers.</p> <p>The Auditor reviewed Alabama Department of Corrections Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines reporting requirements, removal procedures, and corrective actions. Administrative Regulation #216 – Background Checks (effective January 31, 2025) was also examined to confirm screening requirements for contractors and volunteers.</p> <p>Additional materials reviewed included background check records, disclosure forms, and guidance related to professional conduct for contractors and volunteers. These documents reflect a clear, structured, and organized system designed to support prevention, accountability, and appropriate response.</p> <p>OBSERVATIONS</p>

The Auditor observed that the agency maintains a consistent and well-defined approach to screening and oversight of contractors and volunteers. Documentation shows that individuals are carefully screened before being allowed access to inmates.

Policies and procedures are simple, direct, and designed to prevent individuals with disqualifying histories from having contact with inmates. The system supports both prevention and accountability.

INTERVIEWS

Facility Head

The Facility Head explained that the facility has experienced no incidents during the past 12 months involving contractors or volunteers engaging in sexual abuse or sexual harassment of inmates.

The Facility Head stated that if such an incident were to occur, immediate action would be taken. This would include removing the individual from contact with inmates, notifying appropriate authorities, and initiating internal review procedures.

The Facility Head also confirmed that no contractors or volunteers were reported to law enforcement or licensing bodies during the audit period and that no corrective actions were required. However, procedures are clearly established and ready to be applied when necessary.

PROVISIONS

Provision (a): Removal and Reporting Requirements

The agency maintains a clear, direct, and firm policy requiring the immediate removal of any contractor or volunteer who engages in sexual abuse. This action is followed by prompt reporting to law enforcement and, when applicable, to licensing or credentialing bodies.

Policies also require contractors and volunteers to disclose any prior misconduct, including a history of sexual abuse or related offenses. Failure to disclose or providing false information may result in denial of access or termination.

Documentation and interviews confirm that these requirements are simple, well understood, and consistently enforced. Although no incidents occurred during the audit period, the process is active and ready for use.

Relevant Policies:

ADOC AR #454, Section IV.C.4, p. 5

ADOC AR #454, Section IV.O, p. 12

ADOC AR #454, Section V.B, p. 16

Provision (b): Corrective Action for Policy Violations

The facility follows a structured and practical approach to addressing policy violations by contractors and volunteers. Corrective actions may include limiting duties, restricting access, or removing the individual from the facility, depending on the nature of the violation.

	<p>The Facility Head confirmed that no violations occurred during the audit period. Documentation supports this finding and reflects a stable and well-managed system.</p> <p>Background screening procedures under Administrative Regulation #216 include clear and simple checks designed to identify prior misconduct. These measures strengthen prevention efforts and reduce risk.</p> <p>Relevant Policies: ADOC AR #216 – Background Checks, pp. 10-18</p> <p>CONCLUSION</p> <p>Based on the review of documentation and the interview with the Facility Head, the Auditor concludes that the facility is in compliance with PREA Standard §115.77.</p> <p>The facility maintains a clear, organized, and consistent system for managing contractors and volunteers. Screening practices are thorough, expectations are well defined, and corrective actions are established and ready for use. These practices support a safe and controlled environment for inmates.</p>
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115.78	Disciplinary sanctions for inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.78, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on how the facility applies disciplinary sanctions for inmates, ensures due process, and incorporates treatment and behavior-based interventions.</p> <p>The Auditor reviewed Alabama Department of Corrections Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines expectations for discipline, investigative procedures, and sanctions related to sexual misconduct. Administrative Regulation #403 – Procedures for Inmate Rule Violations (effective September 5, 2025) was also examined to confirm how disciplinary actions are processed, reviewed, and documented.</p> <p>These materials reflect a clear, structured, and consistent system that supports accountability while ensuring fairness and proper review.</p> <p>OBSERVATIONS</p> <p>The Auditor observed that disciplinary decisions are guided by clear policy and supported by a structured process. Documentation shows that decisions are made using defined procedures that consider evidence, individual circumstances, and</p>

fairness.

The system reflects a balanced approach that promotes accountability while also recognizing the need for appropriate review and consideration of each case.

INTERVIEWS

Medical and Mental Health Staff

Medical and mental health staff described the role of treatment and support services in addressing behaviors related to sexual misconduct. They explained that inmates may receive counseling, therapy, or structured interventions based on individual needs.

Staff stated that these services are designed to support behavior change, reduce risk, and promote safer interactions. In some cases, participation in treatment may be required as part of the response to misconduct.

Facility Head or Designee

The Facility Head described a consistent and policy-based approach to inmate discipline. The Facility Head confirmed that disciplinary action is only taken after a formal process results in an administrative finding or criminal conviction.

The Facility Head also emphasized that inmates are not disciplined for reporting sexual abuse in good faith. All decisions are based on careful review of evidence and individual circumstances, ensuring fairness and due process.

PROVISIONS

Provision (a): Disciplinary Action Following Due Process

The facility maintains a clear and structured process that ensures inmates are only subject to disciplinary sanctions after a formal finding of responsibility. This includes either an administrative determination or a criminal conviction.

During the audit period, 40 allegations of sexual abuse and 3 allegations of sexual harassment were reported. No cases resulted in administrative or criminal findings of inmate-on-inmate sexual abuse.

This process supports fairness, accountability, and proper review before disciplinary action is taken.

Relevant Policies:

ADOC AR #454, Section V.G.1.g, p. 21

Provision (b): Proportionate and Consistent Sanctions

The facility applies disciplinary sanctions in a fair, balanced, and consistent manner. Decisions are based on the nature of the conduct, the inmate's disciplinary history, and consistency with similar cases.

The approach is simple and practical, ensuring that sanctions are appropriate and applied evenly.

Relevant Policies:

ADOC AR #454, Section V.H.4.f, p. 27

Provision (c): Consideration of Mental Health Factors

The disciplinary process includes careful consideration of mental health conditions or developmental disabilities when determining appropriate sanctions.

This approach ensures that decisions are informed, thoughtful, and responsive to individual needs.

Relevant Policies:

ADOC AR #454, Section V.H.4, pp. 26-27

Provision (d): Access to Treatment and Interventions

The facility provides clear and structured access to counseling, therapy, and other behavioral interventions for inmates involved in sexual misconduct cases.

These services are used to promote behavior change, support rehabilitation, and reduce the risk of future incidents. Staff confirmed that services are available and may be required when appropriate.

Relevant Policies:

ADOC AR #454, Section V.H, pp. 26-27

Provision (e): Staff-Related Conduct

Inmates are subject to discipline for sexual contact with staff only when it is determined that the staff member did not consent. Each case is reviewed carefully to ensure that findings are based on clear evidence.

This approach supports fairness and accurate decision-making.

Relevant Policies:

ADOC AR #454, Section V.G.1.g, p. 21

Provision (f): Protection for Good Faith Reporting

The facility maintains a clear and protective policy that prohibits disciplining inmates for reporting sexual abuse in good faith, even if the allegation is not substantiated.

This safeguard encourages reporting and helps maintain a safe environment.

Relevant Policies:

ADOC AR #454, Section V.G.1.g, p. 21

Provision (g): Prohibited Sexual Activity

All sexual activity between inmates is prohibited by policy. The agency clearly distinguishes between consensual activity and coercive conduct, with coercive behavior classified as sexual abuse.

This distinction supports clear enforcement and consistent application of rules.

Relevant Policies:

	<p>ADOC Rules Violation Definitions, RV #912</p> <p>CONCLUSION</p> <p>Based on documentation review and interviews with staff, the Auditor concludes that the facility is in compliance with PREA Standard §115.78.</p> <p>The facility maintains a clear, structured, and consistent disciplinary system that supports fairness, due process, and accountability. Policies are well defined, and practices reflect a balanced approach that includes both appropriate discipline and access to treatment and support services.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.81, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on intake screening procedures, handling of sensitive information, referral practices, and follow-up care for inmates with a history of sexual victimization or sexually abusive behavior.</p> <p>The Auditor examined Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), as well as ADOC Form 454-C - PREA Risk Factors Checklist, facility-specific screening tools, classification records, and medical and mental health referral documentation.</p> <p>These materials reflect a clear, structured, and organized system that supports early identification of risk, careful protection of confidential information, and timely referral to appropriate services. Documentation reviewed was consistent with staff practices and demonstrates alignment with PREA requirements.</p> <p>OBSERVATIONS</p> <p>The Auditor observed that screening, referral, and follow-up processes are completed in a timely and consistent manner. Records show that intake screenings are documented clearly and that referrals are made without delay when needed.</p> <p>The system reflects a practical and organized approach that supports both safety and confidentiality.</p> <p>INTERVIEWS</p> <p>Risk Screening Staff</p> <p>Staff responsible for intake screening described a clear and careful process for gathering sensitive information. They explained that information related to sexual</p>

victimization or abusive behavior is collected using structured tools and handled in a secure manner.

Staff emphasized that access to this information is limited to authorized personnel. Only necessary details are shared with classification or security staff to support safe housing and supervision decisions.

Inmates Who Disclosed Prior Victimization

Inmates who reported prior sexual victimization stated that staff responded in a respectful and supportive manner. They explained that referrals for mental health services were offered quickly, sometimes on the same day as disclosure.

Their responses reflected confidence in the process and were consistent with documentation and staff statements.

Medical and Mental Health Staff

Medical and mental health staff described a structured and supportive approach to follow-up care. They explained that inmates who disclose prior victimization are offered a meeting with a mental health practitioner within 14 days of intake.

Services are based on individual needs and may include counseling, evaluation, or ongoing treatment. Staff emphasized the use of a trauma-informed approach and confirmed that confidentiality is maintained throughout the process.

PROVISIONS

Provision (a): Timely Access to Services

The facility provides prompt, consistent, and supportive access to medical and mental health services for inmates who disclose prior sexual victimization. Services include evaluation, crisis support, and follow-up care within a defined timeframe.

Documentation confirms that inmates are offered services within 14 days of intake and that referrals are clearly recorded. This approach supports early intervention and continued care.

Relevant Policies:

ADOC AR #454, Section V.D.1-7, pp. 18-19

Provision (b): Reassessment and Ongoing Review

The facility conducts reassessments within 30 days of intake and whenever new information becomes available. This process ensures that risk levels are updated and that appropriate adjustments are made.

Documentation reviewed confirms that reassessments are completed as required. Inmates also receive PREA education during intake through written materials and orientation, supporting awareness and understanding.

Relevant Policies:

ADOC AR #454, Section V.D.1-7, pp. 18-19

Provision (c): Response to Abusive Behavior History

When intake screening identifies a history of sexually abusive behavior, the facility provides a timely and structured response. Inmates are referred for follow-up evaluation with a mental health practitioner within 14 days.

This process supports early intervention, ongoing monitoring, and appropriate treatment planning.

Relevant Policies:

ADOC AR #454, Section V.D.1-7, pp. 18-19

Provision (d): Use of Information for Safety Decisions

Information gathered during screening is used in a careful and practical way to support individualized housing, work, and program decisions. These decisions are based on risk and are designed to improve overall safety.

Classification records show that both victimization risk and potential for abusive behavior are considered when making placement decisions.

Relevant Policies:

ADOC AR #454, Section V.D.1-7, pp. 18-19

ADOC AR #433

ADOC AR #435 - Classification Manual

Provision (e): Informed Consent and Confidentiality

The facility maintains a clear and respectful process for protecting confidential information. Medical and mental health staff obtain informed consent before sharing sensitive information, except when reporting is required by law.

Interviews and documentation confirm that confidentiality is maintained and that information is shared only when necessary to support safety and care.

Relevant Policies:

ADOC AR #454, Section V.D.1-7, pp. 18-19

CONCLUSION

Based on documentation review and interviews with staff and inmates, the Auditor concludes that the facility is in compliance with PREA Standard §115.81.

The facility maintains a clear, consistent, and well-organized system for screening, referral, and follow-up care. Processes are timely, confidential, and based on a trauma-informed approach, ensuring that inmates receive appropriate support, protection, and ongoing care.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.82, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by Kilby and the Alabama Department of Corrections (ADOC). The review focused on how the facility ensures immediate access to medical and mental health care for inmates following allegations of sexual abuse.

The Auditor reviewed Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which provides clear direction on emergency response and clinical care. Additional materials included ADOC Form MH-008 - Referral to Mental Health and the Memorandum of Understanding (MOU) with the Alabama Coalition Against Rape (ACAR), which supports access to outside advocacy services.

These materials reflect a clear, organized, and coordinated system that ensures timely care, access to trained professionals, and support services that align with community standards. Documentation reviewed is consistent with staff practices and demonstrates a structured and inmate-centered approach.

OBSERVATIONS

The Auditor observed that emergency medical and mental health services are initiated quickly and documented in a consistent and organized manner. Records show that referrals, transport, and coordination with outside providers follow clear procedures.

The system reflects a dependable and responsive approach that supports both immediate care and ongoing treatment.

INTERVIEWS

Medical and Mental Health Staff

Medical and mental health staff described a structured and prompt response process. Medical staff explained that care begins with an immediate clinical assessment, followed by referral for additional treatment when needed. This may include transport to a hospital or involvement of a Sexual Assault Response Team (SART).

Medical staff also stated that inmates are informed of available services, including STI testing, preventive treatment, and follow-up care. Mental health staff confirmed that referrals are made quickly using ADOC Form MH-008 and that services are tailored to individual needs.

Staff emphasized coordination between departments and the use of a respectful, trauma-informed approach.

Inmates Who Reported Sexual Abuse

Inmates who reported sexual abuse described staff responses as prompt, supportive, and consistent. They stated that they were referred quickly for medical and mental health care and transported for forensic examinations when appropriate.

Inmates reported that victim advocates were present during examinations, providing

clear explanations and emotional support. They confirmed that services were provided at no cost, that polygraph testing was not required, and that they received written notification of investigative outcomes.

Their responses were consistent with staff interviews and documentation.

First Responders (Security and Non-Security Staff)

Security and non-security staff described a clear and immediate response focused on safety. Security staff explained that they separate individuals, secure the area, preserve evidence, and notify medical and mental health staff without delay.

Non-security staff described providing initial support, notifying security staff, and remaining with the inmate until trained personnel arrive. Both groups emphasized calm communication and a simple, safety-focused approach.

PROVISIONS

Provision (a): Immediate Access to Emergency Care

The facility provides prompt, direct, and reliable access to emergency medical care and crisis intervention services. Care decisions are based on clear clinical judgment and are documented to ensure accuracy and timeliness.

Forensic examinations are conducted by trained SAFE/SANE professionals through Crisis Services of North Alabama. Advocacy services are available through the ACAR partnership, providing additional support during and after care.

Documentation confirms that these services are consistently available and used when needed.

Relevant Policies:

ADOC AR #454, Section V.H.2.E, p. 25

ADOC AR #454, Section V.H.3.A, p. 25

Provision (b): Staff Response When Medical Staff Are Unavailable

The facility maintains a clear and dependable process for situations when medical or mental health staff are not immediately available. Trained staff take prompt action to protect the inmate, provide initial support, and notify appropriate professionals.

This ensures that care begins without delay and that safety remains the primary focus.

Relevant Policies:

ADOC AR #454, Section V.H.2.E, p. 25

ADOC AR #454, Section V.H.3.A, p. 25

Provision (c): Comprehensive Medical Services

The facility provides a full range of medical services based on individual needs. These services include STI testing, preventive treatment, and follow-up care.

Services are delivered in a consistent and professional manner, guided by accepted medical standards and clinical judgment.

	<p>Relevant Policies: ADOC AR #454, Section V.H.2.E, p. 25 ADOC AR #454, Section V.H.3.A, p. 25</p> <p>Provision (d): No Cost for Treatment All medical and mental health services related to sexual abuse are provided at no cost to the inmate. Access to services is not dependent on participation in an investigation or identification of the alleged abuser.</p> <p>Interviews and documentation confirm that this policy is applied consistently and without exception.</p> <p>Relevant Policies: ADOC AR #454, Section V.H.2.E, p. 25 ADOC AR #454, Section V.H.3.A, p. 25 ADOC AR #454, Section V.H.5.c, p. 28</p> <p>CONCLUSION Based on documentation review, on-site observations, and interviews with staff and inmates, the Auditor concludes that Kilby is in compliance with PREA Standard §115.82.</p> <p>The facility demonstrates a clear, timely, and well-coordinated approach to emergency medical and mental health care. Services are accessible, consistent, and focused on inmate safety and well-being, reflecting full alignment with PREA requirements.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW To assess compliance with PREA Standard §115.83, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on the availability, quality, and continuity of medical and mental health care for inmates who report sexual abuse, as well as those identified as having engaged in sexually abusive behavior.</p> <p>The Auditor reviewed Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines requirements for medical and mental health services. Additional materials included ADOC Form MH-008 - Referral to Mental Health, the Memorandum of Understanding (MOU) with the Alabama Coalition Against Rape (ACAR), and</p>

documentation related to outside service providers.

These materials reflect a clear, structured, and coordinated system that supports timely care, ongoing treatment, and access to both internal and external resources. Documentation demonstrates alignment with community standards and PREA requirements.

OBSERVATIONS

The Auditor observed that medical and mental health services are initiated quickly and documented in a consistent and organized manner. Records show that referrals, treatment plans, and follow-up care are clearly recorded.

The system reflects a dependable and well-managed approach that supports continuity of care and consistent service delivery.

INTERVIEWS

Inmates Who Reported Sexual Abuse

Inmates who reported sexual abuse described a prompt, respectful, and supportive response. They stated that they received immediate referrals for medical and mental health services and were transported for forensic examinations when appropriate.

Inmates reported that victim advocates were offered during examinations and provided clear explanations and emotional support. They confirmed that services were provided at no cost, that polygraph testing was not required, and that they received written notification of investigation outcomes.

Their responses were consistent with documentation and reflected a structured and supportive process.

Medical and Mental Health Staff

Medical and mental health staff described a coordinated and patient-focused approach to care. They explained that services begin immediately after a report and continue based on individual needs.

Staff stated that inmates are offered medical treatment, mental health support, and follow-up care, including counseling and ongoing evaluation. Referrals are made using ADOC Form MH-008 to ensure timely access and proper tracking.

Staff emphasized that services are provided regardless of an inmate's participation in an investigation and that care is delivered using a trauma-informed approach.

PROVISIONS

Provision (a): Access to Medical and Mental Health Care

The facility provides prompt, consistent, and comprehensive access to medical and mental health services for inmates who report sexual abuse. Services include evaluation, treatment, and access to outside advocacy support through established partnerships.

Forensic examinations are conducted by trained professionals, and services are

available at all times.

Relevant Policies:

ADOC AR #454, Section V.G.5.a-f, pp. 27-28

Provision (b): Ongoing and Follow-Up Care

The facility maintains a structured and reliable system for ongoing care. This includes follow-up services, continued treatment, and coordination during transfers or release when needed.

Documentation confirms that follow-up care is consistent, timely, and clearly recorded.

Relevant Policies:

ADOC AR #454, Section V.G.5.a-f, pp. 27-28

Provision (c): Documentation and Continuity

Medical and mental health records are maintained in a clear and organized manner. Documentation includes evaluations, treatment plans, referrals, and follow-up actions.

This approach supports continuity of care and ensures that services are consistent and well tracked.

Relevant Policies:

ADOC AR #454, Section V.G.5.a-f, pp. 27-28

Provision (d): Preventive and Clinical Services

Inmates are informed of and offered appropriate medical services, including STI testing, preventive treatment, and other care based on clinical judgment.

Services are delivered in a simple, consistent, and professional manner that aligns with accepted standards.

Relevant Policies:

ADOC AR #454, Section V.G.5.a-f, pp. 27-28

Provision (e): Not Applicable

This provision does not apply based on the facility's population and was not evaluated.

Provision (f): Medically Appropriate Care

Medical care is provided based on individual needs and professional judgment. Services are tailored to each inmate and delivered in a safe and respectful manner.

This approach ensures that care is appropriate and effective.

Relevant Policies:

ADOC AR #454, Section V.G.5.a-f, pp. 27-28

Provision (g): No Cost for Services

	<p>All medical and mental health services related to sexual abuse are provided at no cost to the inmate. Access to services is not dependent on participation in an investigation.</p> <p>Interviews and documentation confirm that this policy is applied consistently.</p> <p>Relevant Policies: ADOC AR #454, Section V.G.5.a-f, pp. 27-28</p> <p>Provision (h): Evaluation of Abusive Behavior The facility maintains a clear and structured process for evaluating inmates identified as having engaged in sexually abusive behavior. Mental health staff attempt to complete evaluations within 60 days and provide treatment when appropriate.</p> <p>Referrals are initiated using standardized forms to ensure proper tracking, documentation, and follow-up care.</p> <p>Relevant Policies: ADOC AR #454, Section V.G.5.a-f, pp. 27-28</p> <p>CONCLUSION Based on the review of documentation and interviews with staff and inmates, the Auditor concludes that the facility is in compliance with PREA Standard §115.83.</p> <p>The facility provides timely, consistent, and appropriate medical and mental health care. Services are coordinated, clearly documented, and delivered in a way that supports inmate safety, recovery, and overall well-being.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW To assess compliance with PREA Standard §115.86, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on how the facility conducts sexual abuse incident reviews, identifies contributing factors, and applies corrective actions to improve safety.</p> <p>The Auditor examined Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which provides clear direction for incident review procedures and follow-up actions. Additional materials included ADOC Form 454-E - Sexual Abuse Incident Review and completed review reports from prior cases.</p>

These materials reflect a clear, structured, and organized process for reviewing incidents, documenting findings, and identifying areas for improvement. Documentation shows a consistent approach that supports accountability, oversight, and ongoing safety enhancement.

OBSERVATIONS

The Auditor observed that incident reviews are completed in a timely and organized manner. Reports include clear summaries of the incident, identified contributing factors, and practical recommendations.

The documentation reflects a steady and thoughtful process that supports both review and improvement.

INTERVIEWS

Institutional PREA Compliance Manager (IPCM)

The IPCM explained that incident reviews are completed promptly following the conclusion of an investigation, unless the allegation is determined to be unfounded. Reviews are generally completed within 30 days and are submitted to facility leadership for review and approval.

The IPCM emphasized that this process ensures consistency, timely follow-up, and clear oversight of all review activities.

Incident Review Team Members

Members of the Incident Review Team described a detailed and careful review process. They explained that each case is evaluated to identify contributing factors such as staffing levels, supervision practices, housing conditions, and potential environmental concerns.

Team members stated that the focus of the review is on improvement rather than discipline. Findings are documented clearly, and recommendations are developed to reduce risk and strengthen facility practices.

Facility Head

The Facility Head described the Incident Review Team as a balanced and multidisciplinary group that includes representatives from security, administration, investigations, and medical or mental health services.

The Facility Head explained that recommendations from the team are reviewed carefully and implemented when appropriate. Leadership monitors these actions to ensure that improvements are carried out and that the process remains effective.

PROVISIONS

Provision (a): Post-Investigation Review Process

The facility maintains a clear and structured process for conducting incident reviews following completed investigations, unless the allegation is determined to be unfounded. This process is consistently followed and clearly documented.

During the audit period, forty allegations of sexual abuse were reported. Of those 40, eight were unfounded and two remained open. Leaving 30 allegations that had Sexual Abuse Incident Review conducted. Appropriate services and monitoring were still provided as required.

Relevant Policies:

ADOC AR #454, Section V.J.2, p. 29

Provision (b): Timely Completion of Reviews

Incident reviews are completed within a defined and reasonable timeframe, typically within 30 days of the conclusion of an investigation. This allows for prompt evaluation and timely consideration of corrective actions.

The process is simple, consistent, and well understood by staff. During the past 12 months 30 sexual abuse incident reviews have been conducted.

Relevant Policies:

ADOC AR #454, Section V.J.1, p. 29

Provision (c): Multidisciplinary Team Approach

The facility uses a balanced and inclusive team approach to incident reviews. The Incident Review Team includes staff from multiple areas, such as leadership, security, investigations, and medical or mental health services.

This approach provides a broad perspective and supports a more complete and informed review process.

During the past 12 months, 30 sexual abuse incident reviews were conducted.

Relevant Policies:

ADOC AR #454, Section V.J.2, p. 29

Provision (d): Detailed Review and Documentation

Each incident review is documented in a clear and detailed report. Reviews examine contributing factors such as supervision, staffing, physical environment, and inmate vulnerability.

Documentation confirms that reports are complete, organized, and shared with appropriate leadership for review.

Relevant Policies:

ADOC AR #454, Section V.J.5, p. 30

Provision (e): Implementation of Corrective Actions

The facility maintains a practical and accountable process for implementing corrective actions based on review findings. Recommendations are put into place when appropriate, and when actions are not taken, the reasons are clearly documented.

This process supports continuous improvement and strengthens overall safety practices.

	<p>Relevant Policies: ADOC AR #454, Section V.J.5, p. 30</p> <p>CONCLUSION Based on documentation review and interviews with staff and leadership, the Auditor concludes that the facility is in compliance with PREA Standard §115.86.</p> <p>The facility demonstrates a clear, consistent, and well-organized incident review process. Reviews are timely, involve multiple perspectives, and result in practical recommendations that support safety, accountability, and continuous improvement.</p>
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW To assess compliance with PREA Standard §115.87, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) along with supporting documentation submitted by the Alabama Department of Corrections (ADOC). The review focused on how the agency collects, maintains, reviews, and reports data related to allegations of sexual abuse and sexual harassment across all operated and contracted facilities.</p> <p>The Auditor examined Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), the most recent Survey of Sexual Victimization (SSV-2), and the Annual PREA Data Report. The ADOC PREA website was also reviewed to confirm that publicly available information aligns with internal reporting.</p> <p>These materials reflect a clear, structured, and organized system that uses standard definitions, consistent reporting tools, and uniform processes. Documentation shows that data is collected in a reliable manner and used to support oversight, accountability, and operational improvement.</p> <p>OBSERVATIONS The Auditor observed that ADOC maintains a well-organized and dependable data collection system. Information is gathered from multiple sources, including incident reports, investigative records, grievance systems, and review processes.</p> <p>Records demonstrate that data is reviewed for accuracy and completeness, supporting a consistent and reliable reporting process.</p> <p>INTERVIEWS</p> <p>Agency Contract Administrator The Agency Contract Administrator described a structured and consistent process for</p>

ensuring that contracted facilities meet PREA data reporting requirements. Contracts include clear expectations for reporting individual incidents as well as summary data.

The Administrator explained that contracted providers submit data on a regular basis, which is then combined with information from state-operated facilities. This combined data allows the agency to identify trends, monitor performance, and maintain consistent standards across all locations.

The Administrator also confirmed that contracts include clear requirements for PREA compliance, audits, and ongoing oversight, ensuring that all facilities follow the same reporting expectations.

PROVISIONS

Provision (a): Standardized Data Collection and Maintenance

The agency maintains a clear, consistent, and structured system for collecting and maintaining PREA-related data. Information is gathered from multiple sources, including reports, investigations, grievances, and incident reviews.

This process ensures that data is accurate, complete, and useful for decision-making and oversight.

Relevant Policies:

ADOC AR #454, Section IV.M.1-6, p. 31

Provision (b): Annual Data Aggregation

The agency compiles and reviews data from all facilities on an annual basis. This information is used to complete the Survey of Sexual Victimization (SSV-2) and meet federal reporting requirements.

Documentation confirms that reports are prepared in a timely and complete manner.

Relevant Policies:

ADOC AR #454, Section IV.M.1-6, p. 31

Provision (c): Data System Capability and Public Reporting

The agency maintains a reliable data system capable of capturing all required PREA information. The Annual PREA Data Report provides clear summaries of allegations, investigative outcomes, and corrective actions.

Reports are made available to the public through the ADOC website, supporting transparency and accountability.

Relevant Policies:

ADOC AR #454, Section IV.M.1-6, p. 31

Provision (d): Ongoing Review and Trend Analysis

The agency conducts regular and structured reviews of collected data to identify patterns, trends, and areas for improvement. Findings are used to guide policy updates, staff training, and corrective actions.

	<p>This process supports continuous improvement and informed decision-making.</p> <p>Relevant Policies: ADOC AR #454, Section IV.M.1-6, p. 31</p> <p>Provision (e): Contracted Facility Requirements All contracts for inmate housing include clear and enforceable PREA requirements. These include reporting obligations, audit participation, and ongoing monitoring by agency staff.</p> <p>Documentation reviewed confirms that these requirements are applied consistently across contracted facilities.</p> <p>Relevant Policies: ADOC AR #454, Section IV.M.1-6, p. 31</p> <p>Provision (f): Timely Federal Reporting The agency submits the Survey of Sexual Victimization (SSV-2) annually in accordance with federal deadlines. The most recent submission was complete and submitted on time.</p> <p>This demonstrates a consistent and reliable approach to federal reporting requirements.</p> <p>Relevant Policies: ADOC AR #454, Section IV.M.1-6, p. 31</p> <p>CONCLUSION Based on the review of documentation and the interview with the Agency Contract Administrator, the Auditor concludes that the Alabama Department of Corrections is in compliance with PREA Standard §115.87.</p> <p>The agency maintains a clear, structured, and dependable system for data collection and reporting. Processes are consistent, transparent, and aligned with PREA standards, supporting accountability, oversight, and continuous improvement across all facilities.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW To assess compliance with PREA Standard §115.88, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) along with supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on how the agency collects, reviews, and applies PREA-</p>

related data to improve prevention, detection, and response efforts.

The Auditor examined Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), as well as the 2024 Survey of Sexual Victimization (SSV-2) and the 2025 Annual PREA Data Report. The ADOC PREA website was also reviewed to confirm that reports and related materials are publicly available.

These materials reflect a clear, structured, and organized system for gathering data, identifying trends, and applying findings to improve operations. Documentation shows a consistent and thoughtful approach to using data as a tool for accountability and continuous improvement.

OBSERVATIONS

The Auditor observed that PREA data is reviewed regularly and presented in a clear and easy-to-understand format. Reports include structured summaries and comparisons across reporting periods.

The system supports informed decision-making and provides a reliable foundation for identifying trends and areas needing improvement.

INTERVIEWS

Facility Head or Designee

The Facility Head described a practical and ongoing review process at the facility level. A designated team reviews each allegation to identify patterns, concerns, and opportunities for improvement.

Findings are shared with agency leadership and contribute to broader data analysis. This process supports local accountability and helps guide training, supervision practices, and operational changes.

PREA Director

The PREA Director explained that data collected from all facilities is combined and reviewed at the agency level. The information is analyzed to identify trends, measure progress, and evaluate the effectiveness of prior corrective actions.

The Director also noted that annual reports include comparisons across years and are carefully reviewed before publication. Only necessary information is redacted to protect privacy while maintaining clarity.

Agency Head Designee

The Agency Head's designee described the annual PREA report as a useful management tool. Leadership uses the report to assess trends, review performance, and identify areas that require attention.

The designee confirmed that reports are publicly available and support transparency and accountability.

PREA Compliance Manager (PCM)

The PREA Compliance Manager confirmed that PREA reports, audit findings, and related materials are accessible on the ADOC website. This access supports awareness, reinforces expectations, and promotes consistency across the agency.

PROVISIONS

Provision (a): Routine Data Review and Improvement

The agency maintains a clear, structured, and ongoing process for reviewing PREA data. Information is regularly analyzed to assess the effectiveness of prevention, detection, and response efforts.

Data is used to identify concerns, guide corrective actions, and improve operations at both the facility and agency levels.

Relevant Policies:

ADOC AR #454, Sections IV.D and IV.E (May 29, 2025)

Provision (b): Comparative Data Analysis

Annual PREA reports include simple and clear comparisons across reporting years. These comparisons help identify patterns, measure progress, and evaluate the success of corrective actions.

Documentation confirms that this process is consistent and supports informed decision-making.

Relevant Policies:

ADOC AR #454, Sections IV.D and IV.E (May 29, 2025)

Provision (c): Public Access to Reports

The agency provides public access to PREA reports through its official website. The Auditor confirmed that multiple years of reports are available and easy to locate.

This practice supports transparency, accountability, and public awareness.

Relevant Policies:

ADOC AR #454, Sections IV.D and IV.E (May 29, 2025)

Provision (d): Limited Redaction of Information

Public reports include only limited and necessary redactions to protect personal information and maintain safety. Reports remain clear, useful, and informative while preserving confidentiality.

This approach reflects a balanced and responsible use of data.

Relevant Policies:

ADOC AR #454, Sections IV.D and IV.E (May 29, 2025)

CONCLUSION

Based on the review of documentation and interviews with agency and facility staff, the Auditor concludes that the Alabama Department of Corrections is in compliance with PREA Standard §115.88.

	<p>The agency demonstrates a clear, consistent, and well-managed process for reviewing PREA data and applying findings to improve operations. Reports are structured, accessible, and used as effective tools to support transparency, accountability, and continuous improvement.</p>
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115.89	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.89, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the Alabama Department of Corrections (ADOC). The review focused on how the agency stores, manages, publishes, and retains PREA-related data in a secure and organized manner.</p> <p>The Auditor reviewed Alabama Department of Corrections Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), as well as publicly available information on the ADOC PREA website. These materials outline clear requirements for secure data storage, controlled publication, protection of sensitive information, and long-term record retention.</p> <p>Documentation reflects a structured and balanced system that supports transparency while protecting confidential information. Policies provide simple and direct guidance on how data is handled across both facility and agency levels.</p> <p>OBSERVATIONS</p> <p>The Auditor observed that PREA data is maintained in secure systems with restricted access. Reports are organized, clearly presented, and made available to the public in a consistent manner.</p> <p>The system reflects a dependable and controlled approach to data management, ensuring both accessibility and protection.</p> <p>INTERVIEWS</p> <p>PREA Director</p> <p>The PREA Director described a clear and organized system for managing PREA data at both the facility and agency levels. At the facility level, data is stored in secure systems and is accessible only to authorized staff. At the agency level, data is compiled, reviewed, and used for reporting, analysis, and publication.</p> <p>The Director explained that all data is reviewed prior to public release and that only necessary redactions are made. These redactions are limited to personally identifiable information, ensuring that reports remain clear and useful while</p>

protecting privacy.

The Director also emphasized that data retention practices follow established policy and support long-term accountability.

PROVISIONS

Provision (a): Secure Storage and Publication of Data

The agency maintains a secure, organized, and reliable system for storing PREA data. Both detailed and summary information are maintained in controlled systems with limited access.

Aggregate data from all facilities, including contracted facilities, is compiled and published annually on the ADOC website. The Auditor verified that reports are available, clearly written, and easy to access.

Relevant Policies:

ADOC AR #454, Sections IV.D and IV.E

Provision (b): Public Access to Annual Data

The agency provides clear and consistent public access to PREA data through annual reports. These reports include summaries of allegations, investigative outcomes, and trends across facilities.

This process supports transparency, accountability, and public awareness.

Relevant Policies:

ADOC AR #454, Sections IV.D and IV.E

Provision (c): Protection of Sensitive Information

The agency follows a careful and controlled process to protect sensitive information. All personally identifiable information is removed before data is published.

This approach ensures that privacy and safety are maintained while still providing meaningful and useful information to the public.

Relevant Policies:

ADOC AR #454, Sections IV.D and IV.E

Provision (d): Data Retention and Recordkeeping

The agency maintains PREA-related data for a minimum of 10 years in a secure and organized manner. Investigative records are retained for the duration of an individual's incarceration or employment, plus additional time as required by policy.

Documentation confirms that records are maintained consistently and are available for review when needed.

Relevant Policies:

ADOC AR #454, Section IV.E.9, p. 8

CONCLUSION

	<p>Based on the review of documentation and the interview with the PREA Director, the Auditor concludes that the Alabama Department of Corrections is in compliance with PREA Standard §115.89.</p> <p>The agency maintains a clear, structured, and secure system for storing, managing, and publishing PREA data. Processes are consistent, transparent, and designed to protect sensitive information while supporting accountability and long-term recordkeeping.</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 a detailed and structured review of documentation submitted by the Alabama Department of Corrections (ADOC). The review focused on the agency’s audit practices, transparency efforts, and overall cooperation with the PREA audit process.</p> <p>The Auditor examined the ADOC PREA webpage, which serves as a central and publicly accessible source for PREA-related information. The site includes completed facility audit reports, agency-wide data summaries, and general information about PREA policies and practices. Reports are organized in a clear and simple format, allowing users to easily locate and review information.</p> <p>Documentation reviewed confirms that ADOC maintains a consistent and organized system for scheduling audits, tracking results, and posting reports. The availability of these materials supports transparency and allows outside stakeholders to review agency performance and compliance.</p>
	<p>OBSERVATIONS</p> <p>The Auditor observed that audit reports and related data are clearly posted and easy to access. Information is presented in a simple and organized manner, supporting public awareness and accountability.</p>
	<p>INTERVIEWS</p> <p>Agency Head or Designee</p> <p>The Auditor interviewed the Agency Head’s designee, who confirmed that all ADOC facilities have completed PREA audits within the required three-year cycle. The designee explained that audit reports and summary data are publicly posted on the ADOC website.</p> <p>The designee emphasized that transparency is a key part of the agency’s approach and allows stakeholders to monitor progress and compliance.</p>

PREA Director

The PREA Director described a structured and ongoing audit process. The Director explained that the agency is currently operating within its fourth three-year audit cycle and maintains a schedule to ensure all facilities are reviewed within required timeframes.

The Director also explained that audit findings are used to improve policies, training, and operations. Audits are viewed as a practical tool for continuous improvement rather than a one-time requirement.

PROVISIONS**Provision (a): Completion of Required Audit Cycle**

All facilities are audited within the required three-year cycle. Documentation and interviews confirm that audits are completed on time and reports are finalized and made available.

Relevant Policies:

ADOC AR #454 (PREA Audit and Compliance Requirements)

Provision (b): Public Access to Audit Reports

Audit reports and related data are publicly available on the ADOC website. Reports are organized, clear, and accessible to the public.

This practice supports transparency and accountability.

Relevant Policies:

ADOC AR #454 (PREA Audit and Reporting Requirements)

Provision (c) through Provision (g) : Not Applicable

These provisions do not apply to this audit.

Provision (h): Full Access During Audit

The Auditor was provided full and unrestricted access to all areas of the facility. This included housing units, program areas, medical and mental health areas, and administrative offices.

The Institutional PREA Compliance Manager was available to assist and ensured that access was provided without delay.

Relevant Policies:

ADOC AR #454 (Audit Cooperation Requirements)

Provision (i): Staff Cooperation

Staff and leadership provided full cooperation throughout the audit. Requested documentation was provided promptly, and staff were available for interviews.

This level of cooperation supported a complete and accurate review.

	<p>Relevant Policies:</p> <p>ADOC AR #454 (Audit Cooperation Requirements)</p> <p>Provision (j) through Provision (l): Not Applicable These provisions do not apply to this audit.</p> <p>Provision (m): Private Interview Space The facility provided a secure and private area for interviews. This space allowed inmates and staff to speak freely and without interruption.</p> <p>Relevant Policies:</p> <p>ADOC AR #454 (Audit Interview Requirements)</p> <p>Provision (n): Confidential Communication Inmates were able to communicate confidentially with the Auditor. This process followed procedures similar to legal mail and ensured privacy.</p> <p>Interviews confirmed that inmates felt comfortable communicating openly.</p> <p>Relevant Policies:</p> <p>ADOC AR #454 (Confidential Communication Requirements) Provision (o): Not Applicable This provision does not apply to this audit.</p> <p>CONCLUSION Based on the review of documentation, interviews, and on-site observations, the Auditor concludes that the Alabama Department of Corrections is in compliance with PREA Standard §115.401.</p> <p>The agency demonstrates a clear and consistent audit process, provides public access to information, and fully supports the audit process through cooperation and transparency. These practices reflect a strong commitment to accountability and continuous improvement.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.403, the Auditor conducted a detailed and structured review of the Alabama Department of Corrections (ADOC) PREA webpage. This publicly accessible site serves as the primary source of PREA-related information for the agency and provides a clear overview of its prevention, detection, and response efforts.</p>

The Auditor reviewed the organization, content, and accessibility of the webpage, including annual PREA data reports, agency-wide summaries, and facility-specific audit reports. The site is arranged in a simple and logical format, with clearly labeled sections and archived materials that allow users to easily locate both current and historical information.

The documentation available through the website reflects a consistent and organized approach to public reporting. Information is regularly updated and presented in a way that supports transparency, accountability, and public understanding of agency practices.

OBSERVATIONS

The PREA webpage is easy to navigate and provides clear access to important information. Reports are presented in a readable format, and materials are organized to support efficient review by the public and oversight bodies.

PROVISIONS

Provision (a) through Provision (e): Not Applicable

These provisions do not apply to the agency’s reporting structure.

Provision (f): Public Access and Transparency

The agency provides clear and consistent public access to PREA-related information through its website. The site includes detailed reports, annual summaries, and facility-specific audit findings.

Information is presented in a simple and organized manner, allowing users to review data, identify trends, and understand agency actions. Reports are updated regularly and remain accessible for ongoing review.

Relevant Policies:

ADOC AR #454 (Public Reporting and Transparency Requirements)

CONCLUSION

Based on the review of the ADOC PREA webpage and supporting documentation, the Auditor concludes that the Alabama Department of Corrections is in compliance with PREA Standard §115.403.

The agency maintains a clear, accessible, and well-organized system for public reporting. Information is consistently available, easy to understand, and supports transparency and accountability.

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.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the	yes

	agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes

	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	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.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental	yes

	health care practitioners who work regularly in its facilities.)	
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	no
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Education Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation	yes

	can be arranged?	
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision,	yes

	does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days?	yes

	(N/A if agency is exempt from this standard.)	
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of	yes

	confidentiality, at the initiation of services?	
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report	yes

	required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	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.)	na
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation 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