

PREA Facility Audit Report: Final

Name of Facility: Limestone Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/01/2026

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. OConnor	Date of Signature: 01/01/2026

AUDITOR INFORMATION	
Auditor name:	OConnor, Darla
Email:	doconnor@strategicjusticesolutions.com
Start Date of On-Site Audit:	12/15/2025
End Date of On-Site Audit:	12/18/2025

FACILITY INFORMATION	
Facility name:	Limestone Correctional Facility
Facility physical address:	28779 Nick Davis Road, Harvest, Alabama - 35749
Facility mailing address:	Alabama

Primary Contact

Name:	Willie Lyons
Email Address:	willie.lyons @doc.alabama.gov
Telephone Number:	256-260-3616

Warden/Jail Administrator/Sheriff/Director	
Name:	Warden III Phillip Mitchell
Email Address:	Phillip.mitchell@doc.alabama.gov
Telephone Number:	256-233-4600

Facility PREA Compliance Manager	
Name:	Willie Lyons
Email Address:	willie.lyons@doc.alabama.gov
Telephone Number:	256-260-3616

Facility Health Service Administrator On-site	
Name:	Linda Bowling R.N., HSA CCHP
Email Address:	Linda.Bowling@yescarecorp.com
Telephone Number:	(205) 570-4670

Facility Characteristics	
Designed facility capacity:	2459
Current population of facility:	2398
Average daily population for the past 12 months:	2450
Has the facility been over capacity at any point in the past 12 months?	Yes
What is the facility's population designation?	Men/boys

Age range of population:	20-80
Facility security levels/inmate custody levels:	5/Maximum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	280
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	187

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

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

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

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

1

- 115.67 - Agency protection against retaliation

Number of standards met:

44

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-12-15
2. End date of the onsite portion of the audit:	2025-12-18

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:

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

Just Detention International (JDI), a national organization dedicated to ending sexual abuse in detention settings, was contacted to determine whether any inmates or facility staff had initiated contact within the past year. A representative from JDI confirmed that their records showed one contact or communication from someone at the facility within the past 12 months. This information suggests that, during the reporting period, there was at least one instance in which an inmate sought external support through JDI.

Crisis Services of North Alabama was contacted to confirm any recent involvement or outreach related to the facility. They confirmed they provide advocates and SANE personnel in sexual abuse allegations. Their records reflected 40 SANE examinations in the past 12 months.

This program provides nurses with specialized training in handling sexual assault cases, including rape crisis, District Attorney trial preparation, and training with law enforcement and pediatricians. The SANE exams are conducted at local hospital emergency departments.

Victim advocates, provided under contract, accompany victims before, during, and after forensic examinations. Advocates also assist with arranging follow-up services, working in collaboration with facility mental health staff. They provide a confidential mailing address. They provide a hotline number at 1-256-716-1000 or *6611 from an inmate telephone. They provide in-person counseling in a private setting. Follow-up counseling is offered through the Victim Service Center, in partnership with facility mental health services. Services are provided at no cost to the inmate.

Forensic medical examinations are conducted

at Madison Hospital Emergency Room, located at 8375 Highway 72 West in Madison, Alabama, which serves as a designated SANE site. During the previous 12 months, forty forensic examinations were completed, all by SANE-certified professionals.

SAFE/SANE Medical Personnel

Interviews with SAFE/SANE personnel confirmed that all forensic examinations are conducted at Madison Hospital's emergency department, which maintains a dedicated SANE facility. SANE staff are contacted through an established on-call list, and individuals are transported to the hospital where SANE personnel meet them to conduct the examination. These services are provided at no cost to the inmate, and financial responsibility is not transferred to the victim under any circumstance.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	2459
15. Average daily population for the past 12 months:	2450
16. Number of inmate/resident/detainee housing units:	12
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	2397
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:	45
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:	72
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:	7
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:	10
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:	4
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	11
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:	59
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:	59
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

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

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

The evaluation focused specifically on populations identified by PREA as requiring heightened awareness and protective consideration. These populations include individuals who are transgender or intersex; individuals with physical, cognitive, or developmental disabilities; those with visual or hearing impairments; individuals with limited English proficiency; persons detained for civil immigration purposes; and individuals with a history of sexual victimization. The audit was designed not only to determine whether individuals from these populations were present at the facility during the audit period, but also to assess whether institutional policies, documentation protocols, and staff preparedness were sufficient to ensure appropriate identification, protection, and accommodation should such individuals be admitted.

During the on-site portion of the audit, the Auditor identified multiple categories of individuals from these vulnerable populations within the facility's current population. These included individuals with physical impairments, cognitive limitations, visual or hearing impairments, limited English proficiency, individuals who identified as transgender or intersex, and individuals who

reported prior experiences of sexual abuse. There were no individuals identified as being housed in segregation specifically for protection from sexual victimization, and no youthful offenders were housed at the facility during the audit period. The facility does not track sexual orientation unless an individual self-discloses, and there were no individuals who self-reported as lesbian, gay, or bisexual at the time of the audit.

These findings were validated through a comprehensive cross-referenced review of intake screening forms, classification and housing records, population rosters, and follow-up verification interviews with intake and classification staff. All reviewed data sources were consistent and aligned, demonstrating that the facility maintains accurate and reliable tracking of individuals who may present heightened vulnerability. Records were complete, well-organized, and readily accessible, allowing for efficient verification and review. To further validate the effectiveness and accuracy of these processes, a total of twenty-one individuals from identified vulnerable categories were interviewed during the audit.

Interviews conducted with staff revealed a strong and consistent understanding of facility procedures related to identifying and responding to individual risk factors. Intake and classification personnel articulated, in detail, the step-by-step processes used to assess vulnerabilities associated with gender identity, disability, medical or mental health needs, communication barriers, and prior trauma. Staff responses reflected not only a clear understanding of policy requirements, but also a professional, respectful, and empathetic approach to ensuring safety, dignity, and individualized consideration for all individuals in custody. Staff demonstrated confidence in their ability to apply these procedures consistently and appropriately. The facility's Standard Operating Procedures clearly and comprehensively address protections for vulnerable populations. These

procedures include requirements for initial PREA risk screening, housing determinations that prioritize safety and privacy, prompt access to medical and mental health services, and ongoing staff training designed to enhance awareness and responsiveness to diverse needs. The Auditor observed that these procedures are not merely policy-driven but are actively implemented in daily operations, reinforcing a consistent and sustainable culture of safety and accountability throughout the institution. In summary, the facility housed individuals from several identified vulnerable populations during the audit period and demonstrated a well-established operational framework to support their safety and well-being. The combination of knowledgeable staff, clearly articulated policies, accurate documentation, and appropriate responses to disclosures reflects full compliance with applicable PREA standards. The facility's practices illustrate a culture grounded in respect, trauma-informed care, and equitable treatment. Overall, the institution is well-prepared to provide a safe, dignified, and supportive environment for all individuals in custody, fully aligning with the PREA mission to prevent, detect, and respond effectively to sexual abuse and sexual harassment in confinement settings.

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:

280

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:

187

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:	141
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:	The facility reported that they had 141 contractors, 187 volunteers and 280 staff. The Auditor reviewed a sample of training documentation for 41 volunteers, 52 general contractors, 15 medical and mental health contractors and 88 staff. The facility provided documentation for review that each individual had received PREA training in the past 12 months.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	21
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>The institutional count on the first day of the on-site audit was 2,397 inmates. In accordance with the PREA Auditor Handbook, this population size requires that a minimum of 40 inmates be interviewed, consisting of 20 randomly selected inmates and 20 targeted inmates. During the course of the audit, the Auditor interviewed 21 random inmates. To ensure fairness and adherence to PREA standards, the Auditor relied on alphabetical housing unit rosters to guide the random selection process. Inmates were selected from multiple housing units to capture a representative cross-section of the facility population. Consideration was given to age, race, and ethnicity to promote inclusivity and to ensure that the interviews reflected the diversity of the institution. By doing so, the Auditor was able to include perspectives from inmates across a range of demographic groups and housing assignments, thereby strengthening the validity of the audit findings.</p>
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<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 institutional count on the first day of the on-site audit was 2,397 inmates. In accordance with the PREA Auditor Handbook, this population size requires that a minimum of 40 inmates be interviewed, consisting of 20 randomly selected inmates and 20 targeted inmates. During the course of the audit, the Auditor interviewed 21 random inmates. To ensure fairness and adherence to PREA standards, the Auditor relied on alphabetical housing unit rosters to guide the random selection process. Inmates were selected from multiple housing units to capture a representative cross-section of the facility population. Consideration was given to age, race, and ethnicity to promote inclusivity and to ensure that the interviews reflected the diversity of the institution. By doing so, the Auditor was able to include perspectives from inmates across a range of demographic groups and housing assignments, thereby strengthening the validity of the audit findings.</p>
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Targeted Inmate/Resident/Detainee Interviews

<p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>21</p>
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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".

47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	2
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not track this information, unless the inmate self reports. At the time of the on-site audit the facility reported they did not have any inmates in house who had self reported being non-heterosexual.</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>5</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>4</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported their were no inmates in house at the time of the on-site audit, who were being held in segregation for risk of sexual victimization. The staff on the segregation unit confirmed this, as did the facility head.</p>

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

At the time of the on-site Prison Rape Elimination Act (PREA) audit, the facility reported a total inmate population of 2,397 individuals. In accordance with the PREA Auditor Handbook, facilities of this size are required to conduct at least twenty targeted interviews with individuals in custody who fall within specific vulnerability categories established under PREA standards. These categories include individuals who identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI); individuals under the age of 18 housed in an adult facility; persons with limited English proficiency (LEP); individuals with cognitive, developmental, or physical disabilities; individuals with a prior history of sexual victimization; and those who have reported sexual abuse or harassment while in custody.

During the audit period, the facility reported housing individuals in nearly all of these targeted categories. The population included inmates who were LGBTI, had cognitive or physical impairments, were hearing or visually impaired, and individuals with limited English proficiency. However, no individuals were reported in the categories of disclosed prior sexual victimization or those housed in segregation for risk of sexual victimization. Additionally, the facility did not house individuals under the age of 18 or people held solely for civil immigration purposes at the time of the audit. All other categories were represented and included in the audit review. During the interview process, each selected individual confirmed that their specific needs were being met and reported feeling safe within the facility. Inmates indicated that their physical, medical, and mental health requirements were addressed proactively and consistently. Those with limited English proficiency confirmed that information was provided in both English and Spanish, enabling full comprehension of facility rules and procedures, including how to report a PREA allegation if necessary. All individuals approached for interviews voluntarily agreed

to participate and provided complete, candid responses. Their cooperation allowed the Auditor to verify that staff were knowledgeable and responsive to the unique needs of vulnerable populations. Given the composition of the population at the time of the audit, the Auditor conducted twenty-one targeted interviews. Staff interviews and a review of facility documentation confirmed that personnel are highly familiar with procedures for identifying and supporting individuals in vulnerable or specialized categories. Intake and classification practices were comprehensive, clearly designed to identify individuals at elevated risk for sexual victimization or abusiveness, and ensured the application of appropriate protective measures. These protocols are fully integrated into the facility's operations, demonstrating that risk screening, housing assignments, and ongoing supervision are executed with diligence, consistency, and adherence to PREA standards.

In conclusion, the facility has demonstrated robust systems, well-trained staff, and proactive processes that ensure the safety, dignity, and well-being of individuals in vulnerable categories. These findings indicate that the institution is fully prepared to provide appropriate, responsive, and policy-aligned support when individuals enter its custody. The facility's ongoing commitment to PREA compliance and the protection of all individuals in its care reflects an organizational culture grounded in safety, respect, and trauma-informed practices.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>17</p>
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<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):

During the on-site Prison Rape Elimination Act (PREA) audit, the Auditor conducted a comprehensive evaluation of staff knowledge, preparedness, and the overall institutional culture regarding PREA compliance. This assessment incorporated multiple layers of review, including both structured formal interviews and informal, real-time observations and engagement with staff across diverse facility operations.

As the Auditor toured the institution, numerous spontaneous discussions occurred with personnel stationed throughout key operational areas, including custody posts, medical and mental health units, administrative offices, and program spaces. These unstructured conversations provided rich insight into how PREA standards are embedded in daily operations and how staff perceive their roles and responsibilities. The Auditor observed staff speaking with confidence, professionalism, and clarity about their duties related to preventing, detecting, and responding to sexual abuse or harassment. These interactions offered candid perspectives on institutional practices and contributed to a deeper understanding of how policies translate into operational realities. Topics explored during informal engagement included the procedures for reporting allegations of sexual abuse or harassment, the scope and frequency of PREA training, the staff's role in responding to incidents, and the overall climate of sexual safety within the facility. Staff consistently referenced both initial and ongoing training, demonstrating a thorough understanding of their mandatory reporting obligations and the steps required to ensure the safety and confidentiality of all involved parties. These conversations reinforced the Auditor's observations and complemented the findings from formal interviews.

In addition to these informal assessments, the Auditor conducted 17 formal interviews with a carefully selected cross-section of staff. The sample included correctional officers,

supervisory personnel, administrative staff, and medical and mental health providers, representing multiple shifts and varying levels of direct contact with incarcerated individuals. This diverse representation allowed the Auditor to assess the consistency of PREA knowledge and the practical application of policies across the facility.

Prior to each formal interview, staff were informed of the Auditor's role as a Department of Justice-certified independent evaluator. They were advised that participation was voluntary, that declining to participate would not result in any adverse consequences, and that all responses would remain confidential. All 17 staff members voluntarily participated, and interviews were conducted using the standardized PREA staff interview protocol. Responses were carefully documented to ensure accuracy and integrity. During these formal interviews, staff demonstrated a comprehensive understanding of the facility's zero-tolerance policy regarding sexual abuse and harassment. Each interviewee could clearly describe reporting procedures, including the appropriate steps to preserve evidence, notify supervisory and investigative authorities, and maintain the safety and privacy of individuals involved. Staff also articulated the protections in place to prevent retaliation following a report of sexual abuse or harassment, including supervisory monitoring procedures and recognition of behavioral indicators of potential retaliation. Their responses reflected confidence not only in their own responsibilities but also in the institution's overall system of accountability, oversight, and support.

When asked about their personal sense of safety while performing duties, all staff reported feeling secure from sexual abuse or harassment. Many attributed this sense of confidence to strong leadership, comprehensive training programs, clearly defined operational procedures, and a professional workplace environment.

Collectively, the tone and content of interviews reflected a culture of respect, open communication, and shared commitment to maintaining a safe and compliant facility. Although the required PREA audit notification had been posted in advance, allowing staff the opportunity to confidentially contact the Auditor, no pre-audit or during-audit communications, questions, or concerns were received.

In summary, the combination of formal interviews and informal engagement demonstrated that facility staff are knowledgeable, well-trained, and actively engaged in upholding PREA standards. No gaps in understanding, inconsistencies in practice, or areas of concern were identified. The Auditor concludes that PREA principles are firmly integrated into daily operations, and that the facility maintains a culture of safety, accountability, and professional respect, ensuring the protection of all individuals in custody.

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>

65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

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

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

Security/detention

Education/programming

Medical/dental

Food service

Maintenance/construction

Other

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

When selecting and interviewing specialized staff during the audit, particular attention was given to including individuals whose roles are directly 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).

During the on-site phase of the PREA audit, the Auditor conducted a comprehensive and unobstructed tour of the facility, allowing for a thorough assessment of the physical plant, operational practices, and overall institutional environment. From the outset of the tour through its completion, facility staff demonstrated a high level of professionalism, transparency, and cooperation. Staff readily provided information, answered questions, and facilitated access to all areas of the facility, which enhanced the depth and accuracy of the Auditor's observations. The tour encompassed the full range of facility operations and housing areas. This included general population housing units as well as specialized areas such as segregation, medical observation units, and protective custody housing. The Auditor also toured intake and classification areas, medical and mental health clinics, educational and vocational classrooms, dining halls and food preparation areas, visitation spaces, laundry facilities, indoor and outdoor recreation areas, central control rooms, and administrative offices. Throughout the tour, staff assigned to escort duties provided clear explanations regarding each area's function, current population levels, staffing patterns, and supervision practices. Movement throughout the facility occurred without restriction or delay, allowing for candid observations and meaningful engagement.

Particular attention was given to how the facility's physical layout and operational practices support PREA requirements and promote inmate safety. PREA-related signage was prominently displayed throughout housing units and common areas, reinforcing the facility's zero-tolerance policy for sexual abuse and sexual harassment. Informational posters and notices clearly explained reporting options, available internal and external resources, and the rights of individuals in custody under PREA. These materials were accessible and presented in English and other languages reflective of the

facility population, ensuring broad understanding and accessibility. The Auditor closely examined the facility's reporting mechanisms and found them to be clearly marked, functional, and easily accessible. Dedicated telephones for reporting sexual abuse were operational and prominently identified. Adjacent signage explained anonymous and third-party reporting options in plain, easy-to-understand language. Grievance forms and secure drop boxes were strategically placed throughout housing and common areas, allowing individuals in custody to submit reports discreetly. Hotline information was displayed in high-visibility locations, including near telephones, restrooms, housing areas, and recreation spaces, ensuring continuous access to reporting resources regardless of location or time.

Cleanliness, lighting, and privacy safeguards were also closely evaluated during the tour. Housing units and common areas were well maintained, orderly, and clean, with sufficient lighting throughout both shared and personal spaces. Restroom and shower areas incorporated appropriate privacy features to prevent cross-gender viewing while still allowing for effective supervision. Mirrors, cameras, and staff sightlines were positioned to balance privacy with security needs, consistent with PREA Standard §115.15. These measures reflected a deliberate effort to preserve personal dignity while maintaining appropriate monitoring.

Throughout the tour, the Auditor engaged in informal conversations with both staff and individuals in custody. These interactions provided valuable insight into daily operations and the overall level of PREA awareness within the facility. Staff consistently demonstrated a clear understanding of their responsibilities related to the prevention, detection, and response to sexual abuse and sexual harassment. They articulated reporting obligations and response protocols with confidence and accuracy. Individuals in

custody similarly demonstrated awareness of their right to report sexual abuse, identified multiple reporting avenues, and expressed confidence in their ability to report concerns without fear of retaliation.

Overall, the facility presented as secure, clean, and well managed. The condition of the physical plant, combined with strong lighting, cleanliness, and effective privacy measures, reflected an institutional commitment to safety, respect, and accountability. The tour demonstrated that PREA principles are integrated into daily operations, supported by unrestricted Auditor access, knowledgeable and forthcoming staff, and informed individuals in custody. Collectively, these observations support the conclusion that the facility maintains an environment conducive to safety, dignity, and sustained 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

The Auditor conducted an in-depth review of 169-staff personnel files to verify compliance with PREA hiring and employment standards. Each file contained comprehensive documentation, including initial criminal background checks, verification of employment eligibility, and administrative adjudication forms where applicable. The facility demonstrated adherence to ongoing monitoring protocols by conducting annual background checks, which are routinely completed in tandem with annual firearm range qualifications for applicable staff. Training records for staff members were reviewed. 88 staff training records were reviewed. All records had a signed PREA Acknowledgment for PREA training completion within their record. Each training file included documentation of completed PREA training, reaffirmed annually. The records contained signed acknowledgments confirming that staff had been trained on the facility's zero-tolerance policy, reporting procedures, professional boundaries, and the specific requirements for conducting cross-gender searches in a manner that maintains individual dignity. These records affirm that staff members have received current and relevant instruction necessary to uphold a safe and respectful environment for individuals in custody.

Inmate Records

A random selection of 52-inmate files, representing admissions throughout the past twelve months, was reviewed to assess compliance with initial PREA education requirements. All files included a signed acknowledgment of PREA education, documentation confirming the receipt of the facility orientation handbook and the PREA informational brochure, and confirmation that each individual had viewed the facility's PREA education video. Interviews and documentation confirmed that all 79-inmates had received their PREA education during the intake process, consistent with agency policy

and standard requirements.

Risk Assessments and Reassessments

To evaluate the facility's adherence to PREA screening protocols, the Auditor reviewed 48 randomly selected inmate records. Each file demonstrated that the individual had received an initial risk assessment within 72 hours of arrival at the facility. Additionally, every record documented a follow-up reassessment conducted within the 30-day window, in alignment with PREA Standard §115.41. The thoroughness and consistency of these records confirmed the facility's commitment to identify individuals who may be at risk for victimization or who may pose a risk to others, and to ensuring timely reassessment as required.

Grievances

According to information provided in the Pre-Audit Questionnaire (PAQ) and confirmed through interviews with the PREA Compliance Manager (PCM), there was 1 grievance filed related to allegations of sexual abuse or harassment during the twelve-month review period. Both grievances were reviewed by the auditor and were part of the investigative files for the allegation. The grievance was received, and the victim provided a statement regarding the PREA allegation. From that point forward the allegation followed the regular PREA guidelines and time lines.

Incident Reports

Documentation and staff interviews indicated that the facility had 79 allegations of sexual abuse or and 7 allegations of sexual harassment within the past year. The auditor reviewed 17 of the incident reports.

Investigation Records

Documentation and staff interviews indicated that the facility recorded 79 allegations of sexual abuse or and 7 allegations of sexual harassment within the past year. The auditor reviewed 17 PREA investigative files from the past 12 months. All required paperwork was in order. All timelines had been met.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	72	64	6	2
Staff-on-inmate sexual abuse	7	7	0	0
Total	79	71	6	2

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	7	0	7	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	7	0	7	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	61	0	0	0	0
Staff-on-inmate sexual abuse	6	0	0	0	0
Total	67	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	61	7	4	0
Staff-on-inmate sexual abuse	6	1	0	0
Total	67	8	4	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	1	1	5	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	1	1	5	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

<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>15</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</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>2</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	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.	There were not any staff-on-inmate sexual harassment allegations in the past 12 months.

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
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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, LLC</p>

Standards
<p>Auditor Overall Determination Definitions</p> <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)
<p>Auditor Discussion Instructions</p> <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
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <p>Prior to and during the on-site audit, the Auditor carefully examined a broad range of materials to assess compliance with this standard. These included the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the Alabama Department of Corrections (ADOC). Central among these resources was ADOC Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated May 29, 2025.</p> <p>Additional materials reviewed consisted of the ADOC Inmate Awareness pamphlet (available in both English and Spanish), the Male Inmate Handbook dated September 25, 2017, the ADOC organizational chart, and documentation reflecting the qualifications of the PREA Director as well as the PREA Compliance Managers (PCMs). Records verifying specialized training provided to these staff members were also reviewed. Together, these documents offered a comprehensive picture of the agency’s organizational structure and its system for implementing and sustaining</p>

PREA compliance across all facilities.

INTERVIEWS

The interviews provided valuable insight into how PREA responsibilities are carried out both at the agency and at institutional levels.

Agency PREA Director

The Agency PREA Director described the Department's Zero Tolerance stance as the foundation of ADOC's approach to eliminating sexual abuse and sexual harassment. The Director holds an executive-level position, clearly situated within the organizational hierarchy to allow sufficient authority, resources, and direct access to leadership necessary to implement PREA standards effectively.

During the interview, the Director emphasized the importance of accountability at the facility level. Each institution appoints a PREA Compliance Manager who has the authority to make corrective changes when needed. To reinforce consistency across the state, the Director personally oversees the training of all newly designated PCMs and sustains ongoing communication through calls, emails, and in-person visits. This hands-on approach ensures that PREA policies are consistently applied and that institutional leaders have both the guidance and support necessary to maintain compliance.

Institution PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager confirmed that adequate time is dedicated solely to fulfilling PREA-related responsibilities and that these duties are not treated as secondary to other assignments. The IPCM described the role as fully supported by both facility leadership and agency oversight, ensuring the resources and authority needed to carry out responsibilities effectively.

The IPCM demonstrated a clear understanding of the position's expectations and responsibilities. The role is structured to allow immediate action if compliance issues arise, and interviews confirmed that the IPCM is not burdened with additional duties that could compromise the ability to focus on PREA obligations.

Through both interviews, it was evident that the agency's structure ensures PREA leadership—at both the agency and institutional levels—has the time, authority, and resources to meet PREA standards.

PROVISIONS

Provision (a)

The PAQ documents the agency's clear commitment to a zero-tolerance approach toward all forms of sexual abuse and harassment. This commitment is operationalized through policies requiring prevention, detection, reporting, and response procedures. These policies further define prohibited behaviors and identify disciplinary actions for violations.

ADOC maintains a strong framework of policies and procedures that align directly

with this provision. Administrative Regulation (AR) #454, p. 1, Section II Policy, establishes a clear Zero Tolerance policy prohibiting sexual abuse, sexual harassment, and sexual misconduct under any circumstances—whether staff-on-incarcerated person or incarcerated person-on-incarcerated person, and whether coerced or apparently consensual.

Section III of AR #454 and the Male Inmate Handbook define prohibited conduct in detail. These documents also provide clear definitions of substantiated, unsubstantiated, and unfounded allegations, along with potential sanctions. Furthermore, the policy outlines prevention strategies, reporting requirements, staff responsibilities, and procedures for responding to allegations, ensuring full alignment with PREA standards.

Relevant Policy

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

Provision (b)

The PAQ and agency organizational chart confirms that the PREA Director is classified at the Director level. The Director has regular contact with facilities statewide, supported by twenty-six Institutional PREA Compliance Managers (IPCMs) and twenty-six back-up IPCMs. This structure guarantees that every facility has sufficient coverage, while allowing the Director to dedicate adequate time to statewide oversight and compliance.

The PD confirmed that this reporting structure allows for consistent communication and effective oversight across all facilities.

AR #454 indicates The PREA Director is designated by the ADOC Commissioner with the authority to coordinate and develop procedures to prohibit, identify, monitor, and track sexual abuse and sexual harassment of inmates in ADOC custody, to maintain statistics, and to conduct practice audits to evaluate compliance with departmental policy and PREA Standards. The PREA Director's responsibilities include overseeing compliance across all ADOC facilities, coordinating with Wardens, Associate Commissioners, and the Legal Division, and ensuring ongoing monitoring and accountability.

AR #454 outline the PREA responsibilities and functions for each level of staffing within the agency/facility.

1. Commissioner responsibilities and functions (p. 5)
2. Associate/Deputy Commissioners' responsibilities and functions (p. 5)
3. Law Enforcement Services Division responsibilities and functions (pp. 5-6)
4. ADOC General Counsel responsibilities and functions (p. 6)
5. PREA Director responsibilities and functions (pp. 7-8)
6. Information Systems Director responsibilities and functions (p. 8)
7. Training Director responsibilities and functions (p. 8)
8. Warden and Division Directors responsibilities and functions (pp. 8-10)

9. Director of Classification responsibilities and functions (p. 10)
10. Associate/Deputy Commissioner of Health Services responsibilities and functions (p. 10)
11. PREA Special Investigators/IPCM responsibilities and functions (pp. 10-12)
12. Personnel Director responsibilities and functions (p. 12)
13. Pastoral Programs Supervisor responsibilities and functions (p. 12)
14. Director of Engineering responsibilities and functions (p. 12)
15. Staff/employees, contractors and volunteers' responsibilities and functions (p. 12)
16. Inmates' responsibilities and functions (p. 12)

AR #454 outlines the PREA Director PREA responsibilities and functions.

Relevant Policy

1. AR #454, pp. 1-2, Section III, Definitions and Acronyms, item K
2. AR #454, pp. 5 - 12, VI, Responsibilities
3. AR #454, pp. 7-8, Section E, 1-12

Provision (c)

The PAQ establishes that every facility must designate a IPCM. Ther IPCM at this facility is a Special Investigator.

Notably, IPCMs are supervised by the ADOC Investigation Division or Office of the Inspector General (OIG), rather than by the facility itself. This reporting structure strengthens objectivity and ensures consistency in compliance efforts across all institutions.

AR #454 establishes the responsibilities of the IPCMs, positioning them as the primary coordinators of institutional compliance with PREA standards. It indicates IPCMs are designated by the ADOC Commissioner with the authority to coordinate and develop procedures to prohibit, identify, monitor, and track sexual abuse and sexual harassment of inmates in ADOC custody, to maintain statistics, and to conduct practice audits to evaluate compliance with departmental policy and PREA Standards.

Relevant Policy

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

CONCLUSION

Based on the review of policies, supporting documentation, and the information gathered through interviews, the Auditor concludes that the Alabama Department of Corrections meets every provision of Standard §115.11. The PREA Director is positioned with sufficient authority and resources to oversee agency-wide compliance, while Institutional PREA Compliance Managers are empowered and supported to ensure facility-level implementation. Together, this structure demonstrates a clear commitment to the agency's Zero Tolerance policy and to

	maintaining sexual safety within every ADOC facility.
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To evaluate compliance with PREA Standard §115.12, the Auditor conducted a thorough and systematic review of documentation submitted by the Alabama Department of Corrections (ADOC). This review focused on determining whether PREA requirements are formally embedded into contracts governing the confinement of ADOC inmates by external entities and whether mechanisms exist to ensure enforceable compliance.</p> <p>The materials examined included the facility’s completed Pre-Audit Questionnaire (PAQ) along with all associated supporting documentation. In addition, the Auditor reviewed Alabama Department of Corrections Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated May 29, 2025, which establishes agency-wide expectations and responsibilities related to PREA compliance. Also reviewed was ADOC Contract C210052136 with GEO Reentry, Inc., a confinement services agreement renewed on December 1, 2025, representing the third renewal of the contract.</p> <p>Collectively, these documents demonstrate that ADOC has developed and implemented a structured contractual framework requiring all entities that confine ADOC inmates to adhere to federal PREA standards. The documentation reflects deliberate efforts to ensure that PREA compliance is not optional or implied, but instead expressly required, monitored, and enforceable.</p> <p><u>INTERVIEWS</u></p> <p>Agency Contract Administrator</p> <p>As part of the compliance assessment, the Auditor conducted an interview with the Agency Contract Administrator to gain additional insight into ADOC’s contracting and oversight practices. During the interview, the Administrator explained that ADOC maintains confinement contracts with both private providers and county-operated facilities. Prior to executing any contract, ADOC requires prospective contractors to demonstrate compliance with all applicable PREA standards.</p> <p>The Administrator emphasized that PREA compliance is a non-negotiable condition of contract approval. Entities that are unable or unwilling to meet PREA requirements are not permitted to proceed into contractual agreements with ADOC. The Administrator further explained that each executed contract contains detailed PREA provisions outlining the contractor’s responsibilities, as well as ADOC’s authority to</p>

monitor, audit, and verify compliance.

Oversight activities described during the interview included documentation reviews, site visits when applicable, and ongoing performance monitoring. These practices allow ADOC to maintain consistent standards of sexual safety and accountability across both agency-operated and contracted confinement settings.

PROVISIONS

Provision (a)

The PAQ confirmed that ADOC requires explicit PREA compliance language to be included in every contract involving the confinement of inmates. These contractual provisions clearly articulate the contractor's obligations under PREA, define expectations for conduct and reporting, and establish ADOC's authority to oversee and verify compliance.

This requirement is formally reinforced through ADOC Administrative Regulation #454, Operations & Legal, Inmate Sexual Abuse and Harassment (May 29, 2025) Section D of the regulation assigns responsibility to the ADOC General Counsel to ensure that all confinement contracts contain provisions mandating adherence to PREA standards. The regulation further affirms ADOC's obligation to monitor contractor compliance on an ongoing basis.

A detailed review of ADOC Contract C210052136 with GEO Reentry, Inc. revealed a comprehensive PREA clause contained in Section 3.39 of the agreement. This clause expressly references Alabama Code Section 14-11-31 and 28 C.F.R. Part 115, incorporating both state law and federal PREA regulations into the contractual obligations of the vendor. The provision affirms ADOC's zero-tolerance stance toward sexual abuse and sexual harassment and requires full compliance with all PREA standards.

The contract mandates immediate reporting of any suspected or confirmed PREA-related misconduct to designated ADOC officials, including facility leadership and the ADOC PREA Director or Contract Monitor. It further requires the contractor to provide unrestricted access to the PREA Contract Monitor and to all relevant records upon request, ensure that all employees, agents, and subcontractors receive PREA-specific training, and submit reports from any independent Department of Justice-certified PREA audits. These requirements collectively establish a strong and enforceable system of accountability for contracted confinement services.

Relevant Policy

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

Provision (b)

The PAQ further demonstrated that ADOC requires every confinement contract to include explicit monitoring provisions that authorize the agency to actively oversee

contractor operations. These provisions ensure that PREA compliance is not merely documented at the time of contract execution but is continuously assessed and verifiable throughout the duration of the agreement.

Contracts authorize ADOC to conduct systematic reviews of contractor policies and procedures to confirm alignment with PREA standards. They also require the immediate notification of ADOC upon the receipt of any PREA-related allegation. Contractors are obligated to submit complete documentation related to all PREA incidents, including reports, investigative findings, and outcomes, to the designated PREA Coordinator.

This contractual oversight structure establishes continuous accountability. Contractors are not only contractually bound to uphold PREA standards but are also subject to routine review, documentation analysis, and corrective action when necessary. Through these mechanisms, ADOC maintains direct visibility into contractor performance and retains the authority to address deficiencies promptly and effectively.

CONCLUSION

Based on a comprehensive review of contractual documents, applicable administrative regulations, the Pre-Audit Questionnaire, and information obtained through staff interviews, the Auditor finds that the Alabama Department of Corrections is in full compliance with PREA Standard §115.12.

ADOC has established a well-defined and enforceable system that embeds PREA compliance requirements into every confinement contract. Through clear contractual language, defined reporting obligations, and active monitoring authority, the agency ensures that all contracted entities adhere to the same standards of sexual abuse prevention, detection, response, and accountability as ADOC-operated facilities. This approach reflects a sustained and institution-wide commitment to protecting the safety, dignity, and rights of all individuals in custody.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> In advance of the on-site audit, the facility submitted a comprehensive and well-organized body of documentation through the Pre-Audit Questionnaire (PAQ). The materials collectively provided a detailed and transparent overview of the facility's staffing methodology, supervision framework, and monitoring practices as they relate to the prevention and detection of sexual abuse and sexual harassment.

The Auditor conducted an in-depth review of Alabama Department of Corrections (ADOC) Administrative Regulation #454, Operations & Legal, Inmate Sexual Abuse and Harassment, effective May 29, 2025, along with all supporting facility-specific documentation. These materials included the Annual PREA Staffing Plan Review (ADOC Form 454-J), the Log of Unannounced Rounds (ADOC Form 454-K), documented staffing deviation logs, the facility blueprint and physical layout diagrams, the Facility Vulnerability Assessment Form, the Facility Staffing Plan Checklist, the Facility Staffing Plan Review, and the current Facility Staffing Plan dated November 12, 2025.

When reviewed collectively, this documentation provided a solid and comprehensive foundation for assessing the facility's compliance with PREA Standard §115.13, Supervision and Monitoring, and demonstrated a structured and methodical approach to staffing analysis and oversight.

OBSERVATIONS

During the on-site portion of the audit, the Auditor conducted multiple unannounced reviews of housing unit logbooks and supervisory documentation. These reviews verified numerous entries documenting rounds completed by intermediate- and higher-level supervisors and confirmed that unannounced supervisory rounds are conducted consistently across all shifts. Documentation practices were found to be thorough, timely, and aligned with agency policy.

In addition to record reviews, the Auditor observed supervisors conducting rounds in various areas of the facility. Supervisors were seen engaging with staff and inmates, reviewing housing unit logs, and assessing daily operations. Their routine presence throughout the facility reflected a culture of accountability, accessibility, and proactive monitoring, reinforcing the agency's emphasis on continuous supervision and prevention.

INTERVIEWS

Intermediate- or Higher-Level Supervisory Staff

Interviews with supervisory personnel confirmed that unannounced rounds are conducted on all shifts and are intentionally structured to remain unpredictable. Supervisors explained that this approach allows them to observe operations as they naturally occur, providing an accurate assessment of staff performance and unit conditions.

Supervisory staff described these rounds as opportunities to ensure compliance with policy while also offering real-time guidance, mentoring, and direct oversight to staff. The Auditor's review of unit logbooks corroborated these statements, with entries reflecting consistency, appropriate detail, and compliance with required frequency.

Random Inmates

Interviews with randomly selected inmates indicated that supervisors, including the PREA Compliance Manager, are regularly visible within housing units. Inmates reported that supervisory staff are approachable and responsive and make themselves available to listen to concerns or address issues as they arise. This

consistent presence was described as contributing to a safer, more accountable, and more transparent facility environment.

Random Staff

Line staff interviews revealed a clear and consistent understanding of supervision and monitoring expectations under PREA policy. Staff reported that supervisors conduct unannounced rounds during each shift, routinely review logbooks, and maintain an active and visible presence throughout the facility. Staff demonstrated awareness that they are strictly prohibited from alerting others to the timing of these rounds, emphasizing that this requirement is consistently enforced to preserve the integrity of the monitoring process.

During the site visit, the Auditor observed several supervisors performing these duties and interacting with staff in housing and program areas, further substantiating staff statements.

PREA Compliance Manager (PCM)

The PREA Compliance Manager reported ongoing involvement in staffing oversight and monitoring activities. The PCM explained that staffing levels are continuously evaluated to ensure they do not negatively impact inmate access to programs, services, or educational opportunities. The PCM also described an active role in reviewing the facility's video monitoring systems to ensure continuous functionality and arranging prompt repairs when deficiencies are identified.

In addition, the PCM participates in the facility's annual staffing plan review, analyzing supervision patterns, staff deployment, camera coverage, and identified vulnerabilities to ensure sustained compliance with PREA standards.

Facility Head

The Facility Head emphasized that staffing decisions are directly tied to the facility's ability to provide a safe, secure, and well-supervised environment while maintaining consistent access to programming and services. Staffing levels were described as strategically aligned with operational needs and inmate activity schedules.

The Facility Head noted that the expansion of the video monitoring system has significantly enhanced visibility, safety, and investigative capabilities. Consideration of the facility's physical layout and design was identified as a critical factor in determining staff deployment and supervision patterns. Oversight occurs through a combination of internal review mechanisms and external monitoring bodies to ensure accountability.

Staffing decisions were described as reflective of population characteristics and identified security needs, with supervisory assignments structured to promote consistent coverage and direct accountability. Input from line staff is actively solicited during staffing plan evaluations, and deviations from the staffing plan are tracked, reviewed, and used to inform future adjustments.

Although ongoing staffing challenges were acknowledged, the Facility Head reported notable progress, citing a total workforce of 280 employees, including 95 staff hired

within the past year. It was further confirmed that inmate programs, services, and educational activities were not suspended at any time during the previous year due to inadequate staffing.

PROVISIONS

Provision (a)

The PAQ and supporting documentation confirmed that the facility maintains a formal staffing plan that is reviewed at least annually in accordance with agency policy. Documentation and interviews established that ADOC requires each facility to sustain a staffing plan that ensures adequate staff coverage and effective video monitoring to protect inmates from sexual abuse and sexual harassment.

The facility's staffing plan is based on a projected average daily population of 2,500 inmates and fully addresses all thirteen elements required by PREA Standard §115.13. Review of current shift schedules verified that required posts were consistently staffed.

ADOC Administrative Regulation #454 mandates that the Warden assist in developing and maintaining a compliant staffing plan and ensures adequate staffing and video monitoring coverage. The regulation further requires the PREA Director to meet annually with the Warden to evaluate and document necessary adjustments using ADOC Form 454-J, the Annual PREA Staffing Plan Review.

The staffing analysis documented on Form 454-J reflects consideration of correctional practices, investigative findings, physical plant design, camera management, supervision structure, inmate demographics, programming needs, and applicable standards. SOP Procedure C-67, Staffing Plan, dated November 12, 2025, outlines facility staffing requirements and requires approval from the Warden or Captain for any post closure or reassignment.

The most recent staffing plan was found to be comprehensive and responsive to operational needs. With an actual average daily population of 2,410 at the time of the audit, the plan demonstrated appropriate coverage and adaptability.

Relevant Policy

ADOC Administrative Regulation #454, IV, H, 10, p. 9, effective May 29, 2025

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

Provision (b)

According to the PAQ, the staffing plan was developed using an average daily population of 2,410 inmates, with mandatory posts prioritized at all times. At the facility level, the plan accounted for a population of 2,500 inmates. When mandatory posts are vacant, coverage is achieved through overtime assignments or reassignment of staff from non-essential areas. The watch commander is responsible for documenting all deviations from the approved staffing plan.

Review of deviation logs indicated that the most common reasons for deviations during the previous twelve months were staff shortages and hospital security

assignments. The Facility Head confirmed that these deviations did not result in the suspension of inmate programs, services, or educational activities.

Relevant Policy

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

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

Provision (c)

Agency policy requires the staffing plan to be reviewed annually with input from executive leadership and the PREA Compliance Manager. The most recent review, dated February 5, 2025, evaluated supervision patterns, video monitoring coverage, staffing levels, and projected operational needs. Consideration was also given to potential physical plant modifications and the installation of additional cameras.

All mandatory posts were verified as staffed, and the video monitoring system was fully operational with a continuously staffed control center. Security mirrors were also utilized to enhance visibility in identified areas.

ADOC Administrative Regulation #454 requires the Warden to submit a completed Form 454-J to the PREA Director each year. The Auditor reviewed the most recent submission and confirmed that annual reviews were completed as required. In addition, the facility conducts internal staffing plan audits that assess inmate-accessible areas and recommend staffing or technological enhancements as needed. The annual review committee includes the PREA Director, Warden, Institutional PREA Compliance Manager, and Captain.

Relevant Policy

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

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

Provision (d)

The PAQ, supported by interviews and on-site observations, confirmed that intermediate- and higher-level supervisors conduct unannounced rounds on all shifts in housing and program areas.

ADOC Administrative Regulation #454 requires these rounds to be documented in the Shift Report and on ADOC Form 454-G, Log of Unannounced Rounds, including the date, time, and name of the supervisor conducting the round. Each shift is also required to verify a PREA hotline check.

The Auditor reviewed multiple reports and noted consistent and accurate entries across all shifts. Supervisors were observed conducting rounds during the audit and interacting with staff and inmates in a professional and transparent manner. Staff and supervisors demonstrated a clear understanding that policy prohibits advance notice of unannounced rounds, a requirement that was consistently followed.

Relevant Policy

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

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

	<p>CONCLUSION</p> <p>Following a comprehensive review of documentation, staffing records, supervision logs, and video monitoring systems, supported by staff and inmate interviews and direct on-site observations, the Auditor concludes that the facility is in compliance with PREA Standard §115.13, Supervision and Monitoring.</p> <p>The facility’s approach reflects a strong and sustained commitment to safety and accountability, as demonstrated through an annually reviewed staffing plan, systematic tracking and analysis of staffing deviations, effective and well-maintained video monitoring systems, and consistent execution of unannounced supervisory rounds. Collectively, these practices establish a robust supervision and monitoring framework that promotes transparency, vigilance, and the prevention of sexual abuse and sexual harassment throughout the facility.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>Prior to the on-site audit, the facility submitted a completed Pre-Audit Questionnaire (PAQ) along with supporting documentation for review. Among the documents examined was the Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations & Legal: Inmate Sexual Abuse and Harassment, dated May 29, 2025. This regulation outlines the Department’s zero-tolerance policy toward sexual abuse and harassment and provides the framework for implementing and enforcing PREA standards throughout all facilities.</p> <p>OBSERVATIONS</p> <p>During the on-site tour, the Auditor personally verified that there were no youthful inmates housed at the facility. The review included an examination of housing units, intake areas, and classification records. Facility rosters and daily population lists were also reviewed to confirm the ages of all incarcerated individuals. No inmates with birthdates later than 2007 were identified, confirming that the facility does not house youthful inmates.</p> <p>The overall layout and population observed during the tour were consistent with an adult correctional environment. There were no physical areas or operational indicators suggesting the presence of youthful inmates.</p> <p>INTERVIEWS</p> <p>Institutional PREA Compliance Manager (IPCM)</p> <p>The IPCM confirmed during both formal and informal interviews that the facility does</p>

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

Facility Head

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

Youthful Inmates

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

PROVISIONS

Provision (a):

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

Relevant Policy

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

Provision (b):

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

Provision (c):

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

CONCLUSION

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

	<p>The facility does not house youthful inmates, and all evidence reviewed—both documentary and observational—confirms that this population is not present within the institution. The processes for intake classification, roster verification, and population monitoring ensure that youthful inmates are not received or housed at the facility. The Facility Head and Institutional PREA Compliance Manager demonstrated clear understanding of the applicable standards and described well-established procedures for immediate corrective action should a youthful inmate ever be mistakenly assigned.</p> <p>In conclusion, the facility’s documentation, operational practices, and interviews collectively demonstrate compliance with the intent and requirements of PREA Standard §115.14, ensuring that youthful inmates are never placed in a setting where contact with adult offenders could occur.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.15, the facility submitted a comprehensive and well-documented set of materials that collectively demonstrate a clear institutional commitment to conducting all searches and observations in a professional, respectful, and PREA-compliant manner. Documentation provided through the Pre-Audit Questionnaire (PAQ) outlined the department’s policies, procedures, and training practices governing cross-gender viewing and search limitations.</p> <p>The Auditor reviewed Alabama Department of Corrections (ADOC) Administrative Regulation #454, Inmate Sexual Abuse and Harassment, effective May 29, 2025, and Administrative Regulation #336, Searches, dated February 8, 2016, and Limestone Correctional Facility, Standard Operating Procedure (SOP) C-2, Searches, effective February 9, 2022. These governing policies clearly articulate the prohibition of cross-gender strip and visual body cavity searches except under narrowly defined circumstances and establish expectations for staff conduct, documentation, and accountability.</p> <p>Additional documentation included ADOC Form 302-A, Incident Report, along with staff training records confirming instruction on cross-gender, transgender, and intersex search procedures. These records verified that staff receive training grounded in gender-appropriate and trauma-informed practices. Collectively, the reviewed materials reflect the Alabama Department of Corrections’ consistent expectation that all searches be conducted with professionalism, respect for privacy, and recognition of human dignity.</p>

OBSERVATIONS

During the on-site audit, the Auditor observed facility operations that were consistent with both departmental policy and PREA requirements. Opposite-gender staff were observed announcing their presence prior to entering housing units, restrooms, and other areas where inmates may be in states of undress. These announcements provided incarcerated individuals with adequate notice to preserve personal privacy.

The population observed during the audit consisted primarily of cisgender male inmates, along with a small number of transgender individuals. This population profile confirmed the ongoing relevance and active implementation of the facility's procedures governing cross-gender supervision and searches. Staff interactions were consistently professional, and operational practices demonstrated a sustained effort to safeguard inmate privacy during showers, clothing changes, and restroom use.

INTERVIEWS

Random Inmate Interviews

Interviews with randomly selected inmates consistently confirmed that they had not been subjected to cross-gender strip or visual body cavity searches. Inmates reported that they are able to shower, dress, and utilize restroom facilities without being viewed by staff of the opposite gender. Inmates further stated that opposite-gender staff routinely announce their presence prior to entering housing areas or restrooms, reinforcing respect for privacy and aligning with observed practices during the facility tour.

Transgender Inmate Interviews

At the time of the audit, the facility housed eleven transgender inmates. Interviews with transgender inmates reflected satisfaction with search and privacy practices. Individuals reported being treated respectfully and confirmed that they were never searched for the sole purpose of determining genital status. Interviewees also indicated that showering and privacy accommodations were appropriate and responsive to their individual needs.

Random Staff Interviews

Seventeen randomly selected staff members participated in formal interviews during the on-site audit, supplemented by informal conversations throughout the visit. Staff responses were consistent and demonstrated a strong understanding of PREA requirements related to cross-gender viewing and searches. Interviewed staff confirmed that they receive both initial and annual training addressing searches involving cross-gender, transgender, and intersex individuals.

All staff interviewed stated that they have neither conducted nor observed cross-gender strip or visual body cavity searches. Staff explained that same-gender personnel are consistently available to conduct searches, eliminating the need for cross-gender scenarios. Staff also demonstrated a clear understanding of privacy accommodations for transgender and intersex inmates, explaining that when private

shower facilities are unavailable, individuals are provided separate shower times or alternative accommodations consistent with their identified gender.

Non-Medical Security Staff

Interviews with non-medical security staff reinforced compliance with departmental expectations. Staff consistently reported that cross-gender strip or visual body cavity searches are not conducted. Staff explained that in the rare event of an emergency requiring such action, the procedure would be performed by qualified medical personnel in accordance with policy, thereby minimizing trauma and ensuring compliance with PREA standards.

Facility Leadership and Specialized Staff

Interviews with the Facility Head and senior leadership confirmed that cross-gender strip and visual body cavity searches are strictly prohibited except in exigent circumstances or when performed by qualified medical personnel. Leadership emphasized that any exception requires prior authorization from the Facility Head and must be fully documented using ADOC Form 302-A. These interviews highlighted the administration's active oversight, accountability measures, and commitment to PREA compliance.

PROVISIONS

Provision (a)

The facility does not conduct cross-gender strip or visual body cavity searches. This conclusion was supported by documentation review, staff interviews, and verification of incident reporting practices. Staff demonstrated a clear understanding that such searches are prohibited except under exigent circumstances or when conducted by medical professionals.

Administrative Regulation #454 explicitly prohibits cross-gender strip and visual body cavity searches except under limited circumstances, while Administrative Regulation #336 outlines documentation and authorization requirements when exigent circumstances arise.

Relevant Policies

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

Provision (b)

The facility confirmed, and the audit verified, that no female inmates are housed at this location. As a result, provisions related to cross-gender searches involving female inmates are not applicable.

Provision (c)

In exigent circumstances, policy requires that cross-gender strip or visual body cavity searches be authorized by the Facility Head and performed only by medical personnel. All such instances must be documented using ADOC Form 302-A in accordance with policy requirements.

Administrative Regulation #336 establishes clear documentation and reporting expectations for these rare occurrences.

Relevant Policy

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

Provision (d)

Facility operations ensure that inmates are able to shower, change clothing, and use restroom facilities without being viewed by staff of the opposite gender, except in emergency situations or when viewing is incidental to routine security procedures. Both observations and inmate interviews confirmed that opposite-gender staff consistently announce their presence before entering these areas.

Administrative Regulation #454 requires the implementation of privacy safeguards and advance announcements, which were observed to be consistently practiced.

Relevant Policy

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

Provision (e)

This provision is no longer applicable to compliance.

Provision (f)

This provision is no longer applicable to compliance.

CONCLUSION

Based on a comprehensive review of facility documentation, extensive staff and inmate interviews, and direct on-site observations, the Auditor concludes that the facility is in full compliance with PREA Standard §115.15, Limits to Cross-Gender Viewing and Searches.

The facility's policies, procedures, training practices, and daily operations clearly reflect a strong institutional commitment to protecting the privacy, safety, and dignity of all individuals in custody. Staff understanding of PREA requirements was consistent across all levels, demonstrating not only technical compliance but also a deeply embedded culture of professionalism, respect, and accountability within the facility.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>Ahead of and amid the on-site assessment, the Auditor meticulously evaluated a robust assortment of submitted materials via the Pre-Audit Questionnaire (PAQ), underscoring the facility's steadfast dedication to PREA Standard §115.16. Leading the collection was the Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations & Legal: Inmate Sexual Abuse and Harassment, dated May 29, 2025—the cornerstone document enforcing the agency's zero-tolerance posture on sexual abuse and harassment.</p> <p>Among the reviewed items stood a Memorandum of Understanding (MOU) linking ADOC with the Alabama Institute for the Deaf and Blind, securing expert interpreters and adaptive communication aids for those who are deaf, hard of hearing, or facing sensory challenges. The facility also furnished tailored PREA Acknowledgment Forms adapted for visual impairments, hearing difficulties, or cognitive barriers. Rounding out the package were simplified learning aids for lower-functioning residents, plus a directive detailing Google Translate protocols for instant aid to those with Limited English Proficiency (LEP). In unison, these resources affirm the facility's proactive delivery of inclusive communication and instructional methods, empowering every resident's full involvement in PREA awareness, reporting, and safeguarding.</p> <p><u>OBSERVATIONS</u></p> <p>On-site, the Auditor noted PREA messaging boldly displayed across the facility in English and Spanish, gracing housing units, corridors, visiting zones, work areas, and communal spaces alike. These prominent notices delivered straightforward guidance on reporting abuse or harassment, embodying the site's proactive focus on security and openness.</p> <p>The Institutional PREA Compliance Manager (IPCM) had thoughtfully curated dedicated PREA bulletin boards in high-traffic spots, each brimming with posters, hotline contacts, reporting channels, and safety awareness content. Printed flyers, instructional packets, and team training aids—all bilingual—were readily accessible, reinforcing the facility's resolve to shield against sexual abuse while guaranteeing that language or ability differences never impede access to rights and support.</p> <p><u>INTERVIEWS</u></p> <p>Facility Head</p> <p>The Facility Head outlined robust protocols ensuring seamless PREA program access for residents with disabilities or LEP. They detailed leveraging certified interpreters, adaptable print and digital formats, and varied communication modes to foster true</p>

understanding and participation, with staff primed to spot needs and act decisively in PREA contexts.

Random Staff

Randomly chosen personnel exhibited solid command of rules barring resident interpreters, readers, or aides for LEP or disabled residents reporting abuse or harassment. They recounted thorough training on accommodation strategies, no witnessed policy lapses, and readiness to summon interpretation services swiftly when required.

Inmates with Disabilities and LEP Residents

Discussions with residents facing disabilities or language hurdles revealed keen awareness of PREA rights and reporting steps. All voiced assurance in the facility's accommodations, feeling secure and equitably protected alongside peers. They unanimously affirmed grasping their protections, noted efforts to mitigate vulnerabilities tied to their circumstances, and expressed contentment with existing aids—no further enhancements sought.

PROVISIONS

Provision (a)

PAQ submissions, bolstered by document checks and dialogues, verify established protocols granting residents with disabilities or LEP parity in PREA protections. The MOU with the Alabama Institute for the Deaf and Blind delivers certified interpreters and tailored tools, while round-the-clock Google Translate access via the watch commander's station addresses urgent language gaps. Bilingual PREA printouts and handouts cater to the population's varied tongues.

ADOC AR #454 comprehensively covers resident education protocols. In particular, item c insists on verbal, visual, and written delivery, plus formats suited to special needs like language obstacles, cognitive hurdles, or sensory limits—practices the audit observed in active use.

Relevant Policy

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

Provision (b)

A suite of adaptations guarantees effective PREA messaging: bilingual English/Spanish materials and videos with closed captions aid hearing challenges; visual/auditory options support sight or sound impairments; while pared-down text, audio read-alouds, and video breakdowns assist cognitive or literacy constraints. An ADA Coordinator supervises adaptations and staff priming for specialized support.

ADOC AR #454 requires accessible delivery for everyone, mandating coverage of prevention, self-protection, reporting, response policies, and care options. Records and staff accounts affirm complete rollout.

	<p>Relevant Policy</p> <ol style="list-style-type: none"> 1. ADOC AR #454, V.A. 5, a-e, pp. 14-15 2. ADOC AR #454, V.A., 5, b, 1-6, pp. 15-15 <p>Provision (c)</p> <p>Staff and resident interviews corroborated zero instances over the prior year of employing resident interpreters, readers, or helpers in PREA matters.</p> <p>This aligns with ADOC AR #454 which bans substituting inmates, kin, or acquaintances for qualified professionals. Personnel discussions sealed confirmation of unwavering compliance.</p> <p>Relevant Policy</p> <ol style="list-style-type: none"> 1. ADOC AR #454, V.L.,1-2, p. 31 <p>CONCLUSION</p> <p>From PAQ analysis, corroborating records, direct observations, and staff/resident interviews, the Auditor deems the facility wholly compliant with PREA Standard §115.16. It exemplifies enduring resolve in delivering uniform PREA education, tools, and reporting to all residents. Via vigilant leadership, equipped teams, and pro interpreters alongside adaptive content, barriers of disability or language dissolve, nurturing an ethos of equity, reachability, and dignity that honors PREA's essence and intent.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate the facility's compliance with PREA Standard §115.17, the Auditor conducted a comprehensive review of documentation submitted by the facility and the Alabama Department of Corrections (ADOC). Central to this review was the Pre-Audit Questionnaire (PAQ), which outlined staffing levels, hiring practices, and background screening procedures relevant to PREA compliance.</p> <p>The Auditor closely examined Administrative Regulation (AR) #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes agency-wide expectations governing hiring, promotion, contracting, and ongoing employment decisions as they relate to the prevention of sexual abuse and sexual harassment. This regulation clearly defines disqualifying criteria and reinforces the Department's</p>

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 280 staff members, including 95 individuals hired within the preceding 12 months. In addition, 141 contractors and 187 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 95 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.

	<p>Relevant Policy: AR #454, V.A.6.b.4, p. 16</p> <p>Provision (h):</p> <p>ADOC maintains transparency and accountability when responding to employment-related inquiries from other institutional employers. When permitted by law, the Department provides information concerning substantiated allegations of sexual abuse or sexual harassment involving former employees.</p> <p>Human Resources staff confirmed that such requests are handled routinely and in accordance with legal requirements, reinforcing interagency cooperation and helping to prevent the rehiring of individuals who have violated PREA standards.</p> <p>Relevant Policy: AR #454, V.A.6.b, p. 16</p> <p>CONCLUSION</p> <p>Based on a thorough review of documentation, personnel records, and detailed interviews with Human Resources staff, the Auditor finds the facility to be in full compliance with PREA Standard §115.17 – Hiring and Promotion Decisions.</p> <p>The facility’s screening, hiring, promotion, and contracting practices reflect a strong institutional commitment to integrity, accountability, and the prevention of sexual abuse and sexual harassment. Policies are comprehensive, clearly articulated, and consistently implemented. Human Resources staff demonstrated a strong working knowledge of PREA requirements and described procedures that effectively safeguard against the placement of unqualified or disqualified individuals in positions of inmate contact.</p> <p>No deviations from policy or deficiencies in documentation were identified. The Auditor concludes that the facility’s employment practices fully align with both the intent and the explicit requirements of PREA Standard §115.17.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>In advance of the PREA audit, the facility submitted a comprehensive Pre-Audit Questionnaire (PAQ) accompanied by supporting documentation intended to demonstrate compliance with PREA Standard §115.13. The Auditor reviewed these materials to assess how the facility structures supervision and monitoring practices to enhance inmate safety and reduce opportunities for sexual abuse and sexual</p>

harassment.

Central to this review was Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454 – Operations & Legal, Inmate Sexual Abuse and Harassment (effective May 29, 2025). This regulation establishes agency-wide expectations related to supervision, monitoring, staff accountability, and the use of technology as a preventive tool. The policy clearly emphasizes the responsibility of the agency and facility leadership to ensure adequate oversight through both physical presence and technological support.

The facility also submitted detailed architectural schematics and layout blueprints. These materials were reviewed to evaluate camera placement, staff sightlines, and potential blind spots throughout the institution. The schematics allowed the Auditor to assess whether surveillance infrastructure aligns with the physical design of the facility and supports effective supervision practices.

Collectively, the reviewed documentation reflects a structured and proactive approach to supervision and monitoring, combining staff oversight, environmental design, and technological resources to prevent, detect, and respond to sexual abuse and sexual harassment.

OBSERVATIONS

During the on-site audit, the Auditor conducted a comprehensive tour of the facility, examining the physical layout, supervision practices, and monitoring systems in place. The tour included a review of current construction activity, as the facility is in the process of building a new chapel and installing a fencing system designed to separate population dormitory access. While these projects were ongoing at the time of the audit and not yet complete, their purpose and design were discussed in the context of improving controlled movement and supervision.

Throughout the tour, the Auditor observed the strategic use of security cameras and mirrors positioned to enhance visibility and reduce blind spots in key areas. Security mirrors are installed in locations where direct line-of-sight may otherwise be limited, and camera placement is designed to provide broad coverage of housing units, work areas, corridors, and common spaces.

The Auditor also noted that the facility balances comprehensive surveillance with respect for inmate privacy. Cameras are intentionally positioned to avoid cross-gender viewing in private areas, including restrooms and shower facilities, consistent with PREA requirements. These observations confirmed that monitoring technology is thoughtfully integrated into the facility's overall supervision strategy, reinforcing safety while maintaining compliance with privacy standards.

INTERVIEWS

Facility Head or Designee

The Facility Head's Designee described ongoing efforts to strengthen supervision and monitoring through both operational practices and technological enhancements.

Emphasis was placed on the facility's long-term objective of expanding camera coverage to all areas, with particular attention to locations identified as higher risk or historically under-monitored. The interview highlighted how live monitoring and recorded footage are routinely used to support real-time supervision, staff accountability, and post-incident review.

Agency Head or Designee

The Agency Head's Designee discussed broader strategic planning initiatives aimed at improving surveillance capabilities and reducing blind spots across the agency's facilities. Camera placement was described as a critical component of the sexual abuse prevention framework, with careful consideration given to maintaining compliance with PREA requirements related to privacy and cross-gender viewing. The interview reinforced the agency's commitment to ensuring that technological solutions enhance safety without compromising dignity or regulatory compliance.

PROVISIONS

Provision (a):

Information provided in the Pre-Audit Questionnaire confirmed that the facility is currently constructing a new chapel and installing a fencing system to separate access to population dormitories. Although these projects were not complete at the time of the on-site audit, the existing facility layout continues to support effective supervision and monitoring practices consistent with PREA standards. The planned improvements are intended to further strengthen controlled movement and visibility once completed.

Provision (b):

Since the previous PREA audit, the facility has implemented upgrades to portions of its surveillance system to enhance safety for both staff and inmates. Executive leadership confirmed that these improvements are a key element of the facility's broader sexual abuse prevention strategy. Enhancements include the addition of cameras, improved coverage in vulnerable areas, and upgraded monitoring technology that supports both preventive oversight and investigative review.

CONCLUSION

Based on a thorough review of the Pre-Audit Questionnaire, supporting documentation, on-site observations, and interviews with agency and facility leadership, the Auditor concludes that the facility is in full compliance with PREA Standard §115.13 - Supervision and Monitoring.

The facility demonstrates a strong and ongoing commitment to maintaining a safe and secure environment through effective supervision, strategic use of monitoring technology, and adherence to inmate privacy protections. The integration of staff oversight, environmental design, and surveillance systems reflects a proactive approach to the prevention, detection, and response to sexual abuse and sexual harassment, supporting the safety and well-being of all individuals within the

	institution.
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with PREA Standard §115.21, the Auditor reviewed a comprehensive set of materials submitted by the facility and the Alabama Department of Corrections (ADOC). Central to this review was the Pre-Audit Questionnaire, which outlined the agency’s procedures for responding to allegations of sexual abuse, including evidence preservation and access to forensic medical services.</p> <p>The Auditor examined ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes the agency’s uniform evidence protocol and delineates responsibilities for medical care, victim advocacy, and investigative coordination. Also reviewed was ADOC Administrative Regulation #300, which further defines investigative standards, evidence handling, confidentiality requirements, and protections for constitutional rights.</p> <p>In support of forensic and advocacy services, the Auditor reviewed the Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR). This agreement ensures statewide access to Sexual Assault Nurse Examiner (SANE) services and victim advocacy through a network of rape crisis centers. Additional materials reviewed included the National Protocol for Sexual Assault Medical Forensic Examinations, specialized investigator training certificates, a regional directory of SANE hospitals and rape crisis centers, and a Letter of Agreement between ADOC and Crisis Services of North Alabama, dated May 3, 2023.</p> <p>Collectively, the reviewed documentation demonstrated that ADOC has established a coordinated, victim-centered response system that integrates medical, advocacy, and investigative services in accordance with PREA requirements.</p> <p><u>INTERVIEWS</u></p> <p>Institutional PREA Compliance Manager (IPCM)</p> <p>The Institutional PREA Compliance Manager described the facility’s operational response following a report of sexual abuse. Advocacy services are made available through trained staff and community-based partners. The IPCM confirmed that ADOC maintains a formal MOU with ACAR, providing access to 28 rape crisis centers across the state. In addition, a specific agreement with Crisis Services of North Alabama ensures forensic examinations are conducted by qualified SANE personnel.</p>

The IPCM explained that forensic medical examinations are conducted at Madison Hospital Emergency Room, located at 8375 Highway 72 West in Madison, Alabama, which serves as a designated SANE site. During the previous 12 months, forty forensic examinations were completed, all by SANE-certified professionals.

Agency PREA Director (PD)

The Agency PREA Director confirmed that ADOC follows a uniform evidence protocol consistent with the National Protocol for Sexual Assault Medical Forensic Examinations. This protocol is applied in both administrative and criminal investigations and is designed to be developmentally appropriate for youthful individuals, should they be housed in ADOC facilities. The Director emphasized that all allegations of sexual abuse trigger both an administrative and, when appropriate, a criminal investigation, ensuring thorough accountability.

SAFE/SANE Medical Personnel

Interviews with SAFE/SANE personnel confirmed that all forensic examinations are conducted at Madison Hospital's emergency department, which maintains a dedicated SANE facility. SANE staff are contacted through an established on-call list, and individuals are transported to the hospital where SANE personnel meet them to conduct the examination. These services are provided at no cost to the inmate, and financial responsibility is not transferred to the victim under any circumstance.

Random Staff

Randomly selected staff demonstrated a clear understanding of their responsibilities following a report of sexual abuse. Staff described appropriate steps for evidence preservation, victim protection, and timely notification of supervisory and investigative authorities.

Inmates Who Reported Sexual Abuse

Individuals who reported sexual abuse stated that staff responded promptly and supportively. They reported being referred for forensic medical examinations when appropriate, having access to victim advocates during the examination process, and receiving medical care without financial cost. Interviewed individuals also confirmed they were not subjected to polygraph testing, were reassessed for risk following the allegation, and received written notification regarding the outcome of the investigation.

Rape Crisis Center Personnel

Rape crisis center representatives confirmed that the MOU between ADOC and ACAR ensures the availability of both SANE services and victim advocacy statewide. Services include emotional support, crisis intervention, and access to hotline resources, regardless of when or where the abuse occurred.

PROVISIONS

Provision (a):

The agency conducts both administrative and criminal investigations into allegations of inmate-on-inmate sexual abuse and staff sexual misconduct. ADOC employs 36 designated agency investigators trained to conduct these investigations in accordance with established protocols. Administrative Regulation #300 outlines the agency's evidence-handling procedures and reinforces the commitment to impartial, objective investigations while safeguarding confidentiality and constitutional rights.

Relevant Policies:

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

Provision (b):

Although no youthful individuals were housed at the facility at the time of the audit, ADOC's evidence protocol is developmentally appropriate for youth. Crisis Services of North Alabama provides 24-hour SANE services, and all forensic examinations are provided free of charge through funding from the Alabama Crime Victims Compensation Fund. Victim advocates are present during examinations. During the previous year, the facility reported forty forensic medical examinations, all conducted by SANE personnel at Madison Hospital's emergency department.

Relevant Policies:

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

Provision (c):

All individuals who experience sexual abuse are afforded access to forensic medical examinations at no cost. Examinations are conducted by SANE-certified personnel, with emergency room physicians utilized only when necessary. Madison Hospital maintains a dedicated SANE facility with on-call staff to ensure timely response. Advocacy services are embedded within the examination process, and the MOU between ADOC and ACAR supports ongoing access to these services. ADOC policy clearly states that medical and treatment services are provided regardless of an individual's participation in the investigative process.

Relevant Policies:

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

AR #454, p. 28, G, c

Provision (d):

Victim advocates are routinely present during forensic medical examinations. During the previous year, the agency reported seventy-nine allegations of sexual abuse and seven allegations of sexual harassment, with forty forensic examinations. Advocacy services are a standard and integral component of the forensic response protocol.

Relevant Policies:

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

	<p>Provision (e):</p> <p>Upon request, advocacy services are provided through qualified agency staff or community-based organizations. These services include emotional support, crisis intervention, and referrals for additional assistance, ensuring a victim-centered response.</p> <p>Provision (f):</p> <p>As previously outlined, the agency maintains responsibility for conducting both administrative and criminal investigations into allegations of sexual abuse and staff misconduct, ensuring comprehensive review and accountability.</p> <p>Provision (g):</p> <p>This provision is not subject to auditor assessment in accordance with PREA audit guidelines.</p> <p>Provision (h):</p> <p>Advocacy services are fully integrated into the forensic medical examination process and are supported through the MOU with ACAR and the agreement with Crisis Services of North Alabama, ensuring coordinated and continuous access to victim services.</p> <p>CONCLUSION</p> <p>Based on a thorough review of policies, supporting documentation, and interviews with staff, individuals who reported sexual abuse, and external service providers, the Auditor concludes that the agency and facility meet all applicable provisions of PREA Standard §115.21 - Evidence Protocol and Forensic Medical Examinations.</p> <p>The agency's practices reflect a coordinated, victim-centered approach that prioritizes timely medical care, professional evidence collection, advocacy support, and comprehensive investigations. These practices are consistent with PREA requirements and demonstrate a strong commitment to the safety, dignity, and rights of individuals in custody.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.22, the Auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). This review</p>

included governing policies and operational records that collectively outline the agency's procedures for referring, tracking, and investigating allegations of sexual abuse and sexual harassment.

Central to this review was ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes clear requirements for the reporting, referral, and investigation of all PREA-related allegations. The Auditor also reviewed ADOC Standard Operating Procedure – Investigations & Intelligence #454 and Administrative Regulation #300 – Operations, both of which further define investigative authority, evidence-handling standards, and documentation requirements.

Additional materials reviewed included ADOC Duty Officer Reports (DORs), which serve as the formal mechanism for documenting allegations and initiating investigative action, as well as National Institute of Corrections (NIC) Investigations Course certificates and continuing education records. These training documents verified that investigators assigned to PREA-related cases possess the specialized knowledge and credentials required to conduct professional, objective, and legally sound investigations.

Collectively, the reviewed documentation demonstrated that ADOC has established a centralized, well-defined investigative framework that ensures all allegations of sexual abuse and sexual harassment are promptly referred to appropriately trained personnel with the authority to investigate.

INTERVIEWS

Investigative Staff

Interviews with investigative personnel confirmed that all allegations of sexual abuse and sexual harassment—whether administrative or criminal—are investigated by trained ADOC staff. Investigators explained that responsibility for these cases rests exclusively with the ADOC Law Enforcement Services Division (LESD), whose investigators are sworn peace officers with full legal authority to conduct criminal and administrative investigations. Investigative staff described consistent procedures for evidence preservation, case documentation, and coordination with prosecutorial authorities when criminal conduct is substantiated.

Agency Head or Designee

The Agency Head's designee affirmed the Department's commitment to treating every allegation of sexual abuse and sexual harassment with seriousness and urgency. It was emphasized that ADOC does not rely on outside agencies to conduct investigations and instead maintains internal investigative capacity through LESD. The designee explained that all allegations are immediately documented, referred, and tracked, and that criminal referrals are formally recorded. Policies governing the reporting, referral, and investigation of allegations are publicly accessible on the ADOC website, reinforcing transparency and accountability.

PROVISIONS

Provision (a)

All allegations of sexual abuse and sexual harassment are referred to the ADOC Law Enforcement Services Division (LESD) for investigation. According to the PAQ, LESD is staffed by 36 trained investigators, each of whom has completed specialized investigative training through the National Institute of Corrections. Documentation reviewed and interviews with investigative staff confirmed that these training requirements are consistently met.

During the previous 12-month period, the agency reported 79 allegations of sexual abuse and 7 allegations of sexual harassment. In response to these allegations, 40 forensic medical examinations were conducted. All forensic examinations were completed by certified SAFE/SANE personnel from Crisis Services of North Alabama in Huntsville, Alabama.

Administrative Regulation #454 clearly defines LESD's responsibilities, emphasizing the requirement to conduct prompt, thorough, and objective investigations regardless of an individual's employment status or the outcome of any related criminal proceedings. When criminal activity is substantiated, cases are referred to the appropriate District Attorney for prosecution, with LESD remaining available to provide investigative support as needed.

Relevant Policy:

AR #454, IV.C, p. 5

AR #454, G. d, p. 21

Provision (b)

The agency maintains policies and operational practices to ensure that all allegations of sexual abuse and sexual harassment are referred for investigation by personnel with the legal authority to conduct such inquiries. Of the 79 sexual abuse allegations reported during the audit period, 66 were referred for criminal investigation. All seven allegations of sexual harassment were investigated administratively.

All LESD investigators are sworn peace officers with the authority to investigate both criminal and administrative matters. The ADOC Duty Officer Report (DOR) is utilized to formally document each allegation and to initiate the appropriate investigative response.

In accordance with Administrative Regulation #454, LESD is responsible for notifying the alleged victim in writing of the outcome of the investigation, including whether the allegation was substantiated, unsubstantiated, or unfounded. Documentation and interviews confirmed that this notification process is routinely followed.

Relevant Policy:

AR #454, IV.H.1.b, p. 23

AR #454, V.G.1.h, p. 26

	<p>Provision (c)</p> <p>All investigations related to sexual abuse and sexual harassment allegations are conducted by the ADOC Law Enforcement Services Division. The agency does not delegate investigative responsibility to external entities, ensuring consistency, accountability, and adherence to departmental standards.</p> <p>Relevant Policy: AR #454, IV.C, p. 5</p> <p>Provisions (d) and (e)</p> <p>These provisions are not applicable to the audit process and were therefore not evaluated.</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of agency documentation, interviews with agency leadership and investigative staff, and evaluation of investigative practices, the Auditor concludes that the agency and facility meet the requirements of PREA Standard §115.22 - Referral of Allegations for Investigations.</p> <p>The Alabama Department of Corrections has demonstrated a consistent, structured, and professional process for the referral and investigation of all allegations of sexual abuse and sexual harassment. Investigations are conducted by trained, authorized personnel in accordance with PREA standards and ADOC policy, ensuring accountability, transparency, and the protection of individuals in custody.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.31, the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the facility. This review focused on the structure, content, delivery, and documentation of employee training related to the prevention, detection, reporting, and response to sexual abuse and sexual harassment.</p> <p>The Auditor examined Alabama Department of Corrections (ADOC) Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes mandatory training requirements for all employees who may have contact with inmates. In addition, the Auditor reviewed the PREA training curricula developed by The Moss Group, which form the foundation of the facility's PREA education program.</p>

Supplemental training resources reviewed included the pamphlet entitled “What Staff Should Know About Sexual Misconduct with Inmates,” the PREA training test used to assess staff comprehension, and IPCM training materials used to reinforce facility-level compliance. Annual staff training records were also reviewed, with 88 individual files examined to verify completion, acknowledgment, and timeliness of training.

The Auditor further reviewed documentation related to staff meetings and shift turnout training sessions, which are used to reinforce PREA concepts and provide periodic refreshers. The presence and content of the PREA Information Bulletin Board were also evaluated as part of the facility’s ongoing educational efforts.

OBSERVATIONS

During the on-site facility tour, the Auditor observed a prominently displayed PREA Information Board located in an area accessible to staff and inmates. The board provided clear and concise educational materials designed to reinforce PREA awareness and reporting obligations. Information displayed included definitions and terminology related to sexual abuse and sexual harassment, the agency’s zero-tolerance policy, and guidance on reporting mechanisms.

The board also contained information outlining the right of individuals in custody to be free from sexual abuse and sexual harassment, along with a designated internal reporting number (*6611) available for reporting incidents. The visibility and organization of the information demonstrated the facility’s commitment to maintaining ongoing PREA awareness beyond formal training sessions.

INTERVIEWS

Random Staff

Interviews with randomly selected staff confirmed consistent understanding of PREA-related responsibilities. Staff described completing PREA training prior to any contact with inmates and participating in required annual in-service training. Interviewed staff also reported receiving PREA refreshers during shift briefings and staff meetings, reinforcing key concepts throughout the year.

Staff were able to articulate the core elements of PREA training, including zero tolerance, reporting obligations, professional boundaries, and appropriate response to allegations. Their responses demonstrated familiarity with all ten training components required under the standard and reflected effective knowledge retention.

PROVISIONS

Provision (a)

The Pre-Audit Questionnaire and supporting documentation confirmed that all employees with inmate contact receive comprehensive PREA training that addresses each of the required training elements under the standard. Training content includes instruction on the agency’s zero-tolerance policy for sexual abuse and sexual harassment; employee responsibilities for prevention, detection, reporting, and

response; and the rights of individuals in custody to be free from sexual abuse and harassment.

The curriculum also addresses protections against retaliation for reporting, the dynamics of sexual abuse in confinement settings, common reactions of victims, and methods for recognizing and responding to signs of abuse. Additional components include guidance on maintaining professional boundaries, avoiding inappropriate relationships, communicating respectfully with LGBTI and gender-nonconforming individuals, and understanding mandatory reporting obligations under the law.

The PREA training curriculum, developed by The Moss Group, thoroughly covers each of these topics and is tailored to employee roles. Training materials incorporate visual aids, written content, and reinforcement strategies designed to support comprehension and retention. The Auditor reviewed 88 staff training records and verified that each staff member received and acknowledged the required PREA training. Attendance rosters and signed acknowledgment forms confirmed full participation, and documentation reflected the provision of specialized training when required by job function.

Relevant Policy:

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

Provision (b)

Training content has been customized to reflect the operational realities of the facility while remaining consistent with PREA requirements. Although the training addresses gender-specific considerations as required, it is delivered in a gender-neutral and professional manner appropriate to the population and institutional setting.

The Auditor verified signed attendance sheets and training documentation confirming staff participation in the training sessions referenced under Provision (a).

Relevant Policy:

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

Provision (c)

Review of the 88 staff files confirmed that 100 percent of reviewed employees received PREA training within the past twelve months. In addition to formal training sessions, staff are issued a pamphlet entitled "PREA: What Staff Should Know About Sexual Misconduct with Inmates," which outlines key definitions, reporting responsibilities, and core PREA principles.

Staff are also provided with a laminated, pocket-sized spiral reference guide titled "Prison Rape Elimination Act (PREA): A Trauma-Informed Guide for First Responders." This guide serves as an ongoing reference tool and includes sections addressing PREA overview, definitions, key components, prevention and detection strategies, first responder responsibilities, and a summary of available resources.

Relevant Policy:

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

Provision (d)

All PREA training is formally documented. Staff are required to sign training attendance sheets or training acknowledgment receipts upon completion of each session. The Auditor verified that these documents were present and properly maintained in every training file reviewed. Training logs and acknowledgment forms demonstrated consistent tracking, verification, and compliance with documentation requirements.

Relevant Policy:

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

CONCLUSION

Based on a thorough review of documentation, direct on-site observations, and interviews with staff, the Auditor concludes that the facility is in full compliance with PREA Standard §115.31 – Employee Training.

All required training provisions are met, training content is comprehensive and role-specific, and staff understanding is routinely reinforced and verified. The facility’s training program reflects a strong institutional commitment to PREA principles and supports effective prevention, detection, reporting, and response to sexual abuse and sexual harassment.

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 documentation submitted by the facility. Materials examined included the Pre-Audit Questionnaire (PAQ) and all supporting documentation provided by the agency. Key policy references reviewed consisted of Alabama Department of Corrections (ADOC) Administrative Regulation #454, Inmate Sexual Abuse and Harassment, effective May 29, 2025, and ADOC Administrative Regulation #216, Background Checks, dated January 31, 2025.</p> <p>In addition, the Auditor reviewed PREA training records for both volunteers and contractors, including medical and non-medical personnel. Training curricula developed specifically for volunteers and contractors were evaluated, along with supporting records documenting completion of required PREA instruction prior to authorization for facility access.</p>

INTERVIEWS

As part of the compliance assessment, the Auditor conducted interviews with individuals who serve the facility in non-employee capacities.

Contractor

A contractor was interviewed and confirmed that PREA training was completed before being permitted to interact with inmates. The contractor explained that the training addressed expectations and responsibilities specific to their assigned duties and level of inmate contact. When asked to describe PREA and its purpose, the contractor demonstrated a clear understanding of the Act, including the obligation to report any observed or reported incidents of sexual abuse or sexual harassment immediately.

Volunteer

A volunteer was also interviewed and similarly reported receiving PREA training prior to being approved for service within the facility. The volunteer indicated that the training was tailored to their role and reinforced the agency's zero-tolerance stance. During questioning, the volunteer accurately articulated the core principles of PREA and described the required actions to take if sexual abuse or sexual harassment were witnessed or disclosed.

PROVISIONS

Provision (a)

The facility reported in the PAQ that all volunteers and contractors who have contact with inmates receive training on their responsibilities related to the prevention, detection, and response to sexual abuse and sexual harassment. At the time of the audit, the agency identified 141 approved contractors and 187 approved volunteers; however, facility staff clarified that the number of individuals who actively enter the facility is significantly lower. This information was corroborated through interviews and documentation review.

The Auditor examined PREA training records for a representative sample that included 41 volunteers, 52 non-medical contractors, and 15 medical contractors. All reviewed records confirmed completion of PREA training. The training curriculum, developed in collaboration with The Moss Group, addresses all ten elements required by the standard and is structured to align with the specific duties and responsibilities of volunteers and contractors. The level of detail and complexity varies appropriately based on the nature and extent of inmate contact.

Agency policy assigns responsibility to the Institutional PREA Compliance Manager (IPCM) for ensuring that all volunteers and contractors receive required PREA training prior to facility access. The policy further requires that employees, contractors, and volunteers adhere to all ADOC policies governing sexual abuse, sexual harassment, and custodial sexual misconduct.

Policy References

Provision (b)

According to information provided in the PAQ and supported by documentation, the depth and content of PREA training for volunteers and contractors are determined by the nature of their duties and level of interaction with inmates. All individuals are informed of ADOC's zero-tolerance policy and are instructed on approved reporting procedures for allegations or suspicions of sexual abuse or sexual harassment. Interviews with both the volunteer and contractor confirmed that these topics were clearly addressed during training.

Supporting documentation included a comprehensive four-page handout titled "PREA Training for Volunteers and Contractors." This handout provides an overview of PREA and its objectives, outlines ADOC reporting procedures, and includes definitions of sexual assault, sexual harassment, and custodial sexual misconduct. Each participant signs an acknowledgment form confirming receipt and understanding of the training, which is retained in the IPCM's training files.

Medical personnel serving under contract receive additional, specialized instruction through a training module titled "Health Care Response to Sexual Assault in a Confinement Setting," in conjunction with ADOC-specific PREA training requirements.

The facility also distributes a tri-fold PREA pamphlet that summarizes key PREA elements and emphasizes critical definitions and reporting expectations for volunteers and contractors. Additionally, a PREA First Responder Duties card is issued, providing step-by-step guidance for immediate actions required when responding to allegations of sexual abuse

Provision (c)

The facility maintains documentation verifying that volunteers and contractors understand the PREA training provided. As described under Provision (b), signed acknowledgment forms are retained within the IPCM's training files as evidence of comprehension and compliance.

The Auditor reviewed seven PREA training sign-in sheets dated within the previous 12 months. Each sign-in sheet contained participant signatures affirming receipt of the training and acknowledgment of understanding their PREA-related responsibilities.

CONCLUSION

Based on a comprehensive review of applicable policies, training curricula, and supporting documentation, as well as interviews with volunteers and contractors, the Auditor concludes that the agency and facility are in full compliance with PREA Standard §115.32. All volunteers and contractors who have contact with inmates receive appropriate, role-specific PREA training prior to facility access and demonstrate a clear understanding of their responsibilities under the Prison Rape Elimination Act.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.33, the Auditor conducted an extensive review of the Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The review focused on how inmates are informed, educated, and continuously reminded of their rights under PREA and the mechanisms available for reporting sexual abuse and sexual harassment.</p> <p>Central to this review was ADOC Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes requirements for inmate orientation, ongoing education, accessibility accommodations, and documentation. The Auditor also reviewed the inmate PREA training curriculum, inmate orientation materials addressing sexual assault, and the ADOC Inmate Handbook, which provides written guidance on PREA protections and reporting options.</p> <p>Additional materials reviewed included PREA receipt and acknowledgment forms (ADOC Form 454-A), the pamphlet entitled "What You Should Know About Sexual Abuse and Assault," and a variety of PREA informational posters placed throughout the facility. The Auditor examined miscellaneous PREA training materials, posters, and visual aids available in Spanish and formats designed to accommodate individuals with low vision or other accessibility needs.</p> <p>The Auditor also reviewed postings identifying outside confidential support services, inmate PREA orientation sign-in sheets covering January 2025 through November 2025, PREA 30-day education attendance logs for the same period, and an inmate PREA education tracking spreadsheet that documents education dates and participation. Collectively, these materials demonstrated a comprehensive and well-documented inmate education program.</p> <p>OBSERVATIONS</p> <p>During the on-site facility tour, the Auditor observed PREA-related educational materials prominently displayed in inmate housing units, common areas, and near inmate telephones. These postings provided clear, easy-to-understand information addressing sexual abuse and sexual harassment, including both internal and external reporting options. Internal reporting instructions directed individuals to the ADOC PREA Unit via the designated reporting number (*6611), while external reporting information identified Crisis Services of North Alabama as a confidential resource.</p> <p>Posters reinforcing the agency's zero-tolerance policy were visible throughout the facility, along with informational materials produced by outside confidential support service providers. The Auditor noted that materials were available in English and</p>

Spanish and that accessible formats were provided, including Braille, closed-captioned videos, and American Sign Language (ASL) interpretation.

The facility also provides the “Discussing PREA” video in both English and Spanish, with closed captioning and ASL interpretation. The strategic placement and accessibility of these materials reinforced the facility’s commitment to ongoing PREA education and awareness.

INTERVIEWS

Random Inmates

Interviews with randomly selected inmates confirmed consistent receipt of PREA education and materials. Inmates recalled receiving the Inmate Handbook and PREA-related information shortly after arrival and reported viewing the PREA educational video. Interviewed inmates demonstrated understanding of how to report sexual abuse or sexual harassment and were able to identify both internal and external reporting options.

Intake Staff

Interviews with intake staff confirmed that PREA education begins immediately upon arrival at the facility. Staff explained that all newly admitted inmates receive initial PREA information during the intake process, including education on the right to be free from sexual abuse and retaliation and the various methods available for reporting concerns. Intake staff further stated that comprehensive PREA education is provided within 15 days of arrival through video presentations or in-person instruction.

Staff also described how education is adapted for individuals with special needs, including those with limited English proficiency, visual or hearing impairments, or cognitive limitations. Intake staff confirmed that all inmates receive the Inmate Handbook and are required to sign acknowledgment forms verifying receipt and understanding.

PROVISIONS

Provision (a)

All inmates receive PREA-related information upon intake, including the agency’s zero-tolerance policy, definitions of sexual abuse and sexual harassment, and instructions for reporting incidents. This initial education ensures immediate awareness while inmates await comprehensive instruction. Documentation review and interviews confirmed that all 809 inmates admitted during the previous 12 months received this information at intake.

Relevant Policy

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

Provision (b)

The PAQ and supporting documentation confirmed that all inmates housed for more than 30 days received comprehensive PREA education within the required timeframe. This education includes additional discussion, video instruction, and opportunities for questions to reinforce understanding. Attendance records, training logs, and inmate files verified that 100 percent of eligible inmates received comprehensive PREA education in compliance with policy requirements.

Relevant Policy:

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

Provision (c)

The Auditor reviewed 79 inmate records and confirmed the presence of signed and dated PREA acknowledgment forms (ADOC Form 454-A). Each record documented receipt of the Inmate Handbook, completion of PREA orientation materials, and participation in video-based training, demonstrating consistent documentation practices.

Provision (d)

PREA education is delivered in multiple formats to ensure accessibility for all inmates. Materials and videos are available in English and Spanish, with accommodations provided for individuals with limited English proficiency, visual or hearing impairments, or other special needs. The facility utilizes accessible posters, visual aids, and video content with closed captioning and ASL interpretation. Policy explicitly prohibits the use of other inmates as interpreters or accessibility aides, ensuring confidentiality and accuracy.

Relevant Policy:

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

Provision (e)

All inmates sign a PREA acknowledgment form (ADOC Form 454-A), which is maintained in the inmate's institutional file. ADOC also maintains a PREA education database that allows staff to verify an inmate's education history by name or facility, providing an additional layer of accountability and continuity across placements.

Relevant Policy

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

Provision (f)

The agency employs multiple educational strategies to reinforce PREA awareness, including posters, handbooks, videos, and orientation sessions. Posters throughout the facility vary in design to maintain visibility and effectiveness. During the on-site tour, all areas visited contained clearly posted PREA materials, reflecting the facility's ongoing commitment to inmate education and awareness.

CONCLUSION

	<p>Based on a comprehensive review of the Pre-Audit Questionnaire, supporting documentation, inmate records, staff and inmate interviews, and on-site observations, the Auditor concludes that the facility meets all requirements of PREA Standard §115.33 - Inmate Education.</p> <p>Inmates are informed in a timely, accessible, and verifiable manner of their rights under PREA and the procedures available for reporting sexual abuse and sexual harassment. The facility's education program reflects a consistent, inclusive, and proactive approach to PREA compliance and inmate safety.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and supporting documentation 2. ADOC Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), 3. Specialized Training Curriculum for Investigators 4. Training Certificates for Investigators 5. Training Materials from The Moss Group, Alabama Department of Corrections (ADOC), Training Force USA, and the National Institute of Justice (NIJ) <p>INTERVIEWS:</p> <p><u>Investigative Staff</u></p> <p>During interviews, investigative staff confirmed they had completed specialized training in conducting sexual abuse investigations within confinement settings. Staff demonstrated knowledge of essential investigative procedures, including the use of Miranda and Garrity warnings, victim-centered interview techniques, and evidence collection methods specific to correctional environments.</p> <p>Provision (a):</p> <p>The PAQ and supporting documentation confirm that ADOC policy mandates all investigators receive specialized training in the investigation of sexual abuse in confinement settings.</p> <ol style="list-style-type: none"> 1. Interviews with investigative staff corroborated this requirement and demonstrated their understanding of the training content. 2. The Auditor reviewed training certificates for 36 inv 3. Investigators affiliated with the facility, verifying successful completion of

courses delivered by The Moss Group, ADOC, and Training Force USA.

- Training topics included:
 - Trauma-Informed Sexual Assault Investigations
 - Human Trafficking Awareness
 - Prison Rape and Sexual Assault Investigation
 - Specialized PREA Investigation Techniques

Additionally, all 52 Institutional PREA Compliance Managers (IPCMs) statewide have completed the same specialized training.

The Auditor also reviewed relevant portions of the National Institute of Justice's online course Sexual Abuse and the Initial Responder, which includes modules on:

1. PREA Investigations
2. Collaborating with Victims
3. Interviewing Techniques
4. Institutional Culture and Investigations

Relevant Policy

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

Provision (b):

The agency confirms that investigator training includes instruction on the following topics, as supported by documentation and staff interviews:

1. Techniques for interviewing sexual abuse victims
2. Proper application of Miranda and Garrity warnings
3. Evidence collection protocols in confinement settings
4. Criteria for determining whether allegations warrant administrative or criminal action

The Auditor reviewed NIJ/NIC training content and verified completion through training records and direct confirmation from investigative staff.

Relevant Policy

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

Provision (c):

The agency maintains detailed documentation of training completion for each investigator. This was verified by the Auditor through:

1. Review of signed training certificates for twenty PREA investigators currently employed by the ADOC Law Enforcement Services Division

2. Confirmation of training through both in-person sessions and online modules

Policy dictates, all training must be documented, signed, and maintained in personnel files. The Auditor confirmed compliance with these documentation practices, ensuring a consistent and verifiable training record for each investigator.

Relevant Policy

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

Provision (d):

This provision is not applicable for this audit.

CONCLUSION:

Based on a comprehensive review of policy documentation, training materials, personnel records, and investigative staff interviews, the Auditor concludes that the agency/facility is in full compliance with PREA Standard §115.34 - Specialized Training: Investigations. The agency has established and implemented a robust system to ensure that investigators are well-prepared, appropriately trained, and capable of conducting thorough and effective sexual abuse investigations within correctional settings.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.35, the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation provided by the facility and the Alabama Department of Corrections (ADOC). The review focused on the training requirements and delivery of both general and specialized PREA instruction for medical and mental health care practitioners who work regularly within the facility.</p> <p>Central to this review was ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025, which establishes mandatory training standards for medical and mental health practitioners. The Auditor also examined specialized training curricula, lesson plans, and training records maintained for medical and mental health staff. These records documented participation, completion, and acknowledgment of required training. Collectively, the documentation demonstrated a structured and policy-driven approach to ensuring practitioners are appropriately trained to respond to PREA-related matters.</p>

INTERVIEWS

Interviews were conducted with a cross-section of facility leadership and clinical staff to assess understanding and implementation of PREA training requirements. The PREA Compliance Manager explained that all medical and mental health practitioners receive the same foundational PREA training required of all employees under §115.31, in addition to specialized training tailored to their clinical roles.

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

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

PROVISIONS

Provision (a)

Through the PAQ and supporting documentation, the facility reported that agency policy requires all medical and mental health practitioners who work regularly at the facility to complete specialized PREA training. At the time of the audit, a total of 65 medical and mental health professionals were assigned to the facility, and documentation confirmed that each had completed the required training in accordance with agency policy.

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

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

Relevant Policy:

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

Provision (b)

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

Relevant Policy:

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

Provision (c)

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

Relevant Policy

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

Provision (d)

In addition to specialized instruction, medical and mental health practitioners also receive the general PREA training required of all employees, contractors, and volunteers. The PAQ, sign-in sheets, and training materials reviewed by the Auditor confirmed participation in these general PREA training sessions. Documentation demonstrated that required training is delivered consistently and that attendance is tracked in accordance with policy.

Relevant Policy:

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

CONCLUSION

Based on a comprehensive review of agency policy, training curricula, training records, the Pre-Audit Questionnaire, and interviews with facility leadership and medical and mental health staff, the Auditor concludes that the agency/facility meets all requirements of PREA Standard §115.35 - Specialized Training: Medical and Mental Health Care.

The facility has implemented a consistent and well-documented training program that ensures medical and mental health practitioners are appropriately prepared to respond to PREA-related concerns in a professional, informed, and trauma-responsive manner.

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

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.41, the Auditor conducted a comprehensive review of agency and facility documentation governing intake screening, reassessment practices, and information control related to sexual victimization and abusiveness. Materials reviewed included the Pre-Audit Questionnaire (PAQ) and multiple Alabama Department of Corrections (ADOC) policy directives and standardized screening instruments.

The governing policy framework is anchored by ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025, which establishes the department's requirements for PREA screening, reassessment, and confidentiality. Additional guidance was provided by ADOC Administrative Regulation #637, Gender Dysphoria, which outlines protections and assessment considerations for transgender and intersex inmates.

The Auditor also reviewed operational screening instruments used by intake and classification staff, including ADOC Form 454-C, Classification PREA Risk Factors Checklist, and ADOC Form 454-K, PREA Risk Assessment. These tools are supported by the facility's internal Risk Assessment Checklist, along with inmate-specific documentation reflecting both initial intake screenings and 30-day reassessments. Collectively, these materials demonstrate how PREA risk information is gathered, evaluated, documented, and applied to housing, supervision, and programming decisions.

INTERVIEWS

Risk Screening Staff

Interviews with staff responsible for conducting intake and classification screenings provided detailed insight into the facility's day-to-day PREA risk assessment practices. Screening staff explained that all inmates are screened promptly upon arrival, with initial assessments completed within the first 24 hours whenever possible and no later than the 72-hour policy requirement. These screenings evaluate a range of risk indicators, including prior sexual abuse, criminal history involving violence or sexual offenses, institutional behavior, and other vulnerability factors.

Staff further described the structured reassessment process, confirming that all inmates receive a mandatory 30-day reassessment and are additionally reassessed whenever new information becomes available. Such circumstances include the receipt of a PREA-related allegation, a referral from staff, a temporary release and return to the facility, or any change in circumstances that could impact safety. For transgender inmates, staff confirmed that screenings are conducted within 24 hours of arrival, reassessed within 30 days, and reviewed at least every six months thereafter, consistent with policy.

Screening staff emphasized that participation in the assessment process is voluntary. Inmates are never disciplined or pressured for declining to answer screening

questions. Staff may explain the purpose of the questions and attempt to re-engage at a later time, but refusals are respected without consequence, ensuring compliance with PREA requirements.

PREA Compliance Manager (PCM)

The PREA Compliance Manager described the screening and reassessment process as a critical component of the facility's overall safety strategy. The PCM explained that information gathered during intake and reassessment is used to identify inmates who may be at increased risk of sexual victimization or who may present a risk of sexually abusive behavior. This information directly informs housing assignments, supervision strategies, and program placements in order to reduce opportunities for sexual harm and enhance institutional safety.

The PCM confirmed that screening tools are applied consistently across the facility and are designed to promote objective, uniform decision-making. The PCM further noted that PREA risk information is reviewed collaboratively, when appropriate, with classification, medical, and mental health staff to ensure that placement decisions align with both safety and treatment considerations.

PREA Director (PD)

During the interview, the PREA Director confirmed that access to PREA screening information is strictly limited to designated staff with a legitimate operational need. Authorized access includes medical and mental health practitioners, classification staff, the PREA Compliance Manager, and other staff whose responsibilities involve treatment, security, or institutional management decisions. The PD emphasized that this information is shared only on a need-to-know basis and is protected from unauthorized disclosure.

The PREA Director also confirmed that ADOC does not detain individuals for the sole purpose of civil immigration enforcement, and that immigration status, when applicable, is considered only as a PREA-related risk factor and not for disciplinary or detention purposes.

Random Inmate

Inmates interviewed at random consistently reported that intake staff asked questions related to personal safety, concerns about sexual harm, and other PREA-related risk factors during their initial screening. Interviewed inmates recalled being asked about issues such as prior victimization, fears related to housing, sexual orientation, gender identity, and whether the incarceration was a first commitment.

Inmates stated that these screenings occurred shortly after arrival, generally within the first day, and that follow-up screenings were conducted within the first several weeks. Inmates demonstrated an understanding of the purpose of the screening process and acknowledged that the assessments were intended to promote safety within the facility.

Transgender Inmates

The transgender inmates responded similarly to the random inmates. They reported having a initial risk assessment upon arrival and a 30-day reassessment within the first 3 weeks. They reported being housed in general population, and they expressed confidence in the safety of their current assignments. All reported satisfaction with privacy accommodations, including access to private showering options, and noted that staff regularly check in on their safety concerns.

PROVISIONS

Provision (a)

The Pre-Audit Questionnaire indicates that the facility maintains a policy requiring all inmates to be screened upon admission or transfer for risk of sexual victimization and risk of sexually abusing others. During the on-site audit, intake staff provided a detailed walkthrough of the screening process, demonstrating how each assessment tool is completed and documented. Staff explained the rationale behind each screening question and how responses are evaluated and recorded, which allowed the Auditor to gain a comprehensive understanding of intake and classification procedures.

The Auditor reviewed 79 inmate records and verified that all records contained documentation confirming completion of the initial PREA risk screening within the required 72-hour timeframe, with the majority completed within 24 hours of intake. Policy requirements mandating screening for both new admissions and transfers using ADOC Form 454-C were clearly articulated in AR #454 and were consistently implemented in practice. These findings confirm compliance with Provision (a).

Relevant Policy

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

Provision (b)

Facility policy requires that all inmates be screened for PREA-related risk factors within 72 hours of arrival. The PAQ reported that, during the previous 12 months, 100 percent of the 809 inmates admitted to the facility were screened within this timeframe.

The Auditor's independent review of 79 randomly selected inmate records confirmed these figures, as every record demonstrated timely completion of the initial screening, many within the first 24 hours. Intake staff interviews further confirmed that PREA screening questions are consistently incorporated into all intake and classification processes. These combined findings verify full compliance with the 72-hour screening requirement.

Relevant Policy

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

Provision (c)

The ADOC utilizes standardized, objective screening instruments to assess PREA risk, specifically Forms 454-C and 454-K. These tools guide staff through a validated set of weighted risk factors aligned with PREA standards, ensuring consistent application across all screenings. Staff demonstrated familiarity with the tools and were able to clearly explain scoring and documentation procedures. Record review confirmed uniform and appropriate use of these instruments.

Relevant Policy

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

Provision (d)

The Auditor verified that the screening instruments address all required vulnerability factors, including age, physical build, mental or developmental disabilities, prior incarcerations, criminal history, sexual orientation, gender identity, history of sexual victimization, self-identified vulnerability, and immigration status when applicable. These factors are clearly incorporated into Part 1 of ADOC Form 454-C.

Relevant Policy

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

Provision (e)

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

Relevant Policy

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

Provision (f)

Policy requires that all inmates receive a reassessment within 30 days of initial intake. The Auditor verified through review of 79 inmate records that 100 percent contained documented 30-day reassessments, demonstrating consistent adherence to this requirement.

Relevant Policy

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

Provision (g)

Staff interviews confirmed that reassessments are conducted whenever an inmate is referred, makes a request, reports sexual abuse, or when new information relevant to PREA risk is received. Staff were able to clearly describe these scenarios and provide practical examples, demonstrating familiarity with policy expectations.

Relevant Policy

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

Provision (h)

Facility policy expressly prohibits any disciplinary action against inmates who decline to answer PREA screening questions. Screening staff confirmed that while they may explain the importance of the questions and revisit them later, participation is voluntary and refusals are honored without consequence.

Relevant Policy

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

Provision (i)

The Auditor confirmed through interviews and document review that PREA screening information is restricted to staff with a legitimate need to know, including medical, mental health, classification, and PREA personnel. Policies establish clear safeguards to prevent misuse or unauthorized disclosure of sensitive information, and staff demonstrated awareness of these confidentiality requirements.

Relevant Policy

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

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

CONCLUSION

Based on a comprehensive review of documentation, staff and inmate interviews, and direct observation of intake and classification practices, the Auditor concludes that the facility fully meets the requirements of PREA Standard §115.41, Screening for Risk of Sexual Victimization and Abusiveness. Screening and reassessment procedures are clearly defined, consistently implemented, and supported by staff training and oversight. Risk information is used appropriately to inform housing and management decisions, reassessments are conducted timely, and confidentiality protections are effectively enforced.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.42, Use of Screening Information, the Auditor conducted a comprehensive review of agency- and facility-level documentation governing how PREA screening data is applied to housing, classification, and programmatic decision-making. Central to this review was the facility’s completed Pre-Audit Questionnaire (PAQ) and its supporting documentation, which collectively describe the procedures used to integrate PREA risk screening information throughout intake, classification, housing placement, and ongoing management decisions.</p> <p>The Auditor examined Alabama Department of Corrections (ADOC) Administrative Regulation #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025. This regulation establishes statewide requirements for the appropriate and consistent use of screening information to reduce the likelihood of sexual victimization and sexually abusive behavior within ADOC facilities. In addition, ADOC Standard Operating Procedure (SOP) 454-5 was reviewed to assess how these policy mandates are implemented at the facility level.</p> <p>Supporting documentation reviewed during the audit included ADOC Form 454-C, Classification PREA Risk Factors Checklist, and ADOC Form 454-K, PREA Risk Assessment. These standardized tools guide staff in applying objective, safety-based criteria when making housing, bed, work, education, and programming decisions. The Auditor also reviewed inmate records, intake risk assessment checklists, reassessment documentation, and housing designation spreadsheets to verify that PREA screening information is consistently incorporated into classification decisions</p>

and not merely collected for recordkeeping purposes.

INTERVIEWS

Staff Responsible for Risk Screening

Staff assigned responsibility for conducting PREA risk screenings described a process that emphasizes individualized assessment and direct engagement with inmates. Staff explained that each inmate is evaluated using standardized agency tools while also being afforded the opportunity to discuss personal safety concerns, perceived threats, and compatibility issues related to housing and programming assignments.

Staff emphasized that classification and placement decisions are informed by both documented screening results and respectful dialogue with inmates. These discussions allow staff to identify concerns that may not be immediately evident from screening instruments alone. Staff confirmed that the overarching objective of the process is to promote inmate safety and institutional security by using screening information to guide housing assignments, bed placements, and access to work, education, and programming opportunities.

Institutional PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager confirmed that neither the facility nor the ADOC is operating under a consent decree, legal settlement, or judicial order requiring the establishment of a dedicated LGBTI housing unit. As a result, inmates who identify as lesbian, gay, bisexual, transgender, or intersex are generally housed within the general population unless individualized circumstances indicate that alternative placement is necessary to ensure safety.

The IPCM further explained that PREA screening information, mental health input, and classification assessments are carefully reviewed to ensure that inmates identified as being at elevated risk of sexual victimization are not housed with inmates assessed as presenting a higher risk of sexual abusiveness. The IPCM emphasized that placement decisions are made thoughtfully and deliberately, with particular attention given to documented safety concerns. For transgender and intersex inmates, expressed concerns regarding personal safety are meaningfully considered and documented as part of the classification and placement process.

PREA Director (PD)

The PREA Director explained that initial classification considerations begin with an inmate's legal sex, typically assigned at birth; however, this factor alone does not determine housing, classification, or program placement decisions. Each inmate is assessed individually to ensure placements are appropriate, safe, and consistent with PREA standards.

For transgender and intersex inmates, the PREA Director emphasized that the inmate's own views regarding personal safety carry substantial weight in housing and classification determinations. These placements are formally reassessed at least

every six months and again following any PREA-related incident, allegation, or identified safety concern. The PREA Director also confirmed that inmates are routinely interviewed during intake and reassessment processes to identify enemies, prior conflicts, or perceived threats, all of which further inform housing and classification decisions.

PROVISIONS

Provision (a)

The PAQ reflects that the facility uses PREA risk screening information to guide housing assignments, bed placements, work details, educational opportunities, and program participation in a manner designed to separate inmates at higher risk of sexual victimization from those identified as being at increased risk of sexual abusiveness. Interviews with the Institutional PREA Compliance Manager confirmed that this practice is consistently applied in daily operations.

The Auditor reviewed 48 inmate records and verified that PREA risk assessment data was routinely referenced and incorporated into classification and housing determinations. This review demonstrated that screening information is actively used to support individualized, safety-based placement decisions rather than serving as a passive or administrative record. Policy clearly directs staff to consider PREA mental health and risk assessment information when making classification and institutional assignment decisions.

Policy Reference:

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

Provision (b)

The PAQ further indicates that housing and placement decisions are made on an individualized basis, with inmate safety serving as the primary consideration. Policy review confirmed that PREA screening information and mental health assessments are used not only to inform housing determinations but also to guide decisions related to work assignments, educational placements, and participation in institutional programming.

This individualized approach ensures that placement decisions are responsive to each inmate's unique risk factors, vulnerabilities, and expressed safety concerns, thereby reducing the likelihood of sexual harm and promoting a safer institutional environment.

Policy Reference:

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

Provision (c) to Provision (g)

	<p>These provisions are no longer applicable to compliance findings.</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of policies, documentation, inmate records, staff interviews, and observed agency practices, the Auditor concludes that the agency and facility meet all applicable provisions of PREA Standard §115.42, Use of Screening Information. PREA screening data is consistently and appropriately applied to housing, classification, and programmatic decisions. Individualized assessments, ongoing reassessments, and meaningful consideration of inmate safety concerns are clearly reflected in both policy and practice, demonstrating sustained compliance with the standard.</p>
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115.43	Protective Custody
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.43, Protective Custody, the Auditor conducted a comprehensive review of agency and facility documentation governing the use of segregated housing and protective custody. Central to this review was the facility’s completed Pre-Audit Questionnaire (PAQ) and supporting documentation, which describe the policies, procedures, and oversight mechanisms related to the placement of inmates in segregated settings.</p> <p>The Auditor reviewed Alabama Department of Corrections (ADOC) Administrative Regulation #454, Inmate Sexual Abuse and Harassment, effective May 29, 2025, which establishes agency-wide requirements regarding protective custody and the prohibition against inappropriate use of segregation for inmates at risk of sexual victimization. In addition, ADOC Administrative Regulation #435, Segregated Housing, was examined to evaluate procedural safeguards, documentation requirements, and review timelines for any segregated placements.</p> <p>Operational documentation reviewed included the facility’s housing designation spreadsheet, segregation logs, holding cell and crisis cell records, and Post-Allegation Protective Custody forms. These materials were examined to verify whether any inmates had been placed in segregated housing for protective reasons related to sexual abuse or risk of victimization and to confirm compliance with documentation and review requirements.</p> <p>INTERVIEWS</p> <p>PREA Compliance Manager (IPCM)</p> <p>The Institutional PREA Compliance Manager confirmed that during the twelve months</p>

preceding the on-site audit, no inmates were placed in involuntary administrative or punitive segregation for reasons related to sexual victimization or as victims of sexual abuse. The IPCM explained that facility practice aligns with agency policy, which emphasizes the use of alternative housing options whenever possible and limits protective custody placements to rare, last-resort circumstances.

Facility Head or Designee

The Facility Head confirmed that all placements in segregated housing, regardless of the reason, are formally documented and reviewed at least every thirty (30) days. The Facility Head emphasized that this review process ensures continued oversight, accountability, and justification for any inmate housed in segregation, and that PREA-related considerations are incorporated into these reviews when applicable.

Staff Who Supervise Inmates in Segregated Housing

Staff assigned to supervise inmates in segregated housing units reported, through both formal interviews and informal discussions, that they have not observed any inmates being placed involuntarily in segregation for protective reasons related to sexual abuse or retaliation. Staff indicated that inmates housed in segregation during the review period were there solely for administrative or disciplinary reasons unrelated to PREA concerns.

Inmates in Segregated Housing

At the time of the on-site audit, no inmates housed in segregated units reported being placed there due to sexual abuse allegations or concerns related to sexual victimization. Inmate housing records and interviews confirmed that all individuals in segregated housing were assigned for administrative purposes or as a result of disciplinary sanctions.

PROVISIONS

Provision (a)

The PAQ reflects that ADOC policy strictly prohibits the placement of inmates identified as being at high risk for sexual victimization in involuntary segregated housing unless all alternative options have been thoroughly assessed and determined to be insufficient. The facility reported zero inmates were held in involuntary segregated housing, for risk of sexual victimization, in the past 12 months for any reason. Documentation review and interviews with the IPCM and Facility Head confirmed that no such placements occurred during the twelve-month review period. These findings demonstrate adherence to policy requirements and the intent of this provision.

Policy Reference:

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

Provision (b)

The PAQ and staff interviews confirmed that, if protective custody were ever deemed necessary, inmates would retain access to programs, privileges, education, and work opportunities to the extent possible. Policy further requires that any such placement be temporary, justified, and fully documented. No placements requiring application of this provision occurred during the past twelve months.

Policy Reference:

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

Provision (c)

Agency policy mandates that protective custody be used only as a last resort and that inmates placed in such status continue to have access to available programs and services. The Facility Head confirmed that these procedural safeguards are followed in practice. Documentation and interview findings verified that no protective custody placements under this provision occurred during the review period.

Policy Reference:

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

Provision (d)

The PAQ and confirmation from the IPCM indicated that there were zero instances of inmates being placed in protective custody pursuant to this provision within the past twelve months. As a result, no inmate interviews specific to this category were required or conducted.

Policy Reference:

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

Provision (e)

There were no inmates placed in involuntary segregation for protective purposes during the twelve-month audit period. Policy requires that any such placement, if it were to occur, be reviewed every thirty (30) days to determine the continued necessity of segregation. Documentation review confirmed that this review requirement is consistently applied to all segregated placements, regardless of reason.

Policy Reference:

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

	<p>CONCLUSION</p> <p>Following a thorough review of facility documentation, interviews with staff and inmates, and applicable agency policies, the Auditor concludes that the facility meets all provisions of PREA Standard §115.43, Protective Custody. There were no instances of inmates being placed in involuntary segregated housing for protective purposes during the audit review period. Agency policy is consistent with PREA requirements, emphasizes the use of alternatives to segregation, and establishes clear safeguards to ensure that protective custody, if ever used, would be limited, documented, and subject to ongoing review.</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 conducted a comprehensive review of documentation provided by the facility. Materials examined included the completed Pre-Audit Questionnaire (PAQ) and all supporting documentation, which collectively described the facility’s reporting mechanisms and staff responsibilities related to sexual abuse and harassment. The review also included Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025, which serves as the governing policy outlining inmate and staff reporting requirements.</p> <p>Additional documentation reviewed included the ADOC Inmate Handbook, which provides inmates with clear information regarding reporting options and confidentiality protections, as well as inmate legal mail envelopes used to facilitate confidential communication with external authorities. The Auditor also reviewed the Memorandum of Understanding (MOU) with Securus Technologies, which establishes external hotline services available to inmates for anonymous reporting. Educational and awareness materials, including “NO MEANS NO” posters, were reviewed as part of the facility’s overall strategy to promote zero tolerance and ensure inmates are informed of their rights and reporting options.</p> <p>OBSERVATIONS</p> <p>During the on-site portion of the audit, the Auditor observed multiple measures in place to ensure inmates have consistent access to reporting mechanisms and are regularly reminded of the facility’s zero-tolerance stance toward sexual abuse and sexual harassment.</p> <p>Visual messaging was prominently displayed throughout the facility. “NO MEANS NO” awareness posters were posted in both English and Spanish and were observed in</p>

housing units, intake and holding areas, common spaces, hallways, and the dining hall. These postings reinforce PREA messaging and provide ongoing reminders of inmates' rights and available reporting avenues.

The Auditor also observed clearly marked PREA drop boxes located in accessible areas throughout the facility. These drop boxes provide inmates with a secure and private method for submitting written reports, including anonymous disclosures.

As part of the audit process, the Auditor tested inmate telephones in multiple housing units to verify access to the PREA hotline. In each location tested, the *6611 PREA hotline was operational. The recorded message advised callers that the call is toll-free, anonymous, and subject to recording. Inmates are provided up to two minutes to leave a message, which is then forwarded for appropriate review and follow-up.

In addition, the Auditor confirmed the availability of the legal mail system for confidential reporting. Through discussions with mailroom staff, it was verified that inmates may request pre-addressed legal mail envelopes to contact the Director of the Law Enforcement Services Division (LESD). This process allows inmates to report PREA-related concerns securely and without interference.

INTERVIEWS

Interviews conducted during the audit further confirmed staff and inmate awareness of the facility's reporting procedures and expectations.

Random staff interviewed demonstrated a clear understanding of their obligation to immediately accept, document, and report any allegation of sexual abuse or sexual harassment. Staff consistently stated that reports may be made verbally or in writing, anonymously, or by third parties, and emphasized that all allegations must be forwarded through the appropriate chain of command without delay. Staff also confirmed that they may confidentially report incidents involving inmates to supervisors, the Institutional PREA Compliance Manager (IPCM), or directly to the PREA Director.

The Institutional PREA Compliance Manager provided detailed information regarding the facility's reporting framework. The IPCM confirmed that inmates are informed of multiple internal and external reporting options, including reporting to staff, utilizing PREA drop boxes, contacting the PREA hotline, or reaching out to external entities such as the Office of Victim Services or the State Board of Pardons and Paroles. The IPCM further explained that the MOU with Securus Technologies allows inmates to anonymously leave messages with an external provider, which are transmitted electronically to the PREA Director for review and action.

Random and targeted inmates interviewed during the audit consistently reported awareness of multiple methods for reporting sexual abuse or harassment. Inmates described options such as contacting staff, using PREA drop boxes, calling the hotline, reporting concerns to the PREA Compliance Manager, or asking a family member or other third party to report on their behalf. Responses indicated that reporting information is clearly communicated and readily available.

PROVISIONS

Provision (a):

The PAQ, documentation review, and interviews confirmed that inmates are able to report sexual abuse, sexual harassment, retaliation for reporting, and staff neglect or policy violations that may contribute to such incidents. Facility policy allows inmates to submit reports verbally or in writing, anonymously or through third parties.

Reporting avenues include PREA drop boxes, the PREA hotline, the grievance system, and confidential communication with LESD using pre-addressed legal mail envelopes. These multiple reporting options ensure accessibility and accommodate varying inmate needs.

Relevant Policy:

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

Provision (b):

The facility provides inmates with at least one method to report allegations to an external entity. Through the MOU with Securus Technologies, inmates have 24-hour access to external reporting options, including the *6611 PREA Hotline, the ADOC Crime Tip Hotline, and the ACAR Hotline, which offers confidential and unrecorded support. These services allow inmates to report concerns to public or private entities outside of the agency.

Provision (c):

Policy requires staff to accept and promptly document reports of sexual abuse or sexual harassment from any source, including anonymous and third-party reports. Staff interviews confirmed this requirement is well understood and consistently followed. The Inmate Handbook reinforces the agency's commitment to confidentiality and safety, emphasizing that all reports are investigated and handled in a manner designed to protect the reporting individual. AR #454 further mandates immediate reporting of any known or suspected abuse, retaliation, or staff misconduct that may contribute to PREA-related incidents.

Relevant Policy:

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

Provision (d):

Information obtained from the PAQ and interviews with the IPCM confirmed that staff have the ability to privately report sexual abuse or sexual harassment. Policy establishes secure and confidential reporting channels for staff, ensuring that concerns may be raised without fear of retaliation or compromise.

Relevant Policy:

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

CONCLUSION:

Based on a thorough review of documentation, direct observations, and interviews with staff and inmates, the Auditor concludes that the facility is fully compliant with PREA Standard §115.51, Inmate Reporting. The facility provides multiple, accessible, and well-publicized avenues for inmates and staff to report sexual abuse and sexual harassment. Policies and practices support timely, confidential, and effective reporting, demonstrating a sustained commitment to safety, accountability, and PREA compliance

115.52 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.52, the Auditor conducted a detailed review of materials submitted by the facility and the Alabama Department of Corrections (ADOC). The review included the completed Pre-Audit Questionnaire (PAQ), which outlined the agency's grievance procedures and the facility's implementation of those procedures for allegations of sexual abuse and sexual harassment.

The Auditor reviewed ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment (PREA), dated May 29, 2025, which establishes the overarching PREA framework, including reporting and investigative requirements. In addition, ADOC Administrative Regulation #406, Inmate Grievance Policy, dated August 1, 2023, was examined to assess the formal grievance process available to inmates, including timeframes, safeguards, and procedural protections specific to PREA-related allegations. The Inmate Handbook was also reviewed and found to clearly communicate grievance procedures and inmate rights in accessible language. Information obtained from interviews with random staff and inmates was considered in conjunction with the documentary evidence to assess practical application of policy.

INTERVIEW

Random Staff

Random staff interviews demonstrated a consistent and accurate understanding of the grievance process as it relates to PREA. Staff confirmed that allegations of sexual abuse and sexual harassment are considered grievable matters under departmental policy and must be accepted regardless of the manner in which they are submitted.

Staff were able to clearly describe how PREA-related grievances are routed for review, including the requirement that such grievances be forwarded to the appropriate investigative authority and handled separately from routine grievances. Staff also emphasized the protections in place to prevent retaliation and stated they are trained to ensure confidentiality and timely processing.

Random Inmates

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

PROVISIONS

Provision (a)

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

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

Provision (b)

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

Relevant Policy

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

Provision (c)

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

Relevant Policy

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

Provision (d)

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

Relevant Policy

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

Provision (e)

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

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

Relevant Policy

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

Provision (g)

The agency maintains a written policy prohibiting disciplinary action against inmates for filing grievances alleging sexual abuse unless it is clearly demonstrated that the grievance was submitted in bad faith. During the past year, no inmates were disciplined for filing PREA-related grievances in bad faith. The policy further prohibits retaliation and outlines consequences for reprisal by either staff or inmates in connection with the grievance process, reinforcing protection for those who utilize administrative remedies.

Relevant Policy

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

CONCLUSION

Based on a comprehensive review of the Pre-Audit Questionnaire, applicable policies, supporting documentation, and information obtained through staff and inmate interviews, the Auditor concludes that the agency and facility are fully compliant with PREA Standard §115.52, Exhaustion of Administrative Remedies. The grievance system is accessible, clearly defined, and consistently implemented, providing inmates with a safe and effective means to report allegations of sexual abuse and sexual harassment without fear of retaliation.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.53, the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and accompanying supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). This review included ADOC Administrative Regulation #454, dated May 29, 2025, which governs inmate sexual abuse and harassment prevention, reporting, and response protocols.</p> <p>The Auditor also examined the facility’s current Memorandum of Understanding (MOU) with the Alabama Coalition Against Rape (ACAR), which formalizes the provision of confidential emotional support services for inmates who report sexual</p>

abuse. Additional documentation reviewed included PREA informational posters displayed throughout the facility in both English and Spanish, informational flyers related to the Alabama Advocacy Hotline (*661), and a current listing of ACAR-affiliated crisis centers with county-specific contact information, including Crisis Services of North Alabama. Collectively, these materials demonstrate the facility's structured approach to ensuring inmates are informed of, and have access to, outside victim advocacy and support services.

OBSERVATIONS

During the on-site facility tour, the Auditor observed that PREA awareness materials were prominently and consistently displayed throughout housing units and common areas. "NO MEANS NO" PREA posters were clearly visible and available in both English and Spanish, supporting accessibility for inmates with limited English proficiency. The placement and condition of these materials indicated ongoing efforts to reinforce PREA education and reporting options within inmate living and program areas.

INTERVIEWS

Institutional PREA Compliance Manager (IPCM):

The Institutional PREA Compliance Manager confirmed that the facility maintains an active MOU with an external confidential support service provider. The IPCM explained the facility's established procedures for connecting inmates who allege sexual abuse with victim advocates from community-based organizations, including Crisis Services of North Alabama. Documentation provided during the interview further detailed the coordination process between the facility and advocacy partners to ensure timely access to emotional support and crisis intervention services.

Inmates:

Inmates interviewed demonstrated a general awareness of their right to access outside confidential emotional support services. Several inmates accurately identified the ADOC PREA hotline (*661), acknowledging that calls placed through this system are recorded and may be shared with facility staff for safety, security, and investigative purposes. Inmates also confirmed they had received information regarding the availability of outside victim advocacy services and understood how to access those resources if needed.

Crisis Services of North Alabama:

The Auditor conducted a telephone interview with a representative from Crisis Services of North Alabama in Huntsville, Alabama. The representative confirmed that trained victim advocates are available to support inmates before, during, and after forensic medical examinations. The agency also provides follow-up services to ensure continuity of care and appropriate aftercare arrangements. The representative clarified that inmates are informed of the limits of confidentiality, including circumstances in which information must be shared for institutional security, medical treatment, or investigatory purposes.

Alabama Coalition Against Rape (ACAR):

During the interview process, ACAR representatives confirmed that ADOC has partnered with ACAR to provide survivors of sexual abuse with confidential emotional support services, regardless of when the victimization occurred. Inmates may access ACAR services by calling 1-800-639-4357 through the inmate phone system between 4:00 p.m. and 9:00 p.m., or by corresponding via mail at P.O. Box 4091, Montgomery, Alabama 36102. ACAR emphasized its role in ensuring statewide access to advocacy services through coordination with local crisis centers.

PROVISIONS

Provision (a):

The PAQ and supporting facility documentation confirm that inmates are provided access to outside victim advocates for emotional support services related to sexual abuse. This was corroborated through interviews with the IPCM and supported by formal agreements, including the MOU with the Alabama Coalition Against Rape and the facility's maintained listing of Crisis Services of North Alabama contact information.

Facility policy clearly defines the role of victim advocates and requires that inmates who allege sexual abuse be informed of their right to receive crisis intervention services, forensic medical care, and advocate support during medical examinations and investigative interviews. Documentation also confirmed that the facility does not detain individuals solely for civil immigration purposes.

Provision (b):

During the on-site audit, the Auditor tested multiple inmate payphones and verified that the PREA hotline (*661) was fully operational. Facility policy requires staff at the intermediate level or higher to test inmate telephones once per shift to ensure consistent access. Audit testing confirmed that these checks are conducted as required and that phones remain functional.

Interviews with inmates demonstrated an understanding that while calls to outside advocacy services are treated as confidential, certain disclosures—such as those involving imminent harm or abuse of minors or vulnerable adults—may require mandatory reporting. Crisis Services of North Alabama confirmed that victim advocates are responsible for informing inmates of any limitations on confidentiality. Facility policy further ensures that individuals alleging sexual abuse receive timely emergency and crisis services as determined appropriate by qualified medical or mental health personnel.

Provision (c):

The Auditor reviewed the MOU between ADOC and ACAR, which outlines ACAR's responsibilities in providing confidential emotional support services to inmates. The agreement specifies that ACAR will maintain or establish partnerships with community-based service providers to ensure statewide access to advocacy services for inmates at all facilities. The ACAR hotline, 1-800-639-4357 (NEW HELP), is not recorded or monitored, in accordance with PREA confidentiality requirements.

	<p>Both ACAR and Crisis Services of North Alabama confirmed that emotional support services are available regardless of when or where the victimization occurred. The Auditor verified that the agreement is current, active, readily accessible, and appropriately maintained on-site.</p> <p>CONCLUSION</p> <p>Based on a thorough review of the Pre-Audit Questionnaire, supporting documentation, on-site observations, and interviews with facility staff, inmates, and external advocacy partners, the Auditor concludes that the agency/facility meets all requirements of PREA Standard §115.53. Inmates are adequately informed of, and provided meaningful access to, outside confidential emotional support services related to allegations of sexual abuse.</p>
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115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.54, the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). As part of this review, the Auditor examined ADOC’s publicly accessible website, with particular attention given to the agency’s PREA webpage and associated reporting mechanisms available to the public.</p> <p>The review included ADOC Administrative Regulation #454, dated May 29, 2025, which establishes agency-wide policies governing the prevention of, reporting of, and response to allegations of sexual abuse and sexual harassment. The Auditor also examined PREA reporting forms utilized for Law Enforcement Sensitive Disclosures (LESD), as well as online publications that prominently display the ADOC PREA email address designated specifically for third-party reporting. Taken together, these materials reflect a structured and intentional approach by the agency to ensure that allegations of sexual abuse or sexual harassment may be reported by individuals outside of the correctional setting.</p> <p>INTERVIEWS</p> <p>Inmates:</p> <p>During interviews conducted with incarcerated individuals, inmates demonstrated a clear and consistent understanding of third-party reporting options. Interviewed inmates articulated that allegations of sexual abuse or sexual harassment could be reported on their behalf by individuals outside the facility, including family members,</p>

friends, attorneys, or other external advocates. Inmates expressed awareness of these reporting avenues and indicated they would be willing to utilize or accept third-party assistance if they felt unable or uncomfortable reporting an incident directly.

PROVISIONS

Provision (a):

The Alabama Department of Corrections has established and continues to maintain accessible third-party reporting mechanisms in full compliance with PREA requirements. The Auditor verified that these reporting options are clearly available to the public through the agency’s official website. Individuals wishing to report a PREA-related incident on behalf of an incarcerated person may access the reporting process through the PREA link located under the “About ADOC” tab.

The PREA webpage identifies the agency PREA Director and provides multiple methods for initiating a third-party report. One reporting option allows individuals to submit a formal request for an investigation through a dedicated online link, thereby initiating the third-party reporting process. In addition, the webpage offers an electronic reporting option that allows allegations to be submitted directly via email using the designated PREA address, DOC.PREA@doc.alabama.gov.

These publicly accessible reporting avenues ensure that third parties—including family members, legal representatives, friends, and victim advocates—can report allegations of sexual abuse or sexual harassment without unnecessary barriers. The availability of multiple reporting methods enhances accessibility and reinforces the agency’s commitment to transparency, accountability, and the safety of incarcerated individuals.

Relevant Policy

- 1. AR #454, V.G. 1, a, p. 21
- 2. AR #454, V.G. 2, a, p. 21

CONCLUSION

Based on a comprehensive review of the Pre-Audit Questionnaire, supporting documentation, ADOC website content, and interviews with inmates, the Auditor concludes that the Alabama Department of Corrections fully meets the requirements of PREA Standard §115.54 - Third-Party Reporting. The agency provides clear, accessible, and multiple mechanisms for third-party reporting, and inmates demonstrate awareness of and confidence in these reporting option.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA reporting and confidentiality requirements, the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). This review included ADOC Administrative Regulation #454, dated May 29, 2025, which establishes agency-wide requirements for reporting, confidentiality, and response to allegations of sexual abuse and sexual harassment.

The Auditor also examined ADOC Administrative Regulation #302, which governs incident reporting procedures and reinforces staff responsibilities related to timely notification and documentation of PREA-related allegations. Collectively, these policies and materials demonstrate the agency's structured framework for ensuring that staff understand their reporting obligations, maintain confidentiality, and appropriately escalate allegations through designated channels.

INTERVIEWS

Facility Head or Designee:

During the interview process, the Facility Head confirmed awareness of the legal and administrative requirements governing the reporting of sexual abuse and sexual harassment allegations. The Facility Head stated that all staff are required to immediately report any knowledge, suspicion, or information related to sexual abuse or sexual harassment, regardless of whether the incident occurred within the facility or involved agency staff. This obligation also applies to allegations involving retaliation or staff neglect related to sexual abuse or sexual harassment. The Facility Head further confirmed that allegations involving individuals under the age of 18 or those classified as vulnerable adults are reported to the appropriate state or local authorities in accordance with mandatory reporting laws.

Random Staff:

Randomly selected staff consistently demonstrated a clear understanding of their duty to immediately report any allegation or suspicion of sexual abuse or sexual harassment in accordance with agency policy. Staff acknowledged that all PREA-related information must be treated as confidential and shared only with individuals who have a legitimate need to know, such as supervisors, investigators, or medical personnel. Staff indicated that disclosure to others is prohibited unless required for treatment, investigation, security, or management purposes. All staff interviewed confirmed that PREA-related allegations are promptly forwarded to the Institutional PREA Compliance Manager (IPCM), who then ensures notification of investigative staff.

Medical and Mental Health Practitioners:

Medical and mental health practitioners confirmed their understanding of PREA policy requirements and their obligation to immediately report allegations of sexual abuse. Practitioners articulated their responsibility to inform individuals receiving services of the limits of confidentiality prior to initiating care, due to mandatory reporting requirements. They also demonstrated awareness of their role in preserving evidence

and managing sensitive information in accordance with trauma-informed practices.

PREA Director:

The PREA Director confirmed that all allegations of sexual abuse and sexual harassment, including anonymous and third-party reports, are immediately reported to the facility's designated investigator. The PREA Director emphasized the agency's expectation of timely reporting and consistent communication between facilities, IPCMs, and investigative staff.

PROVISIONS

Provision (a)

The PAQ and supporting documentation confirm that all staff are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, regardless of whether the incident involves agency staff or occurred within the facility. This reporting obligation also extends to allegations involving retaliation or staff neglect related to sexual abuse or sexual harassment. The Facility Head verified this requirement during the interview process, reinforcing the agency's zero-tolerance policy and expectations for immediate reporting.

Relevant Policy

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

Provision (b)

The PAQ indicates that staff are prohibited from disclosing information related to a sexual abuse report except to designated supervisors or officials with a legitimate need to know. Any disclosure is limited to what is necessary for treatment, investigation, or security and management purposes. Random staff interviews confirmed consistent understanding and application of these confidentiality requirements.

Agency policy further specifies that staff may only obtain and share information necessary to protect an individual from immediate harm until an investigator conducts a more comprehensive interview. The Auditor also reviewed the Informed Consent for Medical Services document, which authorizes medical and mental health providers to share pertinent information with appropriate personnel when necessary for care or safety.

Relevant Policy

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

Provision (c)

Facility documentation and the PAQ confirm that medical and mental health practitioners are required to inform individuals of their duty to report and the limits of confidentiality at the initiation of services. This requirement was verified through interviews with medical and mental health staff, who demonstrated awareness of their reporting responsibilities and confidentiality obligations.

Policy mandates that practitioners advise individuals, prior to providing services, that information related to sexual victimization must be reported to the IPCM. The ADOC further supports this process by providing first responders with the Prison Rape Elimination Act (PREA): A Trauma-Informed Guide for First Responders, which outlines responsibilities related to evidence preservation and information sharing.

Relevant Policy

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

Provision (d)

The PAQ confirms that when an alleged victim is under the age of 18 or qualifies as a vulnerable adult under state or local statute, the agency reports the allegation to the appropriate designated services agency in accordance with mandatory reporting laws. This requirement was confirmed by the Facility Head during the interview process.

Agency policy specifies that allegations involving youthful individuals or vulnerable adults must be reported to the Alabama Department of Human Resources, in compliance with state statute and regulatory requirements.

Relevant Policy

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

Provision (e)

The PAQ indicates that all allegations of sexual abuse and sexual harassment, including anonymous and third-party reports, are forwarded to the facility's designated investigator. This practice was confirmed during the interview with the PREA Director.

Agency policy requires that any knowledge, suspicion, or information related to sexual abuse, sexual harassment, or custodial sexual misconduct be immediately reported to the IPCM, PREA Director, and Investigations and Intelligence (I&I) staff in accordance with ADOC Administrative Regulation #302 governing incident reporting.

Relevant Policy

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

	<p>CONCLUSION</p> <p>Based on a thorough review and analysis of the Pre-Audit Questionnaire, supporting documentation, applicable policies, and interviews with facility leadership, staff, and medical and mental health practitioners, the Auditor concludes that the agency and facility meet all provisions of the PREA standard related to staff and agency reporting duties. The facility demonstrates consistent adherence to reporting requirements, confidentiality protections, and mandatory notification procedures in alignment with PREA and ADOC policy.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA requirements related to protective actions and inmate safety, the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). This review included ADOC Administrative Regulation #454, dated May 29, 2025, which outlines the agency’s responsibilities for identifying, responding to, and mitigating risks of sexual abuse and sexual harassment.</p> <p>Additional documentation reviewed included records related to the transfer of inmates due to sexual safety concerns, housing placement records maintained through the Housing Designation Log, and an IPCM memorandum addressing agency protection duties dated October 22, 2025. The Auditor also examined the facility’s Coordinated Response Plan, which details the roles and responsibilities of staff when responding to allegations or identified risks of sexual abuse. Collectively, these materials demonstrate a structured and proactive approach to inmate protection and risk mitigation.</p> <p>INTERVIEWS</p> <p>Random Staff:</p> <p>During interviews with randomly selected staff, personnel consistently demonstrated an understanding of their responsibility to respond promptly and effectively when an allegation of sexual abuse or sexual harassment is reported. Staff explained that their immediate priority is to ensure the safety and well-being of the involved inmate by separating the alleged victim from the alleged perpetrator without delay. Staff further indicated that they would promptly notify supervisory staff, preserve any potential evidence, and follow established reporting and response protocols. These responses reflected a clear emphasis on inmate protection as the foremost concern.</p>

Facility Head or Designee:

In the interview with the Facility Head, it was confirmed that the facility takes immediate action to protect any inmate identified as being at risk of sexual abuse. The Facility Head explained that protective measures are determined based on the circumstances of each case and may include relocating the inmate to a different housing area or transferring the inmate to another facility if necessary. When the alleged perpetrator is known, that individual is placed in segregated housing to ensure separation and prevent further harm. The Facility Head affirmed that these decisions are guided by policy, professional judgment, and the goal of maintaining inmate safety without unnecessary use of restrictive housing.

PROVISIONS**Provision (a)**

The facility's response to the Pre-Audit Questionnaire confirms that immediate protective actions are taken whenever the agency or facility becomes aware that an inmate faces a substantial risk of imminent sexual abuse. The IPCM memorandum dated October 22, 2025, documents that no inmates were transferred due to a substantial risk of imminent sexual abuse during the preceding twelve-month period. This information was verified during the interview with the Facility Head.

Agency policy mandates that inmates who are identified as being at high risk for sexual victimization, or who report incidents of sexual abuse or sexual harassment, are not placed in involuntary administrative or punitive segregation unless an individualized assessment determines that no other reasonable alternatives are available. This approach reflects the agency's commitment to balancing inmate safety with the least restrictive housing options.

Policy further assigns responsibility to the Institutional PREA Compliance Manager (IPCM) for evaluating reports of sexual abuse or sexual harassment and recommending appropriate housing placements or transfers when necessary to ensure inmate safety. When an inmate is believed to be at substantial risk of imminent sexual abuse, the IPCM is required to take immediate protective action. Any recommended placement or transfer decisions are implemented with the final approval of the Warden or the Warden's designee, ensuring appropriate oversight and accountability.

Relevant Policy:

ADOC Administrative Regulation #454, Section IV.K.3, page 11

CONCLUSION

Based on a thorough review of the Pre-Audit Questionnaire, supporting documentation, applicable policies, and interviews with facility leadership and staff, the Auditor concludes that the facility meets the requirements of this PREA standard. The agency has demonstrated that it maintains effective, well-defined procedures to promptly identify and respond to situations involving a substantial risk of imminent

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

PROVISIONS

Provision (a):

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

The IPCM memorandum dated October 22, 2025, confirms that there were no allegations of this nature reported during the previous twelve-month period. This information was further verified during the Facility Head interview.

Relevant Policy:

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

Provision (b):

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

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

Relevant Policy:

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

Provision (c):

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

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

Relevant Policy:

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

Provision (d):

The PAQ confirms that any allegations received from other confinement facilities or

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

Relevant Policy:

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

CONCLUSION

Based on a comprehensive review of the Pre-Audit Questionnaire, applicable policies and documentation, and interviews with agency and facility leadership, the Auditor concludes that the agency and facility meet all provisions of PREA Standard §115.63 – Reporting to Other Confinement Facilities. The agency maintains appropriate policy guidance, ensures timely notification within the required 72-hour timeframe, utilizes proper documentation, and adheres to investigative requirements consistent with PREA standards.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA standards governing staff first responder duties, the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). This review included ADOC Administrative Regulation #454, dated May 29, 2025, which establishes agency-wide expectations for responding to allegations of sexual abuse and sexual harassment.</p> <p>The Auditor also examined the PREA First Responder Duty Card and the PREA Pocket Guide for First Responders, both of which are issued to staff to reinforce required actions during PREA incidents. These resources collectively demonstrate the agency’s commitment to ensuring that staff are properly trained, equipped, and prepared to respond in a timely, trauma-informed, and policy-compliant manner when allegations arise.</p> <p>INTERVIEWS</p> <p>Staff:</p> <p>Across all interviews, staff consistently demonstrated the ability to clearly and accurately describe the step-by-step actions required when responding to an allegation of sexual abuse. Staff articulated the importance of immediate reporting, preserving physical evidence, ensuring access to medical care, and maintaining</p>

confidentiality. Their responses reflected a consistent understanding of agency policy and reinforced the effectiveness of ongoing PREA training across disciplines.

Security Staff - First Responders:

Security staff interviewed confirmed that they receive PREA first responder training through annual in-service instruction, on-the-job training, and routine staff meetings. These staff members were able to articulate the required immediate response actions, including separating the involved parties, securing the scene, protecting evidence, and ensuring supervisory notification. Their responses demonstrated familiarity with agency expectations and confidence in executing first responder responsibilities.

Non-Security Staff - First Responders:

Non-security staff also demonstrated a clear understanding of their responsibilities should they be the first to receive a report of sexual abuse. Interviewed staff stated they would immediately notify security personnel, ensure separation of the victim and alleged abuser, advise all involved individuals not to engage in activities that could compromise evidence, and secure the area until security staff arrived. Non-security staff emphasized the importance of confidentiality and described their approach as trauma-informed, prioritizing the safety and well-being of the affected individual.

Inmates Who Reported Sexual Abuse:

Inmates who reported experiencing sexual abuse described consistent and timely responses by staff. Inmates stated that staff responded promptly to reports, immediately referred them for forensic examinations, and offered the presence of a victim advocate during the exam to explain the process and provide support. Inmates confirmed they were not charged for medical services and that none were asked to submit to a polygraph examination. Each individual reported receiving written notification of the investigation outcome, consistent with policy requirements.

PROVISIONS

Provision (a)

The PAQ confirms that the agency maintains a formal first responder policy for handling allegations of sexual abuse, as outlined in ADOC Administrative Regulation #454. Interviews with both security and non-security staff verified awareness and understanding of this policy. All interviewed staff possessed a laminated PREA First Responder Duty Card, which outlines the required actions to be taken during a PREA incident and serves as a readily accessible reference to support compliance with policy expectations.

The Auditor also reviewed the Prison Rape Elimination Act (PREA) – A Trauma-Informed Guide for First Responders, a spiral-bound pocket guide issued to all staff. This guide provides comprehensive guidance on PREA fundamentals, including definitions, prevention, detection, response protocols, and available resources. The guide reinforces agency expectations and promotes consistent, trauma-informed responses across all staff roles.

PAQ data and PREA tracking records documented a total of 79 allegations of sexual abuse during the audit period. Of these, 72 involved inmate-on-inmate abuse, all of which were referred for criminal investigation. At the time of the audit, seven cases were determined unfounded, four unsubstantiated, and 61 remained under investigation. No prosecutions occurred in closed cases. All affected individuals were offered medical and mental health services, retaliation monitoring was conducted in accordance with policy, and written notification of investigative outcomes was provided in each closed case. Sexual Abuse Incident Reviews were completed within 30 days for all substantiated and unsubstantiated cases.

The facility also reported seven allegations of staff-on-inmate sexual abuse, with one determined unfounded and six pending criminal investigation at the time of the audit. Additionally, seven allegations of sexual harassment were reported, all involving inmate-on-inmate behavior. These cases were investigated administratively, resulting in five unsubstantiated findings, one unfounded finding, and one ongoing investigation. Written notifications were provided in all resolved cases.

Documentation showed that in 41 of the 79 sexual abuse allegations, a security staff member served as the first responder. In each of these cases, records confirmed that staff complied with policy by separating the victim and alleged abuser, preserving the crime scene, instructing the alleged victim not to engage in activities that could destroy evidence, and ensuring that the alleged abuser did not compromise evidence. These actions were fully consistent with ADOC policy and PREA requirements.

Relevant Policy:

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

Provision (b)

There were no cases during the past twelve months in which a non-security staff member served as the initial responder to an allegation of sexual abuse. Nonetheless, training materials reviewed by the Auditor confirmed that all staff—including contractors and volunteers—receive training as potential first responders. This training emphasizes scene isolation, separation of involved parties, removal of uninvolved individuals, and the accurate communication of initial observations to investigators or shift command staff.

CONCLUSION

Based on a comprehensive review of the Pre-Audit Questionnaire, applicable ADOC policies, first responder reference materials, training documentation, staff and inmate interviews, and incident records, the Auditor concludes that the facility meets all elements of the PREA standard related to staff first responder duties. Staff across all roles demonstrated a clear understanding of their responsibilities and consistently followed agency policy and PREA guidelines when responding to incidents of sexual abuse or sexual harassment.

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.65 – Coordinated Response, the Auditor conducted a comprehensive review of agency and facility documentation that collectively demonstrates the existence and implementation of a structured, interdisciplinary response to allegations of sexual abuse and sexual harassment.

The Pre-Audit Questionnaire (PAQ), along with supporting materials, confirms that the facility maintains a written coordinated response plan. The PAQ outlines the specific responsibilities of staff across multiple disciplines and confirms that the plan is actively used to guide staff actions from the initial report through investigation and resolution.

The Auditor reviewed Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, which establishes agency-wide response protocols. This regulation provides detailed guidance regarding the duties of first responders, supervisory staff, medical and mental health practitioners, investigators, and facility leadership. The regulation clearly articulates how these roles intersect to ensure a prompt, organized, and trauma-informed response to sexual abuse allegations.

In addition, the Auditor examined the PREA First Responder Duty Card issued to all staff. This laminated, pocket-sized reference tool outlines essential first responder responsibilities in a concise, step-by-step format. Its standardized design promotes consistency in staff response regardless of shift, assignment, or department.

The Auditor also reviewed the PREA Pocket Guide titled “PREA: A Trauma-Informed Guide for First Responders.” This spiral-bound resource functions as a practical field manual and reinforces staff understanding of PREA principles and response expectations. The guide provides a comprehensive overview of PREA, including definitions, operational components, prevention and detection strategies, response protocols, and resource references. Emphasis is placed on trauma-informed practices and coordinated action among staff disciplines.

Finally, the Auditor reviewed the facility’s Coordinated Response Standard Operating Procedure (SOP), which serves as a facility-specific implementation plan. This SOP clearly outlines the roles and responsibilities of security staff, healthcare providers, mental health practitioners, investigative personnel, and administrative leadership. The SOP ensures continuity of care, effective communication, and structured case management from the initial report through final resolution.

INTERVIEWS

During the on-site audit, the Auditor conducted an interview with the Facility Head to

evaluate leadership oversight and implementation of the coordinated response plan. The Facility Head confirmed that the facility has developed and fully implemented a comprehensive Coordinated Response Plan that aligns with PREA requirements and agency policy.

The Facility Head explained that the plan is designed to ensure that all allegations of sexual abuse are addressed immediately and systematically, with clearly defined responsibilities for each staff role involved in the response process. Emphasis was placed on the importance of coordination among first responders, medical and mental health practitioners, investigators, and facility leadership to ensure both victim safety and investigative integrity.

The Facility Head further reported that staff receive regular and ongoing training on coordinated response procedures through multiple delivery methods, including annual in-service training, recurring staff meetings, and on-the-job instruction during shift briefings and incident reviews. Staff are also issued the PREA First Responder Duty Card and the PREA Pocket Guide, which are actively referenced during incident responses and serve as practical tools to reinforce policy requirements.

This layered approach to training and reinforcement ensures that staff across all departments remain knowledgeable about their responsibilities and are prepared to function effectively within the coordinated response framework.

PROVISIONS

Provision (a)

The PAQ confirms that the facility maintains a written institutional plan that coordinates actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The existence and implementation of this plan were further verified through policy review and staff interviews.

The coordinated response plan ensures that when a report of sexual abuse is received, immediate and appropriate actions are taken to protect the alleged victim, separate and monitor the alleged perpetrator, preserve the crime scene, and initiate investigative procedures without delay. The plan also establishes clear expectations for timely notification of facility leadership to ensure administrative oversight and compliance with external reporting requirements.

The Auditor reviewed multiple sections of ADOC AR #454 that collectively demonstrate a comprehensive, institution-wide response framework. These sections address first responder responsibilities (H.1, pp.23-24) supervisory oversight (H.2, pp. 24-25), investigative authority, (H.3, pp 25-26) , special investigator responsibilities (H.4, pp 26-27) medical and mental health response (H.5 pp. 27-28), and reporting requirements for both staff and inmates. Together, these provisions confirm that the agency has established a coordinated system in which all relevant parties understand their duties and are able to collaborate effectively during sexual abuse incident responses.

	<p>CONCLUSION</p> <p>Based on a thorough review of facility and agency policies, training documentation, procedural resources, and interview findings, the Auditor concludes that the facility is fully compliant with PREA Standard §115.65 – Coordinated Response.</p> <p>The coordinated response system in place is clearly articulated in policy, reinforced through comprehensive training and job aids, and consistently implemented across staff roles. Facility staff demonstrate a clear understanding of their responsibilities within the coordinated response framework, and the facility has demonstrated its capacity to respond promptly, professionally, and effectively to allegations of sexual abuse in a manner that aligns with PREA standards and trauma-informed principles.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.66, the Auditor conducted a detailed review of agency-level and facility-specific documentation that collectively demonstrates the Alabama Department of Corrections’ authority to take immediate protective action in response to allegations of sexual abuse involving staff.</p> <p>The Pre-Audit Questionnaire (PAQ) and supporting materials confirm that the State of Alabama does not participate in collective bargaining with correctional or facility staff. The PAQ further indicates that no labor union agreements exist that would restrict the agency’s ability to separate staff from inmate contact when allegations of sexual abuse arise.</p> <p>The Auditor reviewed ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025. This regulation establishes the agency’s expectations and procedures for responding to allegations of sexual abuse and sexual harassment, including provisions that authorize facility leadership to take immediate administrative action to ensure inmate safety while investigations are pending.</p> <p>In addition, the Auditor examined an Institutional PREA Compliance Manager (IPCM) Memorandum addressing PREA Standard §115.66, dated October 22, 2025. This memorandum formally affirms that ADOC employees are not represented by a labor union and that the agency does not engage in collective bargaining. It further clarifies that no contractual limitations exist that would delay or prevent leadership from implementing protective measures when staff are alleged to have engaged in sexual abuse.</p>

INTERVIEW

Agency Head or Designee

During the on-site interview, the Agency Head's designee confirmed that correctional officers and all other ADOC staff are non-union employees. As such, the agency does not participate in collective bargaining and is not subject to labor agreements that could impede prompt administrative action.

The interviewee explained that, consistent with ADOC policy and practice, facility leadership maintains full authority to act immediately when an employee is alleged to have engaged in sexual abuse. Such actions may include temporary reassignment, modification of job duties, restriction of facility access, or other measures deemed necessary to eliminate contact with inmates while an investigation is underway.

The Agency Head's designee further reported that during the audit period, there were no PREA-related incidents requiring the removal of staff from inmate contact pending the outcome of an investigation.

PROVISIONS

Provision (a)

The PAQ confirms that the State of Alabama does not engage in collective bargaining, a finding that was corroborated during the interview with the Agency Head's designee. This information is further supported by the IPCM Memorandum dated October 22, 2025, which clearly states that ADOC employees are not represented by a labor union and that no collective bargaining agreements are in place.

Consistent with ADOC Administrative Regulation #454 and established practice, facility leadership retains unrestricted authority to take immediate and appropriate action to protect inmates from contact with employees alleged to have committed sexual abuse. These actions may include reassignment, duty modification, or removal from inmate contact for the duration of an investigation. The absence of collective bargaining agreements ensures that such decisions can be implemented without delay and solely based on safety considerations.

The facility reported that no incidents during the audit period necessitated the separation of staff from inmate contact pending investigation.

Provision (b)

This provision is not applicable. As such, no assessment was required.

CONCLUSION

Based on a comprehensive review of agency policy, supporting documentation, and interview responses, the Auditor concludes that the Alabama Department of Corrections and the facility fully meet the requirements of PREA Standard §115.66. The agency retains complete authority to take immediate protective action to prevent inmate contact with staff alleged to have engaged in sexual abuse, without restriction

from collective bargaining agreements or labor union constraints.

115.67 Agency protection against retaliation

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.67, the Auditor conducted a comprehensive review of documentation provided by the agency and facility. This review included the completed Pre-Audit Questionnaire (PAQ) and all supporting materials submitted in advance of the on-site audit. Particular attention was given to Alabama Department of Corrections (ADOC) Administrative Regulation #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025, which establishes the agency’s framework for preventing retaliation and monitoring individuals involved in PREA-related allegations.

In addition, the Auditor examined ADOC Form 454-D, Sexual Abuse/Harassment Retaliation Monitoring, which documents the agency’s ongoing efforts to identify, track, and respond to any indicators of retaliation against staff or inmates who report sexual abuse or harassment or who participate in related investigations. Collectively, these documents reflect a structured and intentional approach to retaliation prevention that aligns with PREA requirements.

INTERVIEWS

Interviews conducted during the on-site audit further clarified how retaliation protections are implemented in practice. Agency-level leadership explained that retaliation monitoring begins immediately upon receipt of a PREA allegation and continues for a minimum of 90 days, unless an allegation is determined to be unfounded, in which case monitoring may be discontinued. Leadership emphasized that protections are not limited to victims alone but extend to any individual, whether staff or inmate, who expresses concern or fear of retaliation connected to a PREA report or investigation.

Facility leadership described the practical safeguards used to prevent retaliation at the institutional level. These safeguards include close monitoring of inmate housing assignments, job placements, and disciplinary actions, as well as oversight of staff evaluations, work assignments, and reassignments. Facility leadership confirmed that staff designated with retaliation-monitoring responsibilities actively review these areas to identify any changes that could suggest retaliatory behavior.

The designated Retaliation Monitor reinforced that retaliation prevention is treated as a serious and proactive responsibility. Staff and inmates are routinely informed of

their right to report sexual abuse or harassment and to participate in investigations without fear of reprisal. While monitoring often focuses on alleged victims, it also includes witnesses, reporting parties, and any individual who voices concern about potential retaliation. Monitoring is conducted through documented monthly status checks for a minimum of 90 days and is recorded on ADOC Form 454-D. The Retaliation Monitor reported that there were no substantiated incidents of retaliation within the past 12 months.

At the time of the on-site audit, there were no inmates housed in segregated settings as a result of reporting sexual abuse or due to being assessed at risk of sexual victimization.

Interviews with inmates who had previously reported sexual abuse indicated consistent and appropriate responses by staff. Inmates described timely staff intervention following reports, the prompt offering of forensic medical examinations when appropriate, and access to victim advocacy services, including advocate presence during medical exams. Inmates confirmed that no medical costs were charged, that they were not subjected to polygraph testing, and that they received written notification regarding the outcomes of investigations.

PROVISIONS

Provision (a)

The PAQ and supporting documentation confirm that the agency maintains a formal policy designed to protect all individuals—staff and inmates—who report sexual abuse or harassment or who assist with PREA investigations from retaliation. The policy requires a minimum monitoring period of 90 days, with extensions permitted when circumstances warrant continued oversight. The Institutional PREA Compliance Manager (IPCM) is designated as the individual responsible for overseeing retaliation monitoring.

Relevant Policy:

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

Provision (b)

The facility utilizes a range of protective measures to reduce the risk of retaliation, including housing changes, work reassignment, separation of the alleged abuser from the reporting party, and access to emotional support services. These practices were described in detail by facility leadership and were consistent with agency policy. A review of ADOC Form 454-D confirmed that none of the 79 sexual abuse allegations reported in the previous 12 months involved documented retaliation.

Relevant Policy:

ADOC AR #454, V.I. 5 (p. 29)

Provision (c)

Agency policy requires the monitoring of both inmates and staff for behavioral changes or shifts in treatment that may indicate retaliation. Monitoring is conducted for at least 90 days and may be extended as necessary. While the PAQ reported no incidents of retaliation during the past year, interview responses likewise indicated zero incidents, reinforcing the agency's assertion that retaliation has not occurred during the review period.

Relevant Policy:

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

Provision (d)

Retaliation monitoring is documented through periodic status checks using ADOC Form 454-D. The form captures the dates of monitoring reviews, actions taken, staff observations, final determinations, and required signatures, including that of the IPCM. This documentation demonstrates a consistent and traceable process for monitoring and addressing potential retaliation concerns.

During document review it was revealed that retaliation monitoring consisted of weekly status checks that are clearly documented.

Relevant Policy:

ADOC AR #454, V.I. 5 (p. 29)

Provision (e)

Both documentation and interview responses confirm that retaliation monitoring and protective measures are available to any individual—victim, witness, or staff member—who expresses fear of retaliation related to a PREA allegation or investigation.

Relevant Policy:

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

Provision (f)

This provision is not subject to audit.

CONCLUSION

Based on a comprehensive examination of relevant documentation, in-depth interviews with agency leadership and facility staff, discussions with incarcerated individuals, and direct observations conducted during the on-site phase of the audit, the Auditor concludes that the agency/facility exceeds the requirements of PREA Standard §115.67, Agency Protection Against Retaliation.

This determination is supported by the finding that retaliation monitoring status checks are conducted and formally documented on a weekly basis, exceeding the minimum expectations of the standard. This practice reflects a proactive and sustained approach to safeguarding individuals who report sexual abuse or sexual

	<p>harassment or who participate in related investigations.</p> <p>The agency has adopted clear and comprehensive policies that expressly prohibit retaliation and outline specific monitoring and response requirements. Responsibility for retaliation prevention and monitoring is clearly assigned, ensuring accountability at both the agency and facility levels. Staff demonstrated a strong understanding of their roles in identifying potential indicators of retaliation and responding promptly and appropriately to any concerns.</p> <p>Collectively, these measures demonstrate a well-structured, consistently implemented system designed not only to prevent retaliation but also to detect and address issues early, thereby reinforcing a culture of safety, accountability, and trust.</p>
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115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.68, the Auditor conducted a thorough review of documentation submitted by the facility and the Alabama Department of Corrections (ADOC). Materials reviewed included the completed Pre-Audit Questionnaire (PAQ) and supporting documentation, which collectively outlined the facility’s approach to post-allegation protective custody. The Auditor also reviewed ADOC Administrative Regulation #454M, Inmate Sexual Abuse and Harassment, dated May 29, 2025, which establishes agency-wide requirements governing the use of protective custody following allegations of sexual abuse.</p> <p>Additional documentation included the Institutional PREA Compliance Notice (IPCN) Memorandum addressing Standard §115.68, dated October 22, 2025. This memorandum provided confirmation of current practices and recent activity related to involuntary segregated housing. The Auditor further examined ADOC Form 454-H, Prison Rape Elimination Act (PREA) Post-Allegation Protective Custody, dated January 4, 2016, which is used to document decision-making and justification when protective custody is considered. Together, these materials demonstrated a clear policy framework designed to limit the use of segregation and prioritize less restrictive housing options whenever possible.</p> <p>OBSERVATIONS</p> <p>During the on-site tour of the facility, the Auditor observed no instances in which inmates who had reported sexual abuse were placed in restrictive or segregated housing for the purpose of involuntary protection. Housing assignments observed during the tour were consistent with standard classification and housing practices. No inmates were identified or observed as being housed in segregation as a result of a</p>

sexual abuse allegation or due to concerns related to sexual victimization.

INTERVIEWS

Interviews with facility leadership and staff further clarified how post-allegation protective custody decisions are made and implemented. Facility leadership confirmed that the facility adheres strictly to ADOC policy, which prohibits the involuntary placement of sexual abuse victims in segregated housing unless all alternative housing options have been thoroughly assessed and determined to be unsuitable. Leadership emphasized that such circumstances are rare and require formal documentation and justification. When involuntary segregation is necessary for protective purposes, placement is reviewed every 30 days to assess whether continued separation remains necessary. Leadership also reported that, when appropriate and feasible, inmates may be transferred to another facility to ensure safety without reliance on restrictive housing.

Staff responsible for supervising inmates in segregated housing echoed this information, stating that segregation is not used as a default or routine response following sexual abuse allegations. Alternative housing arrangements are evaluated first, and segregation is used only as a last resort. When segregation is utilized for protective purposes, it is temporary and subject to mandatory 30-day reviews. Staff also confirmed that inmates placed in protective segregation retain access to programming, education, and work opportunities to the extent possible, consistent with safety and security considerations.

At the time of the on-site audit, the facility reported no inmates housed in segregation due to risk of sexual victimization or as a post-allegation protective measure. This information was consistently confirmed through interviews with staff and supported by facility documentation.

PROVISIONS

Provision (a)

The PAQ and supporting documentation confirm that the facility complies with agency policy prohibiting the involuntary placement of sexual abuse victims in segregated housing unless all alternative housing options have been evaluated and found unsuitable. In circumstances where involuntary protective custody is considered, the justification and decision-making process must be documented using ADOC Form 454-H.

Documentation and interviews confirmed that, during the past twelve months, no inmates were held involuntarily in segregated housing for short-term assessment periods of 1 to 24 hours, nor were any inmates held involuntarily in segregated housing for longer than 30 days. Agency policy requires that any involuntary placement be reviewed every 30 days, with continued access to programs, education, and privileges provided to the extent feasible and consistent with safety and security needs.

	<p>The IPCM Memorandum addressing Standard §115.68, dated October 22, 2025, further confirmed that no inmates were held involuntarily in segregated housing as a result of a sexual assault allegation during the preceding 12-month period.</p> <p>Relevant Policies: ADOC AR #454, Section V.K., 1-4 (pp. 30-31)</p> <p><u>CONCLUSION</u></p> <p>Based on a comprehensive review of agency policy, facility documentation, on-site observations, and interviews with facility leadership, staff, and inmates, the Auditor concludes that the facility meets the requirements of PREA Standard §115.68, Post-Allegation Protective Custody. The facility has established clear safeguards that limit the use of involuntary segregation, emphasize alternative housing options, and ensure ongoing review and access to programs when protective custody is deemed necessary.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To evaluate compliance with PREA Standard §115.71, the Auditor conducted an extensive review of documentation provided by the facility and the Alabama Department of Corrections (ADOC). Key materials reviewed included the completed Pre-Audit Questionnaire (PAQ) and all supporting documentation, ADOC Administrative Regulation (AR) #454 - Inmate Sexual Abuse and Harassment, dated May 29, 2025, ADOC Administrative Regulation #300 - Institutional Management, and Standard Operating Procedure Investigations & Intelligence (SOP I&I) #454 - PREA Sexual Assault Investigations. Additional documentation included ADOC Form #454-C - Investigative Summary Report, records of investigative outcomes and dispositions, minutes from Investigative Review Team meetings, and Notification to Inmate Forms. Collectively, these materials outlined the facility's investigative protocols, evidence preservation methods, reporting and documentation procedures, and follow-up practices, providing a comprehensive framework for the review of PREA-related investigations.</p> <p><u>INTERVIEWS</u></p> <p>Investigative Staff Interviews with investigative personnel confirmed that investigations are initiated immediately upon receipt of any allegation, irrespective of the method of reporting, whether in-person, via telephone, through third-party notification, or anonymously.</p>

Investigative staff described a standardized process in which victims are interviewed first, followed by witnesses, and lastly the alleged perpetrator. Evidence collection is conducted by trained investigators or, when applicable, the SAFE/SANE team, with investigators receiving National Institute of Corrections (NIC)-certified training in evidence preservation and handling. Staff emphasized that compelled interviews are only conducted after consultation with prosecutorial authorities to avoid compromising potential criminal cases. Investigators consistently assess the credibility of all parties individually, without reliance on polygraph or truth-telling devices. Additionally, all investigations examine whether staff actions or inactions contributed to the incident, and findings are fully documented in detailed investigative reports. Investigations continue regardless of whether the alleged victim or perpetrator has left the agency's custody or employment.

PREA Director

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

Institutional PREA Compliance Manager (IPCM)

The IPCM verified that no investigation is closed or terminated solely due to the departure of involved parties from the agency, reinforcing the facility's commitment to thorough and complete investigative follow-through.

Facility Head

Leadership reported that during the past twelve months, no substantiated allegations were referred for prosecution. This reflects the outcomes documented in the Investigative Summary Reports and other supporting documentation reviewed during the audit.

Inmates Who Reported Sexual Abuse

Interviews with incarcerated individuals who had reported sexual abuse confirmed a consistent pattern of timely and appropriate response by staff. Individuals reported that upon disclosure, they were immediately offered referrals for medical and mental health services and were referred for forensic examinations when indicated. Victim advocates were consistently made available to accompany individuals during forensic examinations and provided clear explanations of the process. All individuals confirmed that no financial charges were incurred for any treatment, they were not asked to submit to polygraph testing, and they received written notification of the investigation outcome. These accounts were uniform across interviews and aligned with agency policy and documentation.

PROVISIONS

Provision (a)

The facility maintains policies requiring prompt and thorough investigations of all sexual abuse and sexual harassment allegations, as reflected in the PAQ and verified during staff interviews. Investigative procedures follow ADOC AR #454 and SOP I&I

#454. However, the Auditor noted isolated delays in initiating certain investigations, ranging from 30 to 60 days after the initial report, which does not fully align with PREA timeliness standards. Review of the past twelve months' data indicated 86 total allegations, with 79 classified as sexual abuse cases and 7 as sexual harassment cases. Among sexual abuse cases, 67 were ongoing, 8 unfounded, 4 unsubstantiated, and none substantiated. All victims received appropriate medical and mental health services, retaliation monitoring, and written notifications, demonstrating compliance in service provision.

Relevant Policy

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

Provision (b)

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

Relevant Policy

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

Provision (c)

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

Relevant Policy

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

Provision (d)

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

Relevant Policy

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

Provision (e)

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

Relevant Policy

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

Provision (f)

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

Relevant Policy

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

Provision (g)

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

Relevant Policy

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

Provision (h)

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

Relevant Policy

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

Provision (i)

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

Relevant Policy

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

Provision (j)

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

Relevant Policy

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

Provision (k)

Not applicable for this audit.

Provision (l)

While external agency involvement in PREA investigations is infrequent, the facility confirmed a commitment to full cooperation in such instances. All current

	<p>investigations are conducted internally by the ADOC Law Enforcement Services Division (LESD).</p> <p>Relevant Policy</p> <p>AR #454, V.G. 1. g-h, i, pp. 21-22; V.H. 3. a-g. pp. 25-26; IV.C. 1-9 pp.5-6</p> <p>CONCLUSION</p> <p>Following a comprehensive review of documentation, interviews with investigative staff, facility leadership, and victims, as well as observation of investigative processes, the Auditor concludes that the agency and facility meet all applicable provisions of PREA Standard §115.71 – Criminal and Administrative Investigations. Investigations are conducted thoroughly, with attention to evidence preservation, staff accountability, victim protection, and ongoing record retention, ensuring a professional, transparent, and compliant investigative process.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.72, the Auditor conducted a detailed review of materials provided by the Alabama Department of Corrections (ADOC) and the facility. Documentation reviewed included the completed Pre-Audit Questionnaire (PAQ) and all supporting materials, ADOC Administrative Regulation (AR) #454 – Operations & Legal, Inmate Sexual Abuse and Harassment, dated May 29, 2025, and ADOC Administrative Regulation #300 – Investigations and Intelligence Division, dated August 11, 2004. These documents collectively establish the policies and procedures governing the standard of proof applied in administrative investigations of sexual abuse and sexual harassment, as well as the protocols for collecting, reviewing, and disseminating investigative findings. The documentation demonstrated that the facility maintains a structured process for evidence collection, investigative review, and reporting consistent with PREA standards.</p> <p>INTERVIEWS</p> <p>Investigative Staff</p> <p>During interviews, investigative staff confirmed that all available evidence is collected during the course of every investigation. This includes physical evidence from the scene, documentation of the incident, and statements obtained from the alleged victim, alleged perpetrator, and any relevant witnesses. Investigators described a</p>

systematic approach to evidence gathering and interviews, ensuring that all pertinent information is compiled before conclusions are drawn.

Staff explained that, upon completion of an investigation, findings are documented thoroughly and submitted to facility administration. When an incident involves potential criminal conduct, investigative findings are also provided to the appropriate District Attorney's Office for review and possible prosecutorial action. Staff emphasized that the evidentiary standard used to determine whether an allegation of sexual abuse or sexual harassment is substantiated is the preponderance of the evidence. They clarified that, in some cases, a lower standard of proof may be applied when appropriate, but all administrative investigations prioritize accuracy, fairness, and adherence to PREA requirements.

Investigative staff further noted that investigative reports are disseminated according to established policy. Reports generated by the Law Enforcement Services Division (LESD, formerly Investigations and Intelligence) are distributed to the Commissioner or designee, Deputy Commissioners or Institutional Coordinators as appropriate, the District Attorney of the county with jurisdiction if criminal conduct is involved, and the ADOC official who requested the investigation. When central office personnel are the subject of an investigation, report distribution is limited to the Commissioner of Corrections. Staff confirmed that this process ensures accountability, confidentiality, and proper oversight of all administrative investigations.

PROVISIONS

Provision (a)

ADOC policy explicitly states that the standard of proof in all administrative investigations of sexual abuse and sexual harassment is the preponderance of the evidence. This standard requires that investigators determine whether the available evidence indicates that it is more likely than not that the incident occurred, which aligns directly with PREA requirements. The policy also outlines clear protocols for distributing investigative reports once the review is complete, ensuring that findings are appropriately shared with relevant administrative and prosecutorial authorities while maintaining confidentiality when necessary.

Relevant Policy

1. ADOC Administrative Regulation #454, V.H. 3. a-g, pp. 26-27
2. ADOC Administrative Regulation #300, p. 5

CONCLUSION

Following a comprehensive review of all relevant documentation and detailed interviews with investigative staff, the Auditor concludes that the agency and facility meet all requirements of PREA Standard §115.72. Administrative investigations consistently apply the preponderance of the evidence standard, ensuring that determinations regarding allegations of sexual abuse and sexual harassment are fair,

	accurate, and compliant with PREA expectations. Investigative reporting and distribution protocols further support accountability, oversight, and transparency in administrative processes.
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115.73	Reporting to inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.73 - Reporting to Inmates, the Auditor reviewed comprehensive documentation provided by the facility and the Alabama Department of Corrections (ADOC). Materials included the completed Pre-Audit Questionnaire (PAQ) and supporting documentation, ADOC Administrative Regulation (AR) #454 - Operations & Legal, Inmate Sexual Abuse and Harassment, dated May 29, 2025, investigative outcome and disposition reports, signed Notification to Inmate Forms, and minutes from Investigative Review Team meetings. These documents collectively establish the agency’s policies and procedures for notifying inmates regarding the status and outcomes of investigations into allegations of sexual abuse and sexual harassment. The documentation reviewed confirmed that the facility follows formalized protocols to ensure that all inmates are informed of investigative findings in a timely and consistent manner.</p> <p>INTERVIEWS</p> <p>Investigative Staff</p> <p>During interviews, investigative staff explained that the final step in the investigative process involves formally communicating the outcome of the investigation to both the victim and the alleged perpetrator. Upon completion of any PREA-related investigation, the Law Enforcement Services Division (LESD) prepares and issues a written close-out letter. These letters clearly inform the involved parties of the determination—whether the allegation was substantiated, unsubstantiated, or unfounded—and summarize the findings. Staff emphasized that this step ensures transparency, maintains accountability, and fulfills the agency’s obligations under PREA while respecting confidentiality.</p> <p>PROVISIONS</p> <p>Provision (a)</p> <p>According to the PAQ and supporting documentation, over the past 12 months, a total of 79 allegations of sexual abuse were reported, 72 of which involved inmate-on-inmate incidents and seven involved staff-on-inmate incidents. Of these, 75 were investigated criminally by the LESD, while four were investigated administratively.</p>

Among these investigations, eight cases were determined to be unfounded, four were unsubstantiated, and 67 were ongoing at the time of the audit, awaiting pending DNA or other forensic results. In all closed cases, prosecution was declined. The facility ensured that every alleged victim was offered medical and mental health services without delay. Retaliation monitoring was conducted in accordance with policy and continued until the case was deemed unfounded, the inmate was transferred or released, or the standard 90-day monitoring period expired.

All closed sexual abuse cases, except those deemed unfounded, underwent a Sexual Abuse Incident Review within 30 days of case closure. Additionally, seven sexual harassment allegations were reported over the same period, all involving inmate-on-inmate incidents and addressed administratively. Of these, five were unsubstantiated, one was unfounded, and one remained open at the time of the audit. In all resolved sexual harassment cases, inmates received written notification of the investigation outcome. Facility policy requires that following an LESD investigation, the involved inmate is informed of the determination, whether substantiated, unsubstantiated, or unfounded.

Relevant Policy:

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

Provision (b)

Not applicable for this facility.

Provision (c)

Policy also outlines the agency's requirements for notifying an inmate when the allegation involves a staff member. In such cases, inmates must be informed if the staff member is no longer employed by ADOC, no longer assigned to the facility, or has been indicted or convicted on charges related to sexual abuse. All notifications are documented and retained in accordance with policy.

Relevant Policy:

ADOC AR #454, IV.C. 6, p. 6

Provision (d)

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

Provision (e)

The PAQ confirms that 79 allegations of sexual abuse and sexual assault were reported within the past 12 months, as detailed under Provision (a). Documentation and staff interviews verified that the facility provides timely notification to all involved inmates in accordance with PREA standards.

Provision (f)

This provision is not required to be audited.

CONCLUSION

Based on a thorough review of policies, documentation, investigative findings, signed

	<p>inmate notifications, and interviews with investigative staff, the Auditor concludes that the agency and facility meet all requirements of PREA Standard §115.73 – Reporting to Inmates. The facility demonstrates a consistent and systematic approach to ensuring that inmates are informed of investigation outcomes, that their rights and confidentiality are protected, and that notification practices are fully aligned with PREA requirements.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.76 – Disciplinary Sanctions for Staff, the Auditor reviewed a range of agency and facility documentation. Materials examined included the completed Pre-Audit Questionnaire (PAQ) and supporting records, ADOC Administrative Regulation (AR) #454 – Operations & Legal, Inmate Sexual Abuse and Harassment, dated May 29, 2025, ADOC Administrative Regulation (AR) #208 – Personnel, Employee Standards of Conduct and Discipline, dated May 1, 2024, and the corrective action tables contained in ADOC 208 Annex E. These documents collectively establish the agency’s formal disciplinary framework, specifying expectations for staff behavior, delineating procedures for corrective action, and defining the range of sanctions applicable for violations of sexual abuse, sexual harassment, or sexual misconduct policies. Review of these materials confirmed that the agency maintains clear, well-documented standards for disciplinary accountability and enforces them consistently.</p> <p>INTERVIEWS</p> <p>Facility Head</p> <p>During interviews, the Facility Head affirmed that all staff members are subject to disciplinary sanctions, up to and including termination, for violations of agency sexual abuse, sexual harassment, or sexual misconduct policies. The facility head emphasized that termination is the presumptive disciplinary sanction for any staff member found to have engaged in sexual abuse, and this policy applies uniformly across all employees. Over the past twelve months, no staff members were found to have violated these policies, and accordingly, no terminations, resignations in lieu of termination, or other disciplinary actions were necessary. The facility head further confirmed that if such cases were to arise, the facility would ensure that disciplinary measures are proportionate to the offense, reflect the staff member’s disciplinary history, and are consistent with sanctions imposed on others for comparable conduct.</p> <p>PROVISIONS</p>

Provision (a)

Agency policy explicitly establishes that all staff are subject to disciplinary sanctions for violations of sexual abuse or sexual harassment policies. ADOC AR #454 and supporting regulations stipulate that staff who engage in sexual abuse within any correctional or confinement setting, are convicted of forced or coerced sexual activity in the community, or are civilly or administratively adjudicated for such acts, may be subject to sanctions. Termination is the presumptive sanction for staff found to have engaged in sexual abuse, ensuring accountability and alignment with PREA requirements.

Relevant Policy:

1. ADOC AR #454, V.A.6.d, p.16

Provision (b)

According to the PAQ and interviews with the Facility Head, there were no staff violations of sexual abuse or sexual harassment policies in the past twelve months. Consequently, no terminations or resignations in lieu of termination occurred during that period. The facility's policy framework includes a comprehensive disciplinary matrix, outlining corrective actions ranging from verbal counseling to dismissal, and procedural forms for Pre-Dismissal Conferences and Resignations. Termination remains the standard disciplinary response for confirmed violations of sexual abuse policies.

Relevant Policy:

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

Provision (c)

In the absence of policy violations over the review period, the Auditor confirmed through interviews and documentation that if disciplinary action were required, sanctions would be applied consistently, proportionally, and in accordance with staff history and offense severity. This ensures fairness and uniformity in enforcement while maintaining adherence to PREA standards.

Relevant Policy:

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

Provision (d)

Agency policy further ensures that any termination or resignation in lieu of termination for violations of sexual abuse or harassment policies would be reported to law enforcement, unless the behavior is clearly non-criminal, and to relevant professional licensing bodies as applicable. During the past twelve months, no such

reports were required, consistent with the absence of policy violations, and this was corroborated during interviews with the Facility Head.

Relevant Policy:

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

CONCLUSION

Following a thorough review of applicable agency policies, the Pre-Audit Questionnaire, supporting documentation, and interviews with the Facility Head the Auditor concludes that the agency and facility fully comply with all provisions of PREA Standard §115.76 - Disciplinary Sanctions for Staff. The agency demonstrates a clear, well-structured approach to disciplinary accountability, ensuring that all staff understand the consequences of violating sexual abuse or harassment policies and that termination is consistently applied as the presumptive sanction when warranted.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.77, the Auditor conducted a comprehensive review of documentation provided by the facility and the Alabama Department of Corrections (ADOC). Materials examined included the completed Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted in advance of the audit. The Auditor also reviewed ADOC Administrative Regulation #454, Operations & Legal - Inmate Sexual Abuse and Harassment, effective May 29, 2025, which establishes agency-wide expectations, reporting requirements, and corrective actions related to sexual abuse and sexual harassment involving inmates. In addition, ADOC Administrative Regulation #216, Background Checks, dated January 31, 2025, was examined to verify the agency's screening and disclosure requirements for staff, contractors, and volunteers.</p> <p>Together, these documents outline the agency's formal processes for preventing sexual abuse, ensuring accountability, and taking corrective action when contractors or volunteers violate PREA-related policies.</p> <p>INTERVIEWS</p> <p>Facility Head</p> <p>An interview was conducted with the Facility Head to further evaluate implementation</p>

of policy and confirm operational practices. During the interview, the Facility Head affirmed that, within the twelve months preceding the audit, there were no incidents in which a contractor or volunteer was reported to law enforcement or to a relevant licensing body for engaging in sexual abuse of inmates. The Facility Head further confirmed that no contractors or volunteers were subject to corrective or disciplinary action for violations of sexual abuse or sexual harassment policies during that same period. These statements were consistent with the information provided in the PAQ and the documentation reviewed by the Auditor.

PROVISIONS

Provision (a):

The Pre-Audit Questionnaire reflects that ADOC policy requires any contractor or volunteer who engages in sexual abuse of inmates to be immediately prohibited from further inmate contact. Policy further mandates that such conduct be reported to law enforcement, unless the activity is clearly determined to be non-criminal in nature, and to any applicable licensing or credentialing bodies. These requirements were confirmed during the interview with the Facility Head, who stated that the facility adheres strictly to these reporting and removal protocols.

A review of records confirmed that there were no reported incidents of sexual abuse involving contractors or volunteers during the twelve-month audit period. Additionally, ADOC policy specifies that the ADOC Personnel Division, or its designee, is responsible for informing prospective employees and contractors that providing false information or omitting required disclosures regarding certain types of misconduct constitutes grounds for termination or disqualification. This includes engagement in sexual abuse in a correctional or comparable institutional setting, as well as any criminal, civil, or administrative convictions or adjudications related to forced or coerced sexual activity or sexual activity without consent. Contractors are also required to disclose such misconduct on an ongoing basis, ensuring continued compliance throughout the term of service.

These requirements are clearly articulated within ADOC Administrative Regulation #454 and demonstrate the agency's commitment to transparency, accountability, and inmate safety.

Relevant Policy:

1. ADOC Administrative Regulation #454, Section IV, C, 4, page 5
2. ADOC Administrative Regulation #454, Section IV, O, page 12
3. ADOC Administrative Regulation #454, Section V, b, page 16

Provision (b):

According to the PAQ and confirmed through the Facility Head interview, the facility is required to take appropriate remedial action whenever a contractor or volunteer violates agency sexual abuse or sexual harassment policies, even in circumstances where the conduct does not rise to the level of criminal sexual abuse. Such remedial

action may include restricting or eliminating further contact with inmates, depending on the nature and severity of the violation.

The Facility Head confirmed that no violations of this nature occurred during the previous year and, therefore, no remedial actions were necessary. The Auditor's review of documentation supported this assertion.

This provision is further reinforced by ADOC Administrative Regulation #216, Background Checks, dated January 31, 2025. The regulation includes comprehensive pre-employment and pre-service screening forms, found on pages 10 through 18, which contain mandatory questions designed to identify past misconduct related to sexual abuse or harassment. These screening measures help ensure that individuals with disqualifying histories are identified prior to employment or service and that the agency remains aligned with PREA standards.

CONCLUSION

Based on a thorough review of agency policies, supporting documentation, and information obtained through interviews, the Auditor concludes that the agency and facility are fully compliant with all provisions of PREA Standard §115.77, Corrective Action for Contractors and Volunteers. The policies in place, combined with effective oversight and consistent implementation, demonstrate the facility's commitment to preventing sexual abuse and harassment and ensuring accountability for contractors and volunteers.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.78, the Auditor conducted a comprehensive review of documentation submitted by the facility and the Alabama Department of Corrections (ADOC). Materials reviewed included the completed Pre-Audit Questionnaire (PAQ), which provided an overview of the facility's disciplinary practices related to sexual abuse and sexual harassment. The Auditor also examined ADOC Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, effective May 29, 2025, which establishes the agency's requirements for investigations, disciplinary processes, and sanctions related to sexual misconduct.</p> <p>In addition, ADOC Administrative Regulation (AR) #403, Procedures for Inmate Rule Violations, dated September 5, 2025, was reviewed to assess how disciplinary actions are formally processed and imposed. Collectively, these documents outline the agency's structured approach to inmate discipline, due process protections, and alignment with PREA standards.</p>

INTERVIEWS

Medical and Mental Health Staff

Interviews with medical and mental health personnel confirmed that the facility provides therapeutic services, counseling, and other rehabilitative interventions designed to address the underlying causes or motivations associated with sexually abusive behavior. These services are individualized and may include ongoing counseling or treatment plans. Staff reported that participation in such interventions may be required as a condition for access to certain programs, services, or privileges, when clinically or administratively appropriate.

Facility Head

An interview was conducted with the Facility Head to confirm policy implementation and disciplinary practices. During the interview, it was affirmed that ADOC strictly prohibits all sexual activity between inmates. The Facility Head further confirmed that, during the twelve months preceding the audit, there were no administrative findings of inmate-on-inmate sexual abuse and no criminal findings of guilt for such conduct.

The Facility Head also confirmed that inmates are subject to disciplinary action for sexual contact with staff only when it is determined that the staff member did not consent. Additionally, it was emphasized that the agency does not impose disciplinary sanctions on inmates who report sexual abuse in good faith, even when an investigation does not result in a substantiated finding. These practices were reported to be consistently applied and in accordance with agency policy.

PROVISIONS

Provision (a):

According to the PAQ, inmates are subject to disciplinary sanctions for inmate-on-inmate sexual abuse only after the completion of a formal disciplinary process that results in an administrative finding of responsibility, or following a criminal conviction for such conduct. The PAQ indicated, and the Facility Head confirmed, that there were no administrative or criminal findings of inmate-on-inmate sexual abuse during the previous twelve months.

During that same period, the facility reported receiving seventy-nine allegations of sexual abuse and seven allegations of sexual harassment. Of the sexual abuse allegations, seventy-five were referred for criminal investigation. Prosecution was declined in eight cases, while the remaining sixty-seven investigations remained open at the time of the audit, largely pending the receipt of DNA analysis results. Agency policy clearly specifies that disciplinary sanctions are imposed only after the conclusion of a formal process resulting in either an administrative or criminal finding of sexual abuse, thereby ensuring due process protections for inmates.

Relevant Policy:

ADOC AR #454, Section G, g., page 21

Provision (b):

The PAQ reflects that any disciplinary sanctions imposed are proportionate to the nature and circumstances of the abuse, the inmate's disciplinary history, and are consistent with sanctions imposed on other inmates for similar offenses. This approach was affirmed by the Facility Head, who stated that disciplinary decisions are made on a case-by-case basis.

Policy requires that each incident be evaluated on its individual merits, taking into account aggravating or mitigating factors and ensuring consistency with comparable cases. This framework promotes fairness, accountability, and uniform application of disciplinary measures.

Relevant Policy:

ADOC AR #454, Section V, H. 4. f, page 27

Provision (c):

The PAQ confirms that the facility's disciplinary process considers whether an inmate's mental illness or developmental disability contributed to the behavior at issue. This practice was verified during the interview with the Facility Head. Agency policy mandates careful evaluation of these factors when determining appropriate disciplinary outcomes, ensuring that sanctions are informed by clinical considerations when applicable.

Relevant Policy:

ADOC AR #454, page 22; Section H. 4., page 26

Provision (d):

Information provided in the PAQ, along with interviews conducted with the Institutional PREA Compliance Manager (IPCM) and medical and mental health staff, confirmed that the facility offers therapy, counseling, and other interventions designed to address the underlying causes of sexually abusive behavior. These interventions may be incorporated into treatment plans and, when appropriate, may be required as a condition for participation in certain programs or access to specific privileges.

Provision (e):

The PAQ indicates, and interviews with the Facility Head and IPCM confirmed, that the agency disciplines inmates for sexual contact with staff only when it is determined that the staff member did not consent. Policy requires a thorough review of consent

and all case-specific circumstances prior to the imposition of any disciplinary action, ensuring that disciplinary decisions are supported by factual findings and consistent with PREA standards.

Relevant Policy:

ADOC AR #454, Section V, G. 1. g, page 21

Provision (f):

The PAQ states that the agency prohibits disciplinary action against inmates who report sexual abuse in good faith based on a reasonable belief that the abuse occurred, even when the allegation is ultimately unsubstantiated or withdrawn. This practice was corroborated through interviews with both the Facility Head and the IPCM. Agency policy ensures that inmates are not disciplined solely because an allegation is not proven, reinforcing protections against retaliation and encouraging the reporting of sexual abuse.

Relevant Policy:

ADOC AR #454, Section V, G. 1. g, page 21

Provision (g):

The PAQ notes that the agency prohibits all inmate-on-inmate sexual activity and distinguishes between prohibited sexual contact and sexual abuse, categorizing conduct as sexual abuse only when coercion is present. The Facility Head confirmed this interpretation during the interview. Agency policy classifies non-forcible sexual activity as a rules violation and clearly states that all sexual contact between inmates is prohibited under ADOC policy.

Relevant Policy:

ADOC Rules Violation Definitions, RV #912

CONCLUSION

Based on a thorough review of the Pre-Audit Questionnaire, applicable policies and documentation, and information obtained through staff interviews, the Auditor concludes that the agency and facility are compliant with all provisions of PREA Standard §115.78, Disciplinary Sanctions for Inmates. The facility's policies, disciplinary processes, and rehabilitative interventions collectively demonstrate a consistent and effective approach to accountability, due process, and PREA compliance.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.81, the Auditor conducted a comprehensive and detailed review of documentation provided by both the facility and the Alabama Department of Corrections (ADOC). Materials reviewed included the completed Pre-Audit Questionnaire (PAQ) and supporting documentation, ADOC Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025, ADOC Form 454-C (PREA Risk Factors Checklist), the facility's Risk Assessment Checklist, Mental Health and Medical Referral Forms, and a Classification Tracking Spreadsheet.

Collectively, these materials outline the facility's systematic approach to PREA intake screening, referral and follow-up procedures, classification decision-making, and the appropriate use of medical and mental health information when managing individuals with a known or disclosed history of sexual victimization or sexually abusive behavior. The documentation reviewed was internally consistent, aligned with PREA requirements, and accurately reflected the practices described by staff and observed during the audit process.

INTERVIEWS

Risk Screening Staff

Staff responsible for conducting PREA intake screenings described the facility's process for collecting and safeguarding sensitive information obtained during screening. They explained that medical and mental health information is maintained within a secure, confidential database that is accessible only to designated medical and mental health professionals. Information relevant to housing, classification, or safety determinations is shared with classification or security staff strictly on a need-to-know basis. This controlled and limited sharing of information ensures compliance with confidentiality requirements while allowing staff to make informed decisions that promote individual safety and institutional security.

Medical and Mental Health Staff

Medical and mental health staff provided a detailed explanation of the facility's response to disclosures of prior sexual victimization. Staff confirmed that individuals who disclose a history of sexual abuse are offered a follow-up meeting with a qualified mental health practitioner within 14 days of intake. When additional risk indicators are identified, further referrals or services are provided based on clinical need, including interventions for individuals assessed as being at heightened risk of victimization or exhibiting aggressive behavior.

Staff emphasized that all services are delivered in accordance with informed consent requirements, except in cases involving individuals under the age of 18, where mandatory reporting laws apply. Referrals to medical or mental health services are documented using standardized forms, allowing for effective tracking, continuity of care, and accountability. Throughout the interview process, staff consistently

emphasized the facility's trauma-informed approach, confidentiality protections, and commitment to providing supportive and respectful care.

Inmates Who Disclosed Prior Victimization

During interviews, individuals who had previously disclosed sexual victimization reported that facility staff were generally supportive and responsive at the time of disclosure. Those interviewed stated that they were offered a mental health referral promptly, in some cases on the same day the disclosure was made, and were referred for further mental health evaluation as appropriate. These statements were consistent with documentation reviewed and staff interview responses, further supporting compliance with this standard.

PROVISIONS

Provision (a)

Information contained in the PAQ and supporting documentation confirms that individuals who disclose prior sexual victimization, whether occurring in an institutional setting or in the community, are provided timely access to appropriate services. These services include emergency medical care and crisis intervention when indicated, as well as an offer to meet with a mental health practitioner within 14 days of the intake screening. Policy further requires that such offers, along with any treatment provided or declined, be clearly documented. In addition, mental health professionals are required to meet with individuals identified during screening as potential victims or aggressors, ensuring early assessment, monitoring, and intervention.

Relevant Policy:

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

Provision (b)

According to the PAQ and information confirmed through interviews, individuals are reassessed for risk of sexual victimization or abusiveness within 30 days of arrival at the facility. The Auditor reviewed a random sample of 48 records and verified that each individual was reassessed using the PREA Risk Assessment Tool within the required timeframe. These reassessments incorporated any new or updated information obtained after intake.

In addition, a review of 79 intake files confirmed that individuals received PREA-related education upon arrival, including written materials, orientation handbooks, video presentations, and signed acknowledgment forms. Policy requires reassessment within 30 days of intake and whenever new information, referrals, requests, or reports necessitate further review.

Relevant Policy:

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

Provision (c)

When screening results indicate a history of sexually abusive behavior, whether occurring in custody or in the community, policy requires that the individual be offered a follow-up meeting with a mental health practitioner within 14 days of intake. Documentation reviewed confirms that protocols are in place to appropriately manage individuals identified as potential aggressors and to ensure timely clinical assessment, monitoring, and intervention.

Relevant Policy:

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

Provision (d)

The PAQ and applicable policy documents confirm that information obtained through PREA screening and mental health assessments is used to make individualized housing, program, and work assignment decisions. These decisions are designed to enhance safety by separating individuals at high risk of victimization from those identified as potential aggressors and by informing overall classification and institutional placement based on assessed behavioral risk.

Relevant Policy:

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

Provision (e)

Medical and mental health staff, supported by documentation and interview responses, confirmed that informed consent is obtained prior to the disclosure of information related to an individual's history of sexual victimization. The sole exception applies to individuals under the age of 18, consistent with mandatory reporting laws. The Institutional PREA Compliance Manager further affirmed that informed consent procedures are consistently followed, clearly documented, and reinforced through policy and training.

Relevant Policy:

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

CONCLUSION

Based on a comprehensive review of applicable policies, documentation, and interviews with staff and incarcerated individuals, the Auditor concludes that the facility is fully compliant with PREA Standard §115.81, Medical and Mental Health Screenings; History of Sexual Abuse. The facility demonstrates a consistent, trauma-informed approach to screening, referral, confidentiality, reassessment, and follow-up, ensuring that individuals with a history of sexual victimization or abusiveness receive appropriate services and protections in accordance with PREA requirements.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with the applicable PREA standard regarding access to emergency medical and mental health services, the Auditor conducted a comprehensive review of materials submitted by the facility and the Alabama Department of Corrections (ADOC). The documentation reviewed included the completed Pre-Audit Questionnaire (PAQ) and all supporting materials provided by the facility, ADOC Administrative Regulation (AR) 454, Operations & Legal, Inmate Sexual Abuse and Harassment, dated May 29, 2025, ADOC Form MH-008, Referral to Mental Health, and the Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR).</p> <p>Collectively, these documents outline the facility’s procedures for responding to allegations of sexual abuse, including the provision of immediate medical care, access to mental health services, coordination with external advocacy organizations, and adherence to professional standards of care. The documentation reflects a coordinated, victim-centered response model and demonstrates consistency with PREA requirements and practices described during staff and inmate interviews.</p> <p><u>INTERVIEWS</u></p> <p>Medical and Mental Health Staff</p> <p>Interviews with medical and mental health staff provided detailed insight into the facility’s response protocols following reports of sexual abuse. Medical staff explained that when an incarcerated individual reports a sexual assault and is escorted to medical services, a physician conducts an initial assessment to evaluate the nature and severity of any injuries. Based on this assessment, the physician determines whether the individual should be referred to the Sexual Assault Response Team (SART) or transported directly to a community hospital for further evaluation and treatment.</p> <p>When SART services are utilized, nursing staff collaborate closely with the physician to develop treatment recommendations, and the physician issues the necessary medical orders. Medical staff further explained that individuals are provided with timely information regarding sexually transmitted infection (STI) testing and prophylaxis, pregnancy prevention options when applicable, and other follow-up care consistent with accepted medical standards.</p> <p>Mental health staff confirmed that referrals are initiated promptly using ADOC Form MH-008 and that services are provided based on professional clinical judgment. Medical and mental health departments work collaboratively to ensure continuity of care and to address both the physical and psychological needs of individuals who</p>

report sexual abuse. Staff emphasized that care is provided immediately, without unnecessary delay, and in a manner that prioritizes safety, dignity, and informed decision-making.

First Responders (Security and Non-Security)

Security staff who serve as first responders described their primary responsibilities as ensuring the immediate safety of the victim, securing the scene when appropriate, preserving evidence, and notifying medical and mental health personnel without delay. They explained that protecting the individual and facilitating access to care takes precedence over all other actions.

Non-security first responders reported that their role focuses on safeguarding the victim, promptly notifying security staff, and remaining with the individual until trained security personnel arrive. These staff members indicated that they are trained to respond calmly and supportively, ensuring that the individual feels safe and supported during the initial response period.

Inmates Who Reported Sexual Abuse

Interviews with incarcerated individuals who had reported sexual abuse consistently reflected that staff responded promptly and appropriately following disclosure. Individuals reported being referred immediately for medical and mental health treatment and transported for forensic examinations without delay. They indicated that victim advocates were offered and were present during forensic examinations, providing support and helping them understand each step of the process.

Those interviewed confirmed that they were not charged for any medical services, were not asked to submit to polygraph examinations, and were notified in writing of the outcome of the related investigations. Overall, their accounts aligned with staff descriptions and documentation reviewed by the Auditor.

PROVISIONS

Provision (a)

Information provided in the PAQ and corroborated through interviews and documentation confirms that individuals who experience sexual abuse are afforded timely and unimpeded access to emergency medical treatment and crisis intervention services. Medical and mental health practitioners determine the type and scope of services provided based on professional clinical judgment and document both the care delivered and the timeliness of their response.

When health care staff are not immediately available, non-health staff take appropriate actions to protect the individual and ensure that medical and mental health professionals are notified as quickly as possible, with these actions clearly documented. The facility maintains an active MOU with the Alabama Coalition Against Rape to ensure access to confidential emotional support services.

Forensic examinations are conducted by qualified Sexual Assault Nurse Examiners (SAFE/SANE) through Crisis Services of North Alabama in Huntsville, Alabama. SANE personnel meet the individual at the hospital to conduct the forensic examination, and Crisis Services of North Alabama also provides trained victim advocates to accompany and support the individual throughout the process. The Institutional PREA Compliance Manager confirmed that there were 40 transports for SANE services within the past 12 months.

Facility policy requires immediate referral to medical care and timely access to emergency medical and crisis intervention services, as well as immediate referral to mental health professionals using Form MH-008.

Relevant Policy

1. V.H. 2. E., p. 25
2. V.H. 3. A, p. 25

Provision (b)

Consistent with information reported in the PAQ and verified during interviews, when qualified medical or mental health practitioners are not on duty at the time a report is made, security first responders take immediate steps to protect the victim and ensure that appropriate health care professionals are notified. These actions are taken without delay to safeguard the individual's well-being until clinical staff assume responsibility for care.

Relevant Policy

1. V.H. 2. E., p. 25
2. V.H. 3. A, p. 25

Provision (c)

Medical and mental health staff confirmed that treatment following a report of sexual abuse is rendered immediately and guided by professional clinical judgment. Individuals are offered access to emergency contraception, pregnancy testing, STI testing, and STI prophylaxis when medically indicated and consistent with recognized standards of care. Policy clearly mandates timely access to these services to ensure comprehensive medical treatment following an incident.

Relevant Policy

1. V.H. 2. E., p. 25
2. V.H. 3. A, p. 25

	<p>Provision (d)</p> <p>Interviews with medical staff and incarcerated individuals confirmed that all treatment services related to sexual abuse are provided at no cost to the victim. Services are delivered regardless of whether the individual identifies the alleged abuser or chooses to cooperate with the investigation. Facility policy explicitly prohibits charging victims for treatment and reinforces that access to care is not contingent upon participation in investigative processes.</p> <p>Relevant Policy</p> <ol style="list-style-type: none"> 1. V.H. 2. E., p. 25 2. V.H. 3. A, p. 25 3. V.H. 5. c. p. 28 <p>CONCLUSION</p> <p>Based on a thorough review of policies, supporting documentation, and interviews with medical staff, mental health staff, first responders, and incarcerated individuals, the Auditor concludes that the facility meets all provisions of the PREA standard related to access to emergency medical and mental health services. The facility demonstrates a coordinated, timely, and victim-centered approach that ensures individuals who report sexual abuse receive appropriate medical care, mental health support, advocacy services, and protections in full compliance with PREA requirements.</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</p> <p>To evaluate compliance with the PREA standard addressing ongoing medical and mental health care for individuals who have experienced sexual abuse, the Auditor conducted a thorough review of documentation submitted by the facility and the Alabama Department of Corrections (ADOC). Materials examined included the completed Pre-Audit Questionnaire (PAQ) and all accompanying supporting documentation, ADOC Administrative Regulation #454, Inmate Sexual Abuse and Harassment, dated May 29, 2025, ADOC Form MH-008, Referral to Mental Health, and the Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR).</p>

These materials collectively describe the agency's policies and procedures for ensuring timely, comprehensive, and ongoing medical and mental health services for individuals who report sexual abuse. The documentation reflects established partnerships with external service providers, clearly defined referral mechanisms, and a commitment to providing care consistent with community standards and PREA requirements. The information reviewed was consistent with staff practices and statements obtained during interviews.

INTERVIEWS

Inmates Who Reported Abuse

Interviews with incarcerated individuals who had reported sexual abuse provided direct insight into the facility's response following disclosure. Those interviewed consistently reported that staff responded promptly and appropriately to their allegations. Individuals stated they were offered and received referrals for both medical and mental health services without delay and were immediately referred for forensic examinations when indicated.

Individuals who underwent forensic examinations reported being offered the presence of a victim advocate, who accompanied them throughout the process and explained what to expect during the examination. All individuals interviewed confirmed that they incurred no financial cost for any medical treatment related to the incident, were not asked to submit to polygraph testing, and received written notification of the outcome of the investigation. These accounts were consistent across interviews and aligned with facility policy and documentation.

Medical and Mental Health Staff

Medical and mental health staff reported that treatment for individuals who experience sexual abuse is initiated immediately and is guided by professional clinical judgment. Staff explained that evaluations and treatment are offered to all individuals who have been victimized, with services delivered in accordance with community standards of care. Medical and mental health departments work collaboratively to ensure coordinated and appropriate responses to both physical and psychological needs.

Staff consistently emphasized that all treatment services are provided at no cost, regardless of whether the individual identifies the alleged perpetrator or chooses to cooperate with an investigation. When medically appropriate and consistent with accepted professional standards, individuals are informed of and offered emergency contraception and prophylaxis for sexually transmitted infections (STIs), as well as STI testing.

Mental health staff further reported that when an individual is identified as having a history of inmate-on-inmate sexually abusive behavior, an evaluation is attempted within 60 days of discovery. When clinically indicated, treatment is offered and documented. Referrals for mental health services are initiated using ADOC Form

MH-008 to ensure timely follow-up and continuity of care.

PROVISIONS

Provision (a)

Facility policy requires that all individuals who have been victimized by sexual abuse receive appropriate medical and mental health evaluations and treatment. The MOU between ADOC and ACAR supports access to confidential emotional support services for individuals who choose to participate. Forensic examinations are conducted by certified SAFE/SANE professionals at Crisis Services of North Alabama in Huntsville, Alabama, with services available 24 hours a day, seven days a week.

Facility documentation confirms that care is provided in accordance with community standards, including access to STI testing and prophylaxis, psychiatric and psychological services, and crisis intervention. All services related to sexual abuse are provided at no cost to the individual.

Relevant Policy

1. ADOC Administrative Regulation #454, V.G.5.a-f, pp. 27-28

Provision (b)

Policy further requires that medical and mental health evaluations and treatment include appropriate follow-up services, individualized treatment planning, and referrals for continued care. This includes coordination of services following transfer to another facility or upon release, as clinically indicated.

Relevant Policy

1. ADOC Administrative Regulation #454, V.G.5.a-f, pp. 27-28

Provision (c)

A review of medical documentation and interviews with staff confirmed that follow-up care is consistently provided. Records reflect detailed documentation of evaluations, treatment plans, referrals, and ongoing services, demonstrating continuity of care and adherence to established protocols.

Provision (d)

Facility policy mandates that individuals be informed of and offered emergency contraception, STI testing, and STI prophylaxis when medically appropriate. Staff interviews and documentation reviewed confirmed that these services are offered in

accordance with clinical judgment and professional standards of care.

Relevant Policy

1. ADOC Administrative Regulation #454, V.G.5.a-f, pp. 27-28

Provision (e)

This provision is not applicable to the facility based on its population profile. The facility exclusively houses adult male inmates; therefore, the specific requirements addressed under this provision do not apply in this operational context. As a result, no additional policies, procedures, or practices related to this provision are necessary or implemented at this facility.

Provision (f)

Consistent with policy and clinical practice, appropriate medical services, including emergency contraception and STI-related care, are provided based on individual clinical need and professional medical judgment.

Relevant Policy

1. ADOC Administrative Regulation #454, V.G.5.a-f, pp. 27-28

Provision (g)

Facility policy clearly states that ongoing medical and mental health services related to sexual abuse are provided without financial cost to the victim, regardless of cooperation with an investigation or identification of the alleged perpetrator. Staff interviews and inmate statements confirmed that this policy is consistently followed.

Relevant Policy

1. ADOC Administrative Regulation #454, V.G.5.a-f, pp. 27-28

Provision (h)

Policy requires mental health staff to attempt an evaluation of individuals identified as having engaged in inmate-on-inmate sexually abusive behavior within 60 days of identifying such a history. When clinically appropriate, treatment is offered and documented. Referrals for these evaluations and services are initiated using ADOC Form MH-008 to ensure proper tracking and continuity of care.

Relevant Policy

1. ADOC Administrative Regulation #454, V.G.5.a-f, pp. 27-28

CONCLUSION

Based on a comprehensive review of applicable policies, supporting documentation, interviews, and medical and mental health records, the Auditor concludes that the agency and facility meet all provisions of the PREA standard related to ongoing medical and mental health care for individuals who have experienced sexual abuse. The facility demonstrates a consistent, professional, and victim-centered approach that ensures timely access to care, continuity of services, and compliance with PREA requirements and community standards of care.

115.86 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.86, the Auditor conducted a comprehensive review of documentation submitted by the facility and the Alabama Department of Corrections (ADOC). Materials reviewed included the completed Pre-Audit Questionnaire (PAQ) and supporting documentation, which outlined the facility's procedures for conducting Sexual Abuse Incident Reviews (SAIRs). The Auditor also reviewed ADOC Administrative Regulation #454, Operations & Legal, Inmate Sexual Abuse and Harassment, effective May 29, 2025, which establishes agency requirements for incident review processes following allegations of sexual abuse or harassment.

In addition, the Auditor examined ADOC Form 454-E, Sexual Abuse Incident Review, along with completed Sexual Assault Incident Review reports. These documents provided evidence of the facility's structured, multidisciplinary approach to reviewing incidents and identifying opportunities for improvement in safety, supervision, and prevention strategies.

INTERVIEWS

Interviews conducted during the on-site audit further clarified how sexual abuse incident reviews are implemented and utilized. Facility leadership explained that the Incident Review Team (IRT) is composed of executive-level and upper-level management officials representing multiple functional areas within the facility. Leadership emphasized the importance of the review process as a tool for continuous improvement and confirmed that recommendations generated by the IRT are carefully considered and incorporated whenever feasible to strengthen safety and prevention efforts.

PREA Compliance Manager (IPCM)

IPCM reported that Sexual Abuse Incident Review reports are submitted to both the PCM and the Facility Head for review and oversight. The IPCM confirmed that incident reviews are completed within 30 days of the conclusion of each substantiated or unsubstantiated investigation, consistent with PREA requirements and agency policy.

Incident Review Team (IRT)

IRT described the team as multidisciplinary in nature, consisting of upper-level management with input from line supervisors, investigators, and medical or mental health professionals. Team members affirmed that reviews are thorough and systematic, addressing all criteria required by the PREA standard and focusing on identifying contributing factors, system gaps, and opportunities for corrective action.

PROVISIONS

Provision (a)

The PAQ and supporting documentation indicate that the facility conducts a sexual abuse incident review following the conclusion of every criminal or administrative investigation, unless an allegation is determined to be unfounded. This practice was consistently confirmed during interviews with facility leadership and PREA staff.

Documentation reflects that, during the past 12 months, the facility received a total of 79 allegations of sexual abuse. Of these allegations, 72 involved inmate-on-inmate conduct, including seven unfounded cases, four unsubstantiated cases, and 61 cases that remained under investigation at the time of the audit. Seven allegations involved staff-on-inmate conduct, with one unfounded case and six cases still ongoing. In each allegation, the reported victim was offered appropriate medical and mental health services. Retaliation monitoring was conducted until the allegation was determined to be unfounded, the individual was released or transferred, or a minimum of 90 days had elapsed.

All substantiated and unsubstantiated cases underwent an incident review within 30 days of the investigation's conclusion. Closed cases resulted in timely written notification to the involved individuals. Prosecution was declined in all closed criminal cases, while 67 criminal investigations remained open pending DNA analysis.

The facility also reported seven allegations of sexual harassment during the same period, all involving inmate-on-inmate conduct. Of these, five were unsubstantiated, one was unfounded, and one remained ongoing. No staff-on-inmate sexual harassment allegations were reported.

Agency policy requires that incident reviews be conducted by a multidisciplinary team that includes upper-level management, line supervisors, investigators, and medical or mental health practitioners within 30 days of all substantiated or unsubstantiated allegations.

Relevant Policy:

ADOC AR #454, V.J.2 (p. 29)

Provision (b)

The PAQ indicates that sexual abuse incident reviews are completed within 30 days of the conclusion of applicable investigations. Documentation reviewed and interviews with the PCM confirmed that this requirement is consistently met. During the past 12 months, four sexual abuse allegations, excluding unfounded cases, were reviewed within the required timeframe, demonstrating adherence to policy and PREA standards.

Relevant Policy:

ADOC AR #454, V.J.1 (p. 29)

Provision (c)

The facility reported, and interviews confirmed, that the Incident Review Team is multidisciplinary and composed of upper-level managers, supervisors, investigators, and medical or mental health practitioners. This team composition aligns with PREA requirements and is clearly outlined in ADOC Administrative Regulation #454. Additional verification of team composition and participation is documented under Provision (a).

Relevant Policy:

ADOC AR #454, V.J.2 (p. 29)

Provision (d)

The PAQ and interviews confirmed that written findings are prepared following each sexual abuse incident review. These reports are submitted to the Facility Head and the PREA Compliance Manager for review and oversight. During interviews, staff explained that the IRT evaluates a wide range of factors during each review, including whether changes to policy or practice are warranted; whether motivating factors such as race, gender identity, sexual orientation, or group dynamics may have contributed to the incident; and whether environmental conditions at the location of the incident played a role.

The team also assesses staffing levels at the time of the incident, evaluates staff performance and training history, and considers the need for additional or enhanced monitoring technologies. Completed reports are disseminated to appropriate parties, including the PREA Director, the Department of Justice, and the Facility Monitor when applicable.

Relevant Policy:

ADOC AR #454, V.J.5 (p. 30)

Provision (e)

The facility reported that recommendations resulting from the incident review process are implemented whenever feasible. When recommendations are not adopted, the facility documents a clear rationale for the decision. This practice was confirmed during interviews with the Facility Head and the PREA Compliance Manager and is supported by review documentation.

Relevant Policy:

ADOC AR #454, V.J.5 (p. 30)

CONCLUSION

Based on a thorough review of documentation, interviews with facility leadership and staff, and analysis of investigation and incident review data, the Auditor concludes that the facility demonstrates full compliance with PREA Standard §115.86, Sexual Abuse Incident Reviews. The facility has established a structured, multidisciplinary review process that supports accountability, identifies corrective actions, and promotes continuous improvement in safety and sexual abuse prevention practices.

115.87 Data collection

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To assess compliance with the data collection requirements set forth in PREA Standard §115.87, the Auditor conducted an in-depth review of documentation submitted by the Alabama Department of Corrections (ADOC). Materials reviewed included the Pre-Audit Questionnaire (PAQ) with supporting documentation, ADOC Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), the most recent Survey of Sexual Victimization (SSV-2), the most recent Annual PREA Data Report, and information publicly posted on the ADOC PREA webpage at <http://www.doc.state.al.us/PREA>. Collectively, these materials describe the agency’s established policies, procedures, and operational practices for collecting, maintaining, analyzing, and reporting data related to allegations of sexual abuse and sexual harassment. The documentation demonstrates a structured and methodical approach to data management that supports informed decision-making, accountability, and continuous improvement.

INTERVIEWS

Agency Contract Administrator

The Agency Contract Administrator described ADOC’s approach to ensuring PREA compliance across all contracted housing arrangements. During the interview, it was confirmed that every contract involving the housing of ADOC inmates—whether with private vendors or community-based providers—includes explicit PREA compliance provisions. The Administrator explained that contracted facilities are required to submit both incident-based and aggregated sexual abuse and sexual harassment data on a regular basis. This information is reviewed by the agency and incorporated into ADOC’s centralized data collection and analysis processes, ensuring that data from contracted partners is fully integrated into agency-wide reporting and oversight.

PROVISIONS

Provision (a)

ADOC policy establishes comprehensive procedures governing the collection and maintenance of data related to all allegations of sexual abuse and sexual harassment. The policy requires the use of standardized instruments, definitions, and methodologies to ensure consistency and reliability across all facilities. Data is gathered from multiple sources, including reports and surveys from incarcerated individuals, documented announced and unannounced security rounds, formal grievances, investigative reports and files, and Sexual Abuse Incident Reviews (SAIRs). The policy further outlines a defined methodology for analyzing trends and mandates quality control measures to ensure accuracy, completeness, and integrity of the data. Documentation reviewed and information obtained during interviews confirm that these requirements are fully implemented and consistently followed.

Relevant Policy

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

Provision (b)

The Alabama Department of Corrections aggregates sexual abuse and sexual harassment data on an annual basis from all facilities under its jurisdiction. This process is conducted in accordance with U.S. Department of Justice requirements and utilizes the Survey of Sexual Victimization (SSV-2) form for reporting to the Bureau of Justice Statistics. The Auditor reviewed the most recent completed SSV-2 and verified that it was submitted timely and contained all required data elements. The annual aggregation process supports transparency, allows for trend analysis, and reinforces the agency's commitment to accountability.

Relevant Policy

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

Provision (c)

PREA policy requires that ADOC's data collection system be sufficient to answer every question included in the most current version of the Department of Justice's Survey of Sexual Violence. This requirement is clearly articulated in policy and was confirmed during the audit process. The Auditor reviewed the most recent Annual PREA Data Report, which provides a comprehensive accounting of all reported allegations of sexual abuse and sexual harassment. The report includes outcome determinations, institutional and demographic information, and descriptions of agency response efforts and corrective actions. This report is also published on the ADOC PREA webpage, ensuring public access and compliance with PREA transparency requirements.

Relevant Policy

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

Provision (d)

ADOC policy mandates the ongoing collection, maintenance, and review of incident-based data derived from a variety of institutional sources, including investigative files, incident reports, and SAIR documentation. The Auditor examined the most recent annual data report and confirmed that it not only compiles required data elements but also identifies trends, areas of concern, and corresponding corrective actions. This structured review process enables the agency to evaluate systemic issues and implement targeted improvements to policy, training, and operational practices based on data-driven findings.

Provision (e)

Agency policy requires that all contracts for the confinement of inmates include provisions mandating full compliance with PREA standards. Oversight of these contractual obligations is assigned to the General Counsel's Office. The Auditor reviewed ADOC Contract C210052136 with GEO Reentry, Inc., a confinement services agreement renewed on December 1, 2025, representing the third renewal of the contract. The contract requires independent DOJ-certified PREA audits, grants the PREA Contract Monitor full access to documentation, and mandates staff PREA training and reporting obligations. The Agency Contract Administrator confirmed that these requirements are standard across all ADOC contracts and that compliance is routinely monitored.

Relevant Policy

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

Provision (f)

The Auditor verified that ADOC submits the Survey of Sexual Victimization (SSV-2) to the U.S. Department of Justice annually by June 30 for the preceding calendar year. The most recent SSV-2 reviewed was complete, accurate, and submitted within the required timeframe, demonstrating adherence to federal reporting deadlines.

CONCLUSION

Following a comprehensive review of agency policies, data reports, contractual documents, and information obtained through interviews, the Auditor concludes that the Alabama Department of Corrections is fully compliant with PREA Standard §115.87, Data Collection. ADOC demonstrates a consistent and systematic approach to collecting, aggregating, analyzing, and reporting sexual abuse and sexual harassment data across both agency-operated and contracted facilities. Strong quality assurance practices support data integrity, and effective contractual oversight ensures PREA compliance throughout all housing arrangements under the agency's authority.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.88, the Auditor conducted a comprehensive review of documentation submitted by the facility and the Alabama Department of Corrections (ADOC). The materials reviewed included the completed Pre-Audit Questionnaire (PAQ), ADOC Administrative Regulation (AR) #454, the 2024 Survey of Sexual Victimization (SSV-2), and the 2024 Annual PREA Data Report. In addition, the Auditor examined the ADOC PREA webpage (http://www.doc.state.al.us/PREA) to verify that required annual reports and data summaries are publicly posted and accessible. Collectively, these materials demonstrate the agency’s structured approach to reviewing PREA-related data and using that information to inform corrective action and system-wide improvement.</p> <p>INTERVIEWS</p> <p>PREA Director</p> <p>The PREA Director described the agency’s comprehensive process for reviewing and analyzing data collected pursuant to PREA Standard §115.87. The Director explained that facility-level data is systematically aggregated and analyzed to evaluate the effectiveness of sexual abuse prevention, detection, and response strategies. This analysis includes identifying trends, assessing the impact of corrective actions, and preparing an annual PREA report that provides year-to-year comparisons. The Director confirmed that the publicly released version of the report is carefully reviewed to ensure that only personally identifiable information is redacted, thereby balancing transparency with the need to protect individual safety and privacy.</p> <p>Agency Head or Designee</p> <p>During the interview, the Agency Head’s designee confirmed that the agency-wide annual PREA report includes both a comparative analysis of current and prior years’ data and a detailed assessment of corrective actions implemented over time. The designee emphasized that this report is a key management and oversight tool used by leadership to identify emerging issues, evaluate the effectiveness of interventions, and guide future prevention and response efforts. The designee further noted that these reports are made available to the public through the ADOC website, reinforcing the agency’s commitment to transparency and accountability.</p> <p>Facility Head or Designee</p> <p>The Facility Head explained that each facility maintains an internal PREA Committee that reviews every allegation of sexual abuse. Data from these reviews is forwarded to the PREA Coordinator and incorporated into the agency’s broader data analysis and annual reporting process. This ongoing review allows facilities to identify trends at the local level and determine whether additional training, enhanced supervision, or procedural changes are needed to strengthen compliance and safety.</p>

PREA Compliance Manager (PCM)

The PREA Compliance Manager confirmed that PREA-related materials, including administrative regulations, annual data reports, and audit summaries, are readily accessible to staff and the public through the ADOC website. The PCM noted that maintaining open access to these materials promotes awareness of PREA requirements, supports staff understanding of agency expectations, and underscores ADOC's commitment to accountability and continuous improvement.

PROVISIONS**Provision (a)**

Information contained in the PAQ, along with statements provided during interviews, confirms that ADOC routinely reviews and aggregates data collected under §115.87 to evaluate and improve the effectiveness of its sexual abuse prevention, detection, and response efforts. This review process includes identifying systemic and facility-specific issues, implementing corrective actions, and documenting findings and responses in an annual PREA report. These practices were further confirmed by the PREA Director during the interview process.

Relevant Policy:

1. ADOC Administrative Regulation #454, IV.D, dated May 29, 2025
2. ADOC Administrative Regulation #454, IV.E, dated May 29, 2025

Provision (b)

The Agency Head's designee confirmed, and the PAQ substantiates, that ADOC's annual PREA report provides a comparative analysis of data and corrective actions across reporting years. The Auditor reviewed the most recently published annual report and verified that it includes documentation of institutional trends, an evaluation of corrective measures, and an assessment of progress over time, consistent with PREA requirements.

Relevant Policy:

1. ADOC Administrative Regulation #454, IV.D, dated May 29, 2025
2. ADOC Administrative Regulation #454, IV.E, dated May 29, 2025

Provision (c)

The PAQ indicates that ADOC makes its annual PREA reports publicly available. The Auditor confirmed this practice by reviewing the agency's official PREA webpage, which contains an extensive archive of annual reports dating back to 2013. This level of transparency supports public accountability and reflects the department's commitment to continuous evaluation and improvement.

Relevant Policy:

1. ADOC Administrative Regulation #454, IV.D, dated May 29, 2025
2. ADOC Administrative Regulation #454, IV.E, dated May 29, 2025

Provision (d)

As explained by the PREA Director, any redactions made to the annual PREA report are narrowly limited to information that could compromise safety or security. In practice, redactions are confined to personally identifiable information, ensuring that reports remain informative and meaningful while protecting sensitive data.

Relevant Policy:

1. ADOC Administrative Regulation #454, IV.D, dated May 29, 2025
2. ADOC Administrative Regulation #454, IV.E, dated May 29, 2025

CONCLUSION

Based on an extensive review of the Pre-Audit Questionnaire, supporting documentation, annual PREA reports, and interviews with agency and facility leadership, the Auditor concludes that the Alabama Department of Corrections meets all requirements of PREA Standard §115.88, Data Review for Corrective Action. The agency demonstrates a consistent and deliberate approach to analyzing PREA data, addressing identified issues through corrective action, and sharing information publicly. These practices reflect a strong commitment to accountability, transparency, and the continuous improvement of sexual abuse prevention and response efforts across ADOC facilities.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.89, the Auditor conducted a comprehensive review of materials submitted by the Alabama Department of Corrections (ADOC). Documentation examined included the completed Pre-Audit Questionnaire (PAQ) and supporting materials, ADOC Administrative Regulation (AR) #454, Operations & Legal – Inmate Sexual Abuse and Harassment, dated May 29, 2025, and information publicly available on the ADOC PREA webpage at http://www-.doc.state.al.us/PREA. These materials collectively describe the agency’s policies and practices related to the secure storage, publication, retention, and destruction of PREA-related data and provide a clear framework for evaluating compliance with this standard.</p>

INTERVIEWS

PREA Director (PD)

During the interview, the PREA Director provided detailed information regarding how PREA-related data is stored, managed, and published within ADOC. The Director explained that data is retained at multiple levels to ensure both security and accessibility. At the facility level, PREA data is maintained within a Risk Management System, with access limited to authorized personnel based on a need-to-know standard. At the agency level, data is retained to support required federal reporting, including submission of the Survey of Sexual Victimization (SSV-2), and is also prepared for public dissemination through the ADOC PREA webpage. The PREA Director confirmed that the agency routinely reviews data collected pursuant to §115.87 and emphasized that any redactions made prior to publication are strictly limited to personally identifying information, ensuring transparency while protecting individual privacy.

PROVISIONS

Provision (a)

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

Provision (b)

As documented in the PAQ, ADOC ensures that aggregated sexual abuse data is made publicly accessible on at least an annual basis. The PREA webpage contains multiple reports consistent with PREA standards, offering comprehensive facility-level and agency-wide sexual abuse data. These reports support transparency and provide the public with meaningful access to PREA-related information.

Provision (c)

The PAQ further indicates that prior to publication, ADOC removes all personally identifying information from aggregated data to protect the privacy and safety of individuals. In addition, the agency retains data collected pursuant to §115.87 for a minimum of ten years, unless a longer retention period is required by federal, state, or local law. These practices align with PREA requirements for both data protection and long-term retention.

Provision (d)

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

	<p>Relevant Policy</p> <p>ADOC AR #454, IV.E.9, p. 8</p> <p>CONCLUSION</p> <p>Based on a thorough review of agency policy, the Pre-Audit Questionnaire, interview information, and historical data retention practices, the Auditor concludes that the Alabama Department of Corrections fully meets all provisions of PREA Standard §115.89, Data Storage, Publication, and Destruction. The agency demonstrates a consistent and secure approach to retaining PREA-related data, ensures timely public access to aggregated information, protects personally identifying information through appropriate redaction, and maintains records in accordance with established retention requirements.</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>The Auditor conducted a thorough review of materials provided by the Alabama Department of Corrections (ADOC) to assess compliance with PREA Standard §115.401. Central to this review was ADOC’s comprehensive and publicly accessible PREA webpage, located at http://www.doc.state.al.us/PREA. This webpage serves as a centralized and transparent repository of PREA-related information for the public and other stakeholders. It includes individual facility PREA audit reports, agency-wide aggregated data reports documenting incidents of sexual abuse and sexual harassment, and additional resources outlining the agency’s PREA policies and compliance efforts. The availability and organization of these materials reflect ADOC’s commitment to openness, accountability, and ongoing compliance with PREA requirements, while reinforcing its responsibility to promote safety and integrity across all facilities.</p> <p>INTERVIEWS</p> <p>PREA Director</p> <p>The PREA Director provided detailed information regarding ADOC’s audit process and long-term compliance strategy. The Director explained that the current audit takes place during the second year of the agency’s fourth three-year PREA audit cycle. Emphasis was placed on the agency’s structured approach to audit scheduling, implementation, and reporting, all of which are conducted in full alignment with PREA standards. The Director further underscored ADOC’s focus on continuous improvement, noting that audit findings are used proactively to strengthen policy, training, and operational practices throughout the department.</p>

Agency Head or Designee

The Agency Head's designee confirmed that every ADOC facility has undergone a PREA audit within the most recent three-year cycle, as required by federal standards. The designee further stated that all completed audit reports are made publicly available on the ADOC PREA webpage. This practice ensures transparency and provides the public with direct access to information regarding the agency's compliance status and audit outcomes.

PROVISIONS**Provision (a)**

Information obtained through document review and interviews confirms that all ADOC facilities have completed PREA audits within the prior three-year audit cycle. Audit reports, along with aggregated sexual abuse data, are posted on the ADOC PREA webpage, ensuring public access to compliance documentation and reinforcing the agency's commitment to transparency.

Provision (b)

The ADOC PREA webpage includes detailed facility-level and aggregated reports documenting incidents of sexual abuse and sexual harassment. These reports demonstrate that the agency meets PREA requirements related to data collection, analysis, and public reporting.

Provisions (c)-(g)

These provisions are not applicable to this audit.

Provision (h)

During the on-site portion of the audit, the Auditor was granted full and unrestricted access to all areas of the facility. The Institutional PREA Compliance Manager (IPCM) remained present and available throughout the audit, assisting as needed and facilitating timely access to staff, documentation, and physical plant areas.

Provision (i)

Both ADOC and facility staff demonstrated full cooperation during all phases of the audit process. Requested documentation and supplemental materials were provided promptly and in complete form, allowing the Auditor to conduct a comprehensive and efficient review.

Provisions (j)-(l)

These provisions are not applicable to this audit.

Provision (m)

The facility provided the Auditor with a secure and private location to conduct interviews. This space ensured confidentiality and supported a safe and professional environment for discussions with staff and incarcerated individuals.

Provision (n)

During interviews, incarcerated individuals consistently reported that they were informed of, and had access to, confidential correspondence with the Auditor. This

	<p>process mirrors the confidentiality afforded to legal mail and supports private communication without fear of retaliation.</p> <p>Provision (o) This provision is not applicable to this audit.</p> <p><u>CONCLUSION</u> Based on a comprehensive review of submitted documentation, interviews with agency leadership and PREA personnel, and observations conducted during the on-site audit, the Auditor concludes that the Alabama Department of Corrections is compliant with all applicable requirements of PREA Standard §115.401. ADOC demonstrates consistent adherence to required audit cycles, maintains transparency through the public posting of audit reports and data, and provides full cooperation throughout the audit process. Collectively, these efforts reflect the agency’s sustained commitment to PREA compliance and to maintaining safe and accountable correctional environments.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u> The Auditor conducted a comprehensive review of the Alabama Department of Corrections’ (ADOC) publicly accessible Prison Rape Elimination Act (PREA) webpage, located at http://www.doc.state.al.us/PREA. This webpage functions as a centralized and authoritative source of information related to PREA compliance throughout the agency’s correctional system. It is structured to provide clear, organized, and consistent access to PREA-related materials, allowing members of the public, oversight bodies, and other stakeholders to review the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment in its facilities. The existence and maintenance of this webpage reflect ADOC’s ongoing commitment to transparency, accountability, and adherence to PREA requirements at the agency level.</p> <p><u>PROVISIONS</u></p> <p>Provisions (a)-(e) The provisions outlined in subsections (a) through (e) do not apply to the responsibilities of the Alabama Department of Corrections under this particular standard. As such, these provisions are not applicable in the context of this review.</p> <p>Provision (f) The ADOC PREA webpage is specifically designed to promote openness and public accountability. The site contains detailed reports presenting sexual abuse data collected from facilities across the agency in accordance with PREA reporting</p>

requirements. Included among these materials are annual statistical summaries, agency-level data reviews, and prior PREA audit reports for each facility. Information is displayed in a clear and logical format, enabling users to easily locate and review relevant documents. The agency further demonstrates its commitment to accessibility by ensuring that the webpage is routinely updated and that all required reports remain available for public review, supporting independent oversight and informed evaluation of PREA compliance efforts.

CONCLUSION

Based on a thorough examination of ADOC's publicly available PREA webpage and the supporting documentation reviewed, the Auditor concludes that the Alabama Department of Corrections fully meets all applicable requirements of this standard. The agency effectively ensures that audit reports and related findings are openly posted, easily accessible, and presented in a manner that reflects a strong commitment to transparency, accountability, and sustained PREA compliance.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes

	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in	yes

	formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42	yes

	U.S.C. 1997)?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b) Hiring and promotion decisions		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c) Hiring and promotion decisions		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d) Hiring and promotion decisions		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e) Hiring and promotion decisions		
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit,	yes

	whichever is later.)	
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	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.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	

	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with	yes

	inmates on how to avoid inappropriate relationships with inmates?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how	yes

	to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or	yes

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes

	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	

	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g) Screening for risk of victimization and abusiveness		
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h) Screening for risk of victimization and abusiveness		
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i) Screening for risk of victimization and abusiveness		
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a) Use of screening information		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Work Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	Protective Custody	

	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b) Protective Custody		
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c) Protective Custody		
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes

	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials	na

	and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency	yes

	is exempt from this standard.)	
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between	yes

	inmates and these organizations and agencies, in as confidential a manner as possible?	
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a	yes

	sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	

	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities	yes

	responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d) Agency protection against retaliation		
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e) Agency protection against retaliation		
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a) Post-allegation protective custody		
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a) Criminal and administrative agency investigations		
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations,	yes

	including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
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	na

	order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.73 (c) Reporting to inmates		
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d) Reporting to inmates		
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	

	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does	yes

	the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	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).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	

	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation	yes

	has been determined to be unfounded?	
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	

	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	

	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401	Frequency and scope of audits	

(b)		
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse	yes

	noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	
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